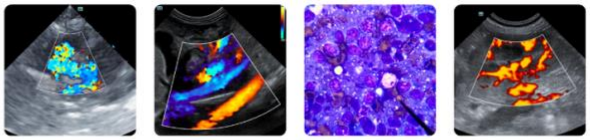

PATIENT

Echo Purchase

SPECIES

Canine

BREED

Blue Heeler Mix

SEX

Spayed Female

AGE

2 Years

WEIGHT

45.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Becky Barnard LVT

HOSPITAL NAME

Southkent Veterinary Hospital

REFERRING VET

Dr. Michelle Lindermulder

INVOICE

13338

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Polyuria
- Inappropriate urination: losing control of bladder in house, stands like shes in pain when doing it
- Shelter dog that was bounced between multiple shelters while young before finding home. No records were able to be obtained from shelters

Abnormal PE/Chem/CBC/UA Results: U/A WNL; CBC increased MPV, CHEM showed SDMA of 20 Abdominal radiographs revealed four metal objects (look like possible hemoclips) freely in abdomen just below kidneys on the left side only, possible pelvic bladder. Unsure if this is related to symptoms or incidental. Large amount of scar tissue on palpation of linea extending almost from xiphoid towards pubis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, were free of pathology. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammation or tumors. The visible proximal urethra was normal in structure and tone to a depth of 4.0 cm. No evidence of pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

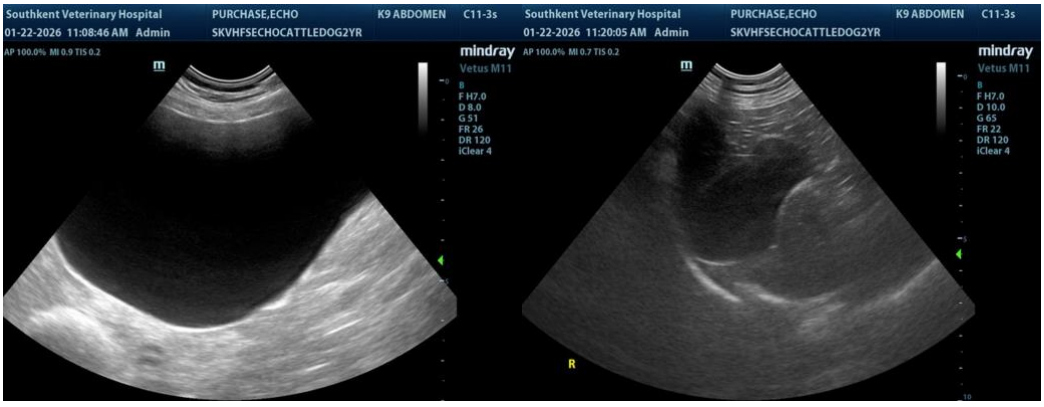
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly distended yet sonographically unremarkable urinary bladder.
- Normal visible proximal urethra and area of the uterine remnant.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of a lower urinary tract or uterine remnant pathology. The possibility of nonvisualized urethral pathology owing to depth cannot be definitively excluded, yet no evidence of visible proximal urethral urine retention. The urinary bladder appeared to be in correct anatomical location. Correlation with urinalysis +/- screening culture and sensitivity, despite quiet urine sediment is recommended. If persistent or progressive lower urinary tract signs, cystoscopy may be indicated.



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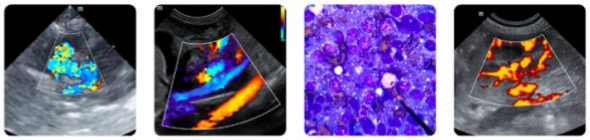

Clinical Sonography & Telecytology
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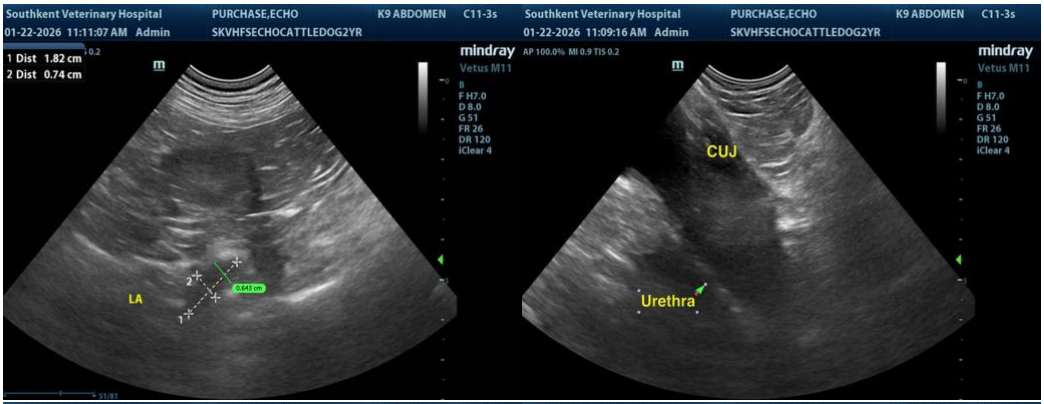

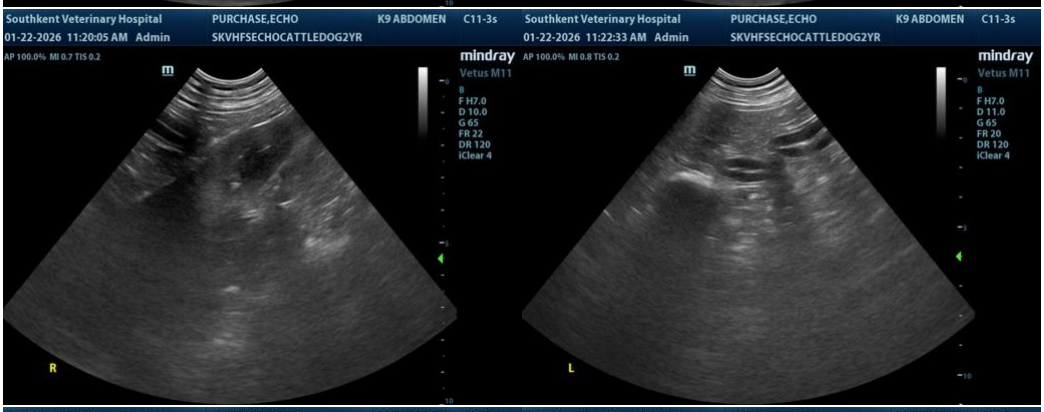

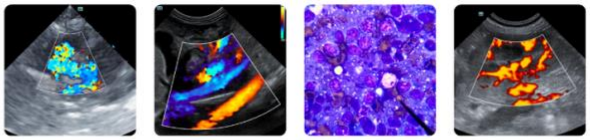

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com