



PATIENT

Jillian Lilas

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

9 Years 11 Months

WEIGHT

91

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Heather Cochran

HOSPITAL NAME

Millis Animal Hospital

REFERRING VET

Dr. Heather Cochran

INVOICE

75343

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Incontinence for 2 months, recent UTI 4/21/26- treated with antibiotics, blood still present at recheck cysto/culture per owner and recheck culture was negative on 5/13/26

Abnormal PE/Chem/CBC/UA Results: UA- sp grav 1.036, 2+ protein, 2-5 wbc's, 2+ epi cells on 5/6 urine culture - cysto sample 5/13- no growth CBC/Chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 7.61 cm. Right kidney measured 7.45 cm.

Adrenal Glands

The regions of the left and right **adrenal glands** were evaluated but the adrenal glands were not specifically identified in the images provided.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

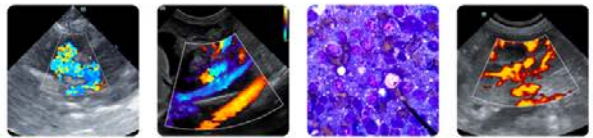
The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.



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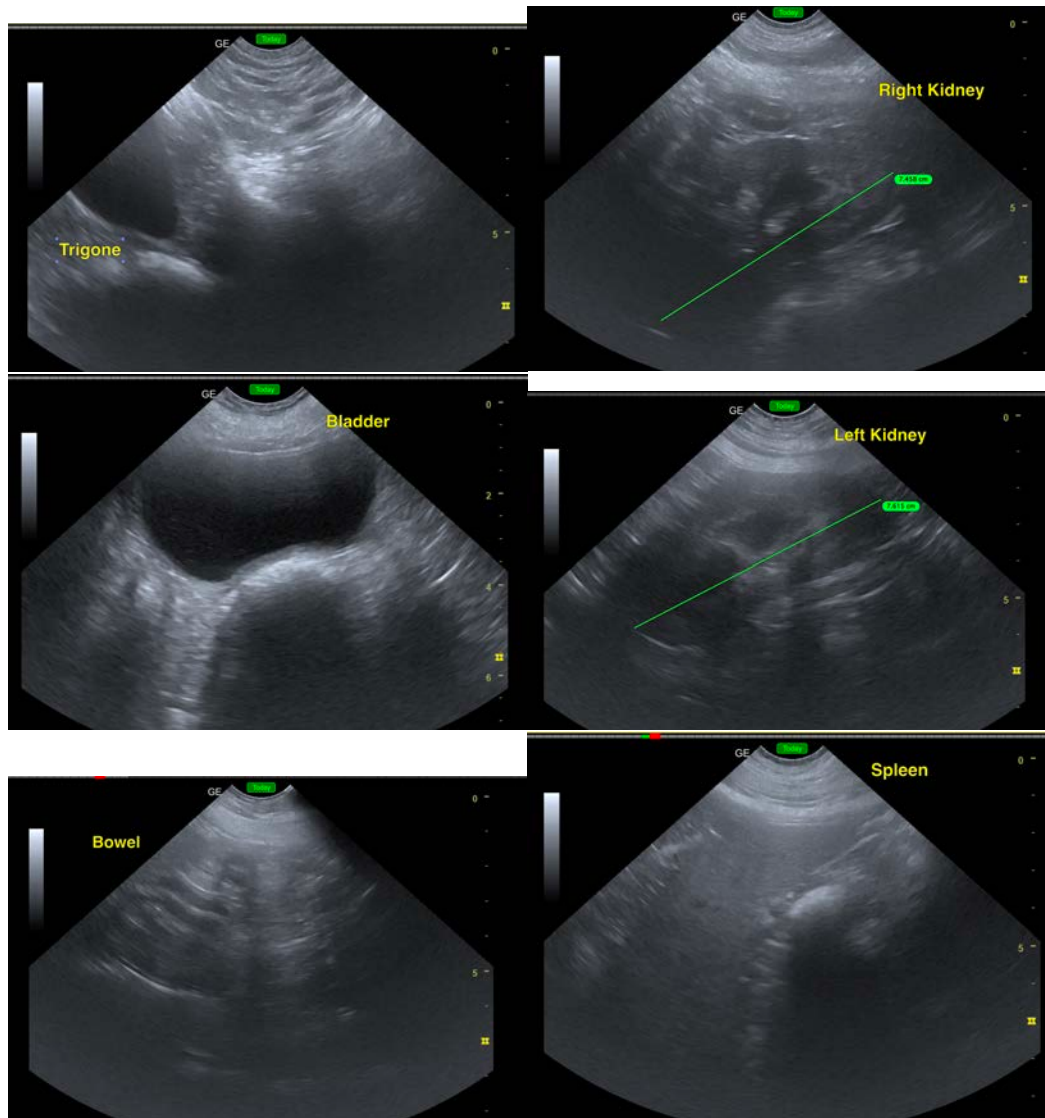
5/21/26

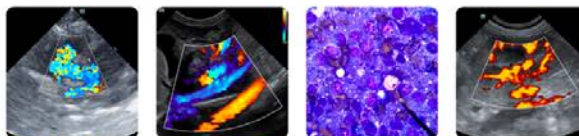
ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient had a normal abdomen with no evidence of discrete changes to the bladder or kidneys to explain the recent incontinence and urinary tract infection. Since there was not growth on recent urine culture, it is recommended to consider treating for estrogen incontinence by starting support with a medication such as DES. It is also recommended to recheck a urinalysis in order to determine if there is consistent evidence of proteinuria. If this patient is found to have proteinuria on three separate urinalyses each separated by at least two weeks, then a UPC to quantitate the degree of proteinuria and direct further treatment is recommended.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kim Radway, DVM, DABVP (Canine/ Feline)

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