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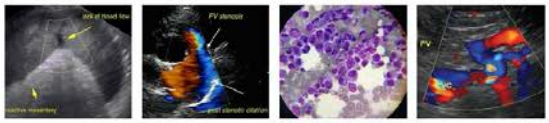


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Gabbi Pech

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

6 Years

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

South Reno VH

REFERRING VET

Dr. Schmitt

INVOICE

24774

DATE

8/17/21

PRESENTING CLINICAL SIGNS

CBC: Within normal limits Chemistry screen: Within normal limits Urinalysis: Bilirubin likely falsely increased First tract urine culture: No growth A: No significant finding at this time. The incontinence resolved and patient was on antibiotic. A couple of days after stopping the antibiotic patient developed incontinence and has been that way for the last few days. Last night it was in bed. Usually when patient is lying down. There was no growth on culture and owner indicated that patient is drinking a lot but has always done that. Previously we had tested for possible causes for polydipsia recently and prior to that. Nothing indicating it. Concerned about bladder stones. But still suspect this is the idiopathic urinary incontinence.
Abnormal PE/Chem/CBC/UA Results: Urogenital: External genitalia look and palpate normal. Bladder palpates normal. Rest within normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. There is a 0.24 cm contracting linear structure evident ventral to the urinary bladder, which does not appear to have any blood flow. This is suspicious for an ectopic ureter coursing distally for implantation. Location of implantation is not visualized.

The left kidney has a normal shape and size (6.89 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.

The right kidney has a normal shape and size (6.87 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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.

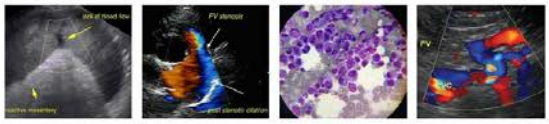
The right adrenal gland is normal in size measuring 0.57 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

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.



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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.

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

- Suspect right ectopic ureter visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is unusual in that this patient is older and does not have an extensive history of incontinence. Additionally, there is no pyelectasia in either kidney or evidence of other anatomic defects. Nonetheless, there is a suspicious linear structure ventral to the urinary bladder on the right side that has the charactersitics of an ectopic ureter. Options moving forward include very conservative therapy, which would be treatment of the urinary tract infection with very close monitoring for recurrence, and Phenylpropnolamine if that controls incontinence, or ideally advanced imaging (contrast CT scan) to confirm the presence and location of an ectopic urter and surgical correction if confirmed. Recommend referral to a board certified veterinary surgeon for further evaluation.

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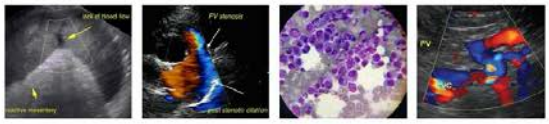

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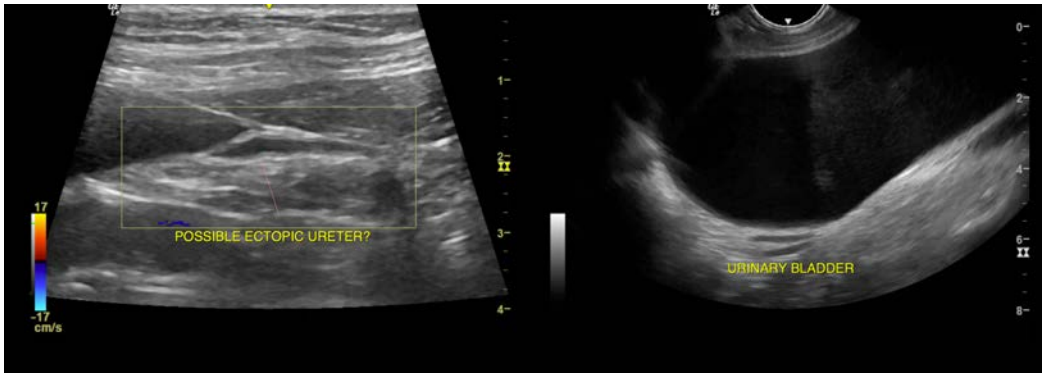

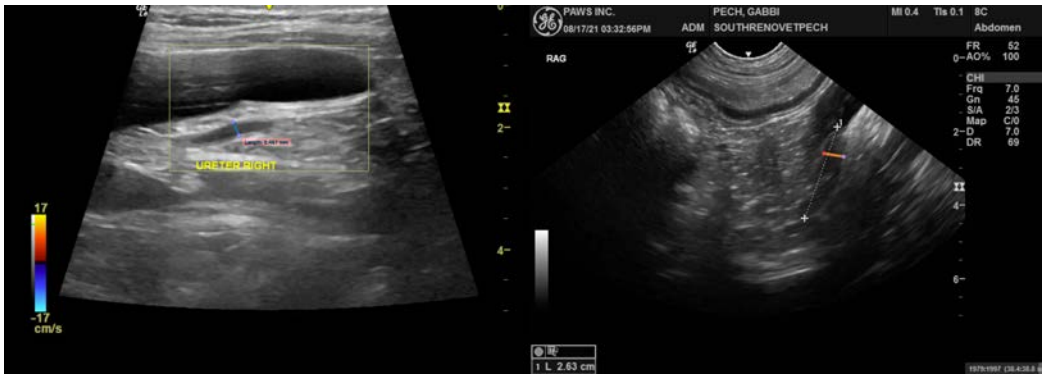

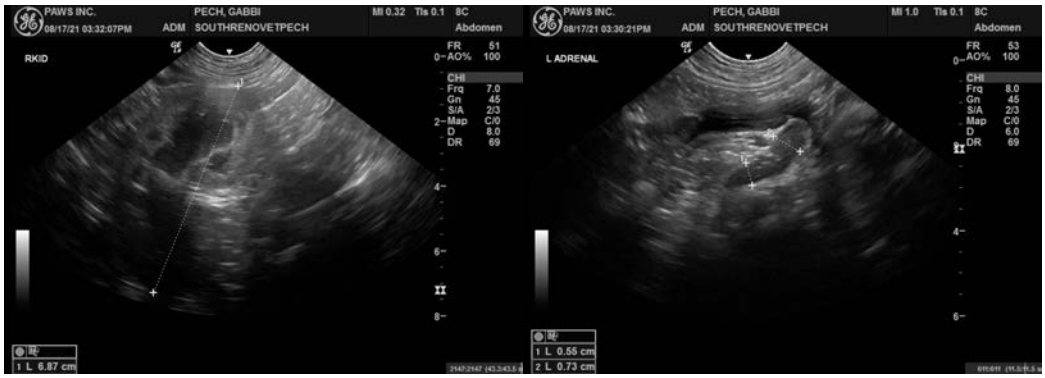

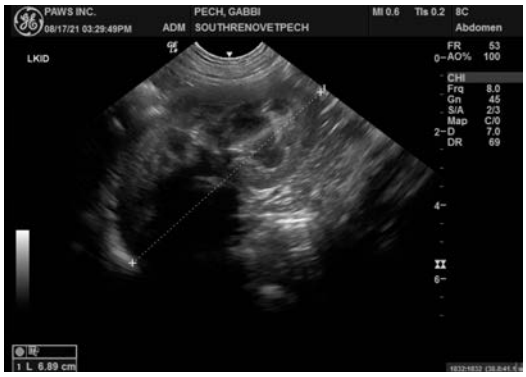

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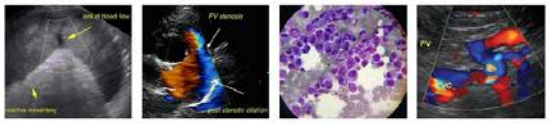

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com