



## PATIENT

Kaia Tuscher

## PRESENTING CLINICAL SIGNS

### SPECIES

Canine

### BREED

Lab Retriever

sedation- 0.1ml dex/torb IV- resents for new patient examination, history of leaking urine while sleeping and walking, has had UA and culture at RDVM, history of vaginitis when puppy. On Proin ER 74 mg per O, was told to start Incurin as well if not working, still leaking now. Per RDVM notes there was a time when leaking was controlled, also per notes O thought had allergic reaction to Proin at one time? Recommended imaging to assess for anatomical issues. Urinary Incontinence-- r/o anatomical (ectopic ureter) vs. USMI vs. other (infection, neurological etc.) vs. post voiding vaginal pooling of urine (occurs after voiding when walking or sitting down/standing up)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Spayed Female

### 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.

### AGE

2 Years 10 Months

The left kidney has a normal shape and size (6.58 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### WEIGHT

56 Pounds

The right kidney has a normal shape and size (6.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.72 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

## HOSPITAL NAME

Monte Vista AH

### Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## REFERRING VET

Dr. Elyse Math

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

## INVOICE

38779

## DATE

6/16/22



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### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions observed

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. Both ureteral papillae are visualized with jets of urine entering into the urinary bladder in the appropriate location. This makes an ectopic ureter much less likely, but does not exclude the possibility of a tunneling ectopic ureter, etc. A contrast CT scan, IVP or cystoscopy may be necessary to further evaluate.

If medications for sphincter mechanism incompetence have not been successful, then I would consider a cystoscopy to evaluate the vaginal vault, further evaluate for ectopic ureters, etc.

Additionally, recommend urinalysis and culture, if not already done.



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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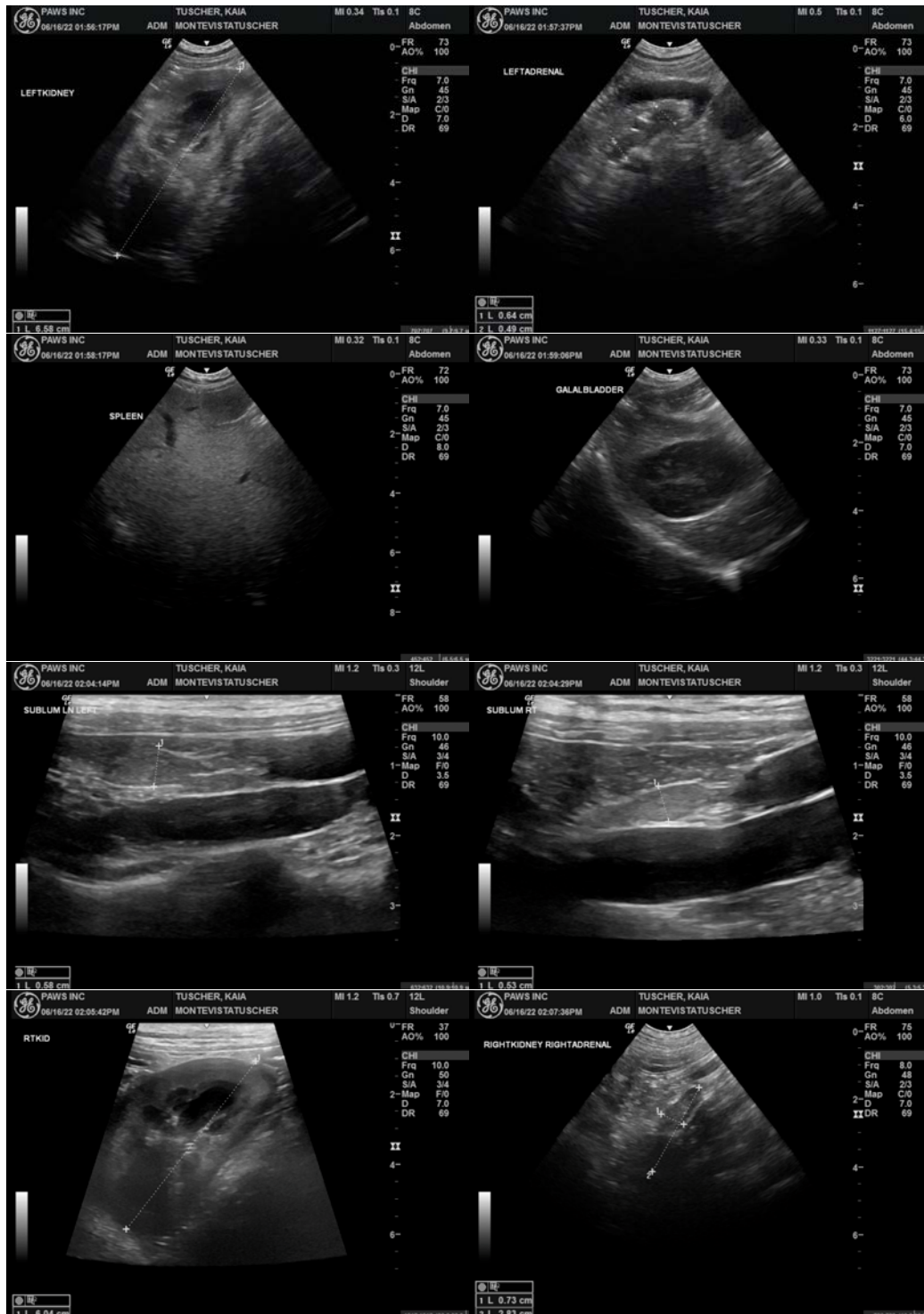
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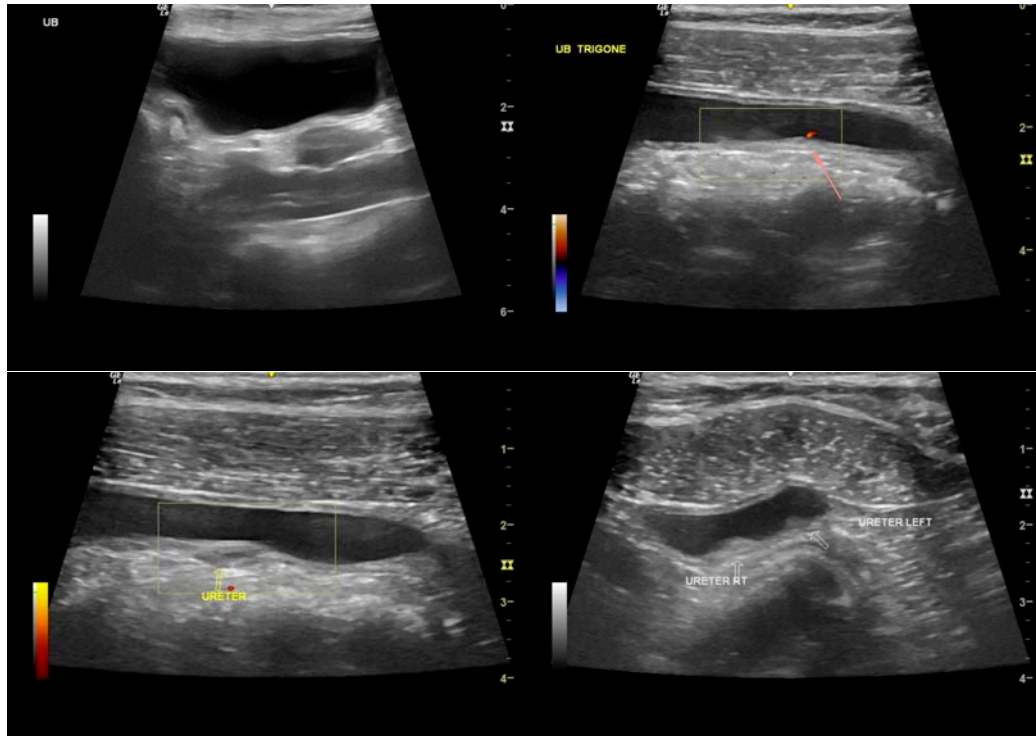
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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