

**PATIENT**

Cheyenne Randall

**PRESENTING CLINICAL SIGNS**

Urinary incontinence despite Proin, Incurin. Normal urinalysis

**SPECIES**

Canine

**Urinary System**

The urinary bladder was normal in size and overall tone. Ventral apical and dorsal urinary bladder walls were sonographically unremarkable, including the dorsal and ventral trigone. Anechoic urine was present without evidence of sediment or calculi. Mild subjective thickening in the area of the cystourethral junction and proximal urethra was present, extending to a depth of approximately 3 cm. Cystourethral junction and proximal urethral wall potentially measured 0.4 cm in width. Normal subjective proximal urethral tone without evidence of urethral urine retention. No overt evidence of pathology associated with the uterine remnant. No overt evidence of medial iliac or sublumbar lymphadenopathy.

**BREED**

Catahoula Mix

**SEX**

FS

Normal size and margination were 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. No evidence of pyelectasia. The left kidney measured 6.3 cm in length. The right kidney measured 7.5 cm in length.

**AGE**

7 years

**ULTRASONOGRAPHIC FINDINGS**

- Normal bilateral kidneys- no overt pyelonephritis
- Subjective mild thickening in the area of the cystourethral junction and proximal urethra

**WEIGHT**

55.8 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The subjective Mild thickening in the area of the cystourethral junction and proximal urethra is nonspecific. Considerations may include mild regional cystitis in the area of the cystourethral junction and mild proximal urethritis. The potential for emerging neoplastic process, such as transitional cell carcinoma cannot be definitively excluded. No other abnormalities, such as congenital defect (i.e., ectopic ureter) or other evidence of urinary bladder inflammatory or neoplastic criteria was noted. Screening BRAF assay may be considered. If negative, cystoscopy could be considered for further assessment of the entire urethra with potential for biopsies in the area of the proximal urethra and cystourethral junction. Given the lack of response to Incurin/Proin protocol, an anti-inflammatory protocol with assessment of clinical response may be considered. Urine C/S is recommended on sterile urine sample even with normal UA.

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
 DABVP (Canine and  
 Feline)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Falmouth AH

**REFERRING VET**

Lilan Hauser, DVM

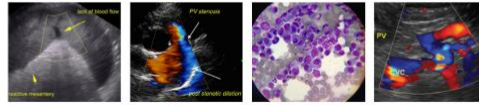
**INVOICE**

13117

**DATE**

1/3/22





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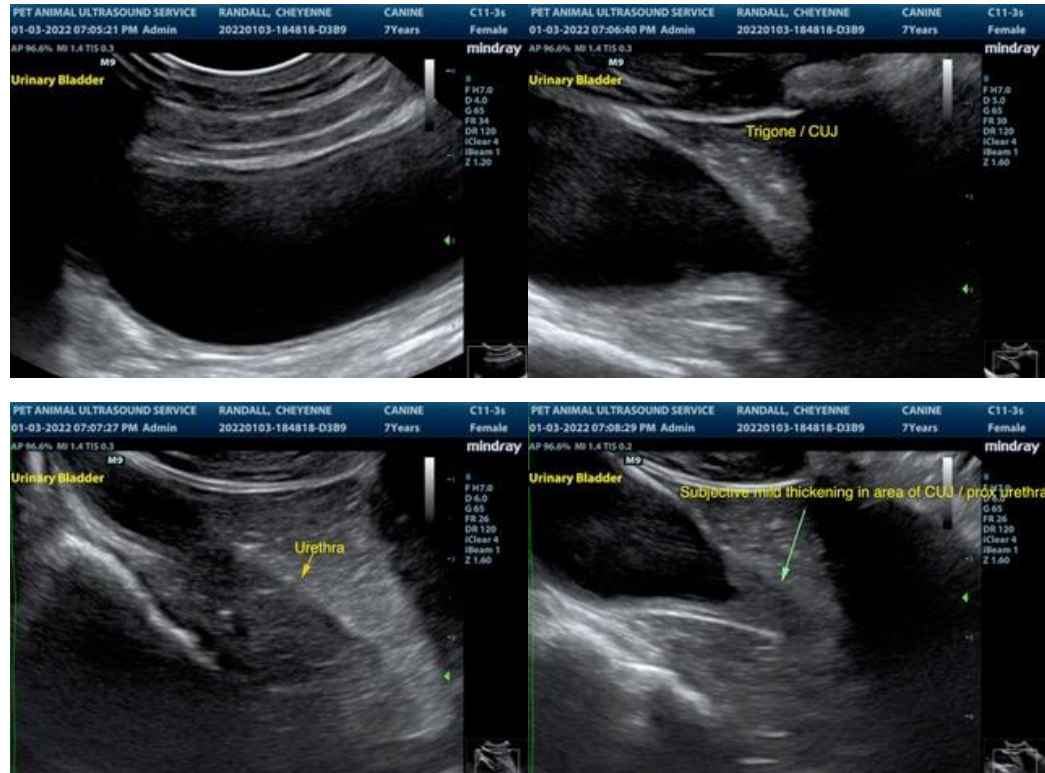
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**