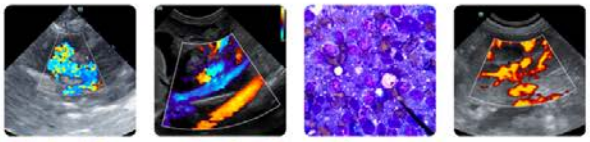

PATIENT

Winston Creelman

SPECIES

Canine

BREED

Lab

SEX

Male

AGE

3 Months

WEIGHT

14 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary Hospital

REFERRING VET

Dr. Nicklassen

INVOICE

72242

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Increased urination in the house over the past couple of weeks, despite previous consistent outdoor potty training. Increased water intake and excessive licking at penis. Still BAR and normal puppy behaviour. good appetite. DDX DI, psychogenic polydipsia or renal dysplasia.

Abnormal PE/Chem/CBC/UA Results: USG 1.017 pH 7 inactive sediment urine culture has not been performed

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. One ureteral papillae with a normal ureter is visible measuring .17 cm, there is a questionable tubular structure visualized dorsal to the urinary bladder in the region of the CU junction measuring 0.2cm-a vessel or small ectopic ureter cannot be ruled out.

The prostate is normal in size (1.04 cm x 1.07 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.43 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.01 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Other

Glimpses of the spleen are visualized, which appears mildly mottled.

The sublumbar lymph nodes are visualized and appear within normal limits, measuring 0.57 and 0.69 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive focal lesions are visualized associated with the urinary bladder. There is no evidence of cystitis, masses or stones. One ureteral papillae is clearly visualized with an associated ureter. No evidence of significant ureteral dilation or associated renal pelvic dilation is observed. There is a brief view of tubular appearing structure dorsal to the UB at the level of the CU junction. A small ectopic ureter cannot be ruled out (color doppler use can help to differentiate a vascular structure)

Both kidneys appear within normal limits with no evidence of dysplasia. This does not rule out renal

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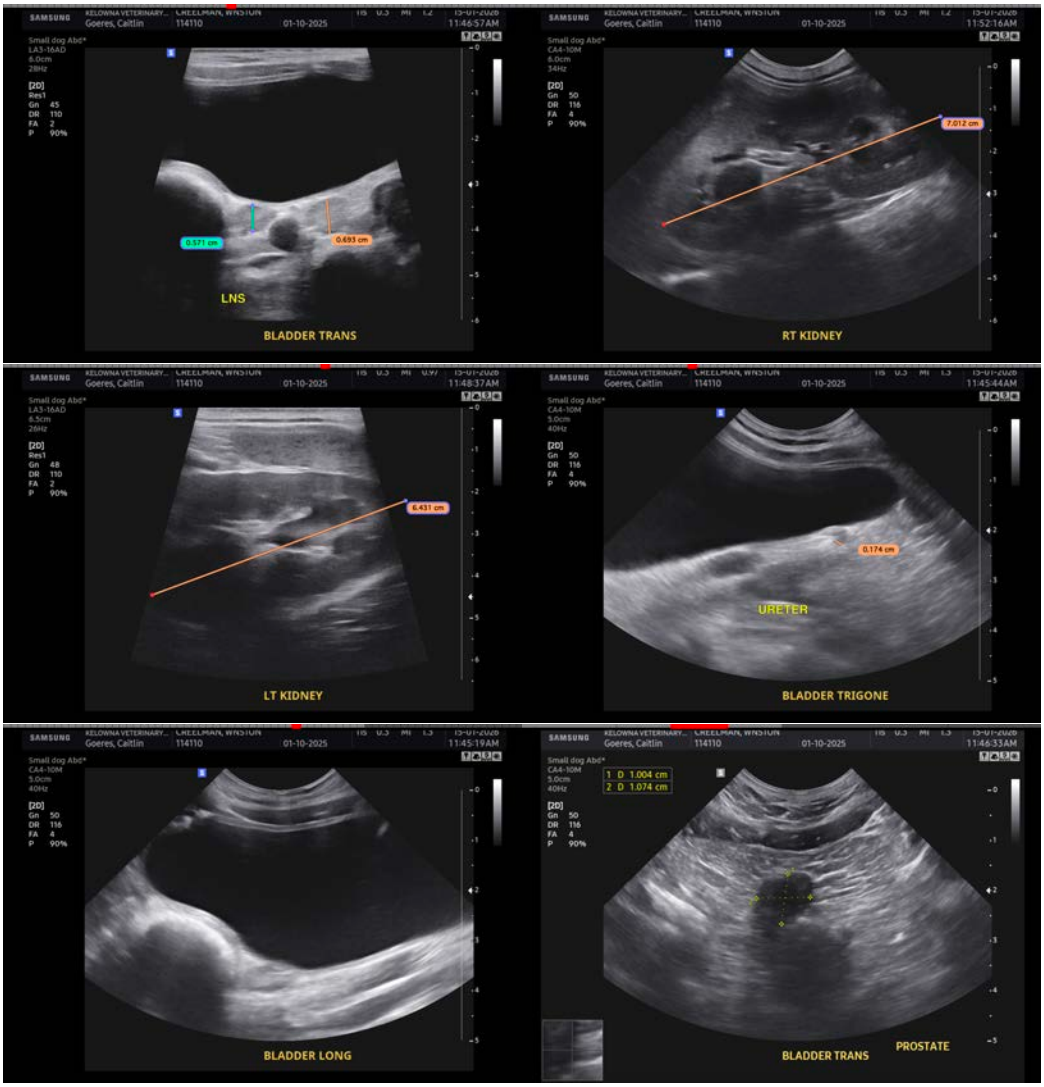
disease.

Recommend a urine culture +/- screening for Leptospirosis and full lab work as an initial evaluation.

An ectopic ureter is not strongly suspected, (typically urinary incontinence would be the primary symptom observed but this is not always the case in male dogs) but cannot be ruled out. If symptoms are persistent and work up does not reveal a cause then a contrast CT scan could be considered to rule out a small ectopic ureter.

The mottled spleen is likely more prominent with the high frequency probe and could represent lymphoid hyperplasia, etc. An underlying neoplastic process is much less likely.



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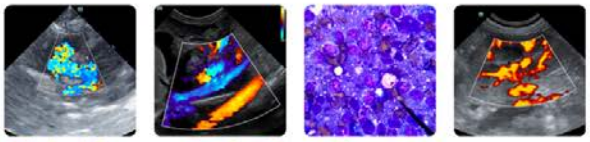

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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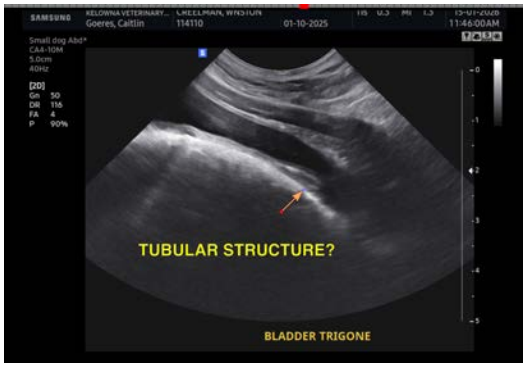

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com