

PATIENT

Zoey Grove

SPECIES

Canine

BREED

Boxer

SEX

F

AGE

11 M

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Holland

INVOICE

10540

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History of urinary tract infections from puppyhood, dribbles urine unknowingly, heat cycle began ~4 weeks ago

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal size and tone with a normal wall. There was no evidence of inflammation or tumors. Anechoic urine was present in the lumen with no evidence of urine mineral or calculi. The trigone and cystourethral junction were free of pathology. The ureteral papillae were overt normal in sonographic presentation with subjective ureter insertion in correct anatomic location. Normal proximal urethra structure and tone was noted to a depth of 3.0 cm.

The visualized uterus was mildly prominent in size and empty, measuring 1.0 cm in width. The left and right ovaries were sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.6 cm in length. No evidence of pyelectasia was noted in either kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

Spleen

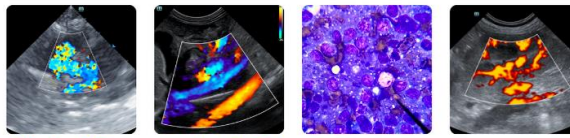
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. Normal hepatic vascular volume was present. 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 without evidence of retained ingesta, fluid, or foreign material.



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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.

Zoey Grove

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

SPECIES

Pancreas

Canine

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 were evident.

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Boxer

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

F

ULTRASONOGRAPHIC FINDINGS

AGE

- Sonographically and overtly normal urinary bladder and visible proximal urethra
- Mildly prominent empty visualized uterus – consistent with normal patient variant or possible estrus or post estrus uterus
- Normal bilateral kidneys – no evidence of pyelonephritis or dysplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

There is no definitive evidence of upper or lower urinary tract or uterine pathology, or congenital defect as an overt cause of the patient's clinical history. Given no reported persistent incontinence or underlying infection, continued monitoring as the patient progresses through estrus with as-needed urinalysis recheck +/- periodic urine C/S, if clinically indicated, would be reasonable. If persistent or progressive, incontinence cystoscopy or contrast imaging may be indicated.

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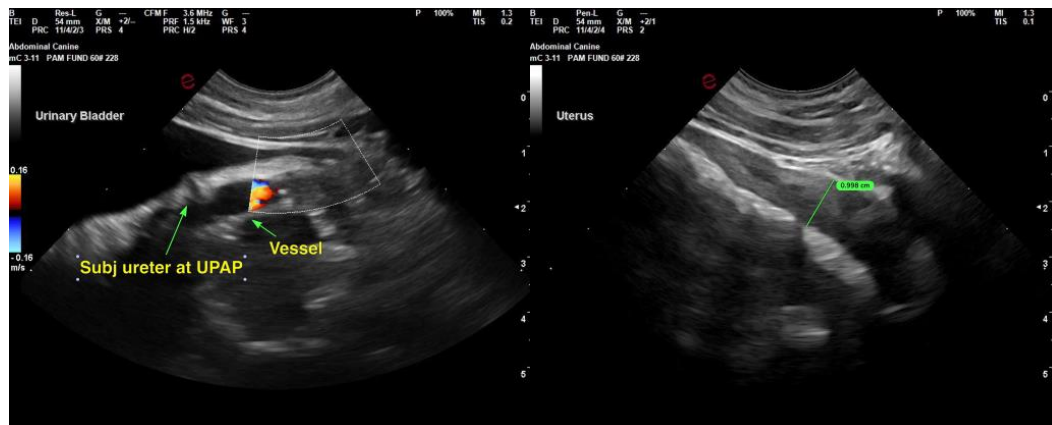
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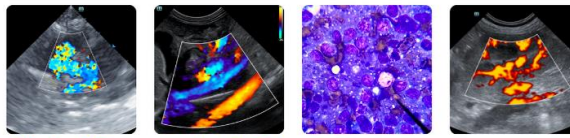
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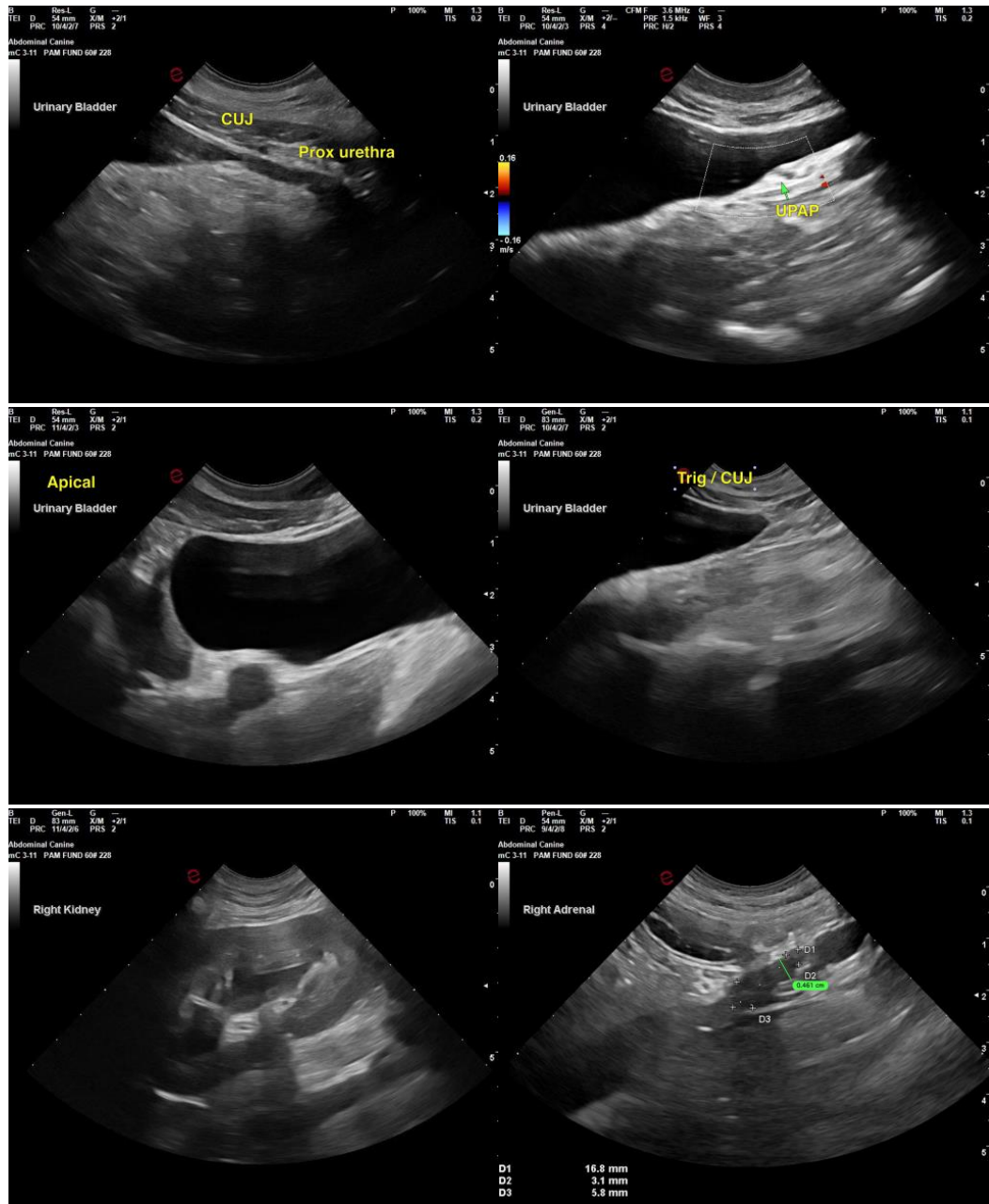
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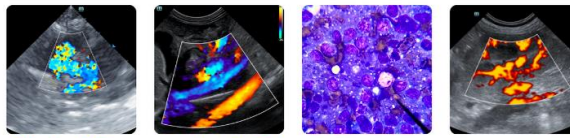
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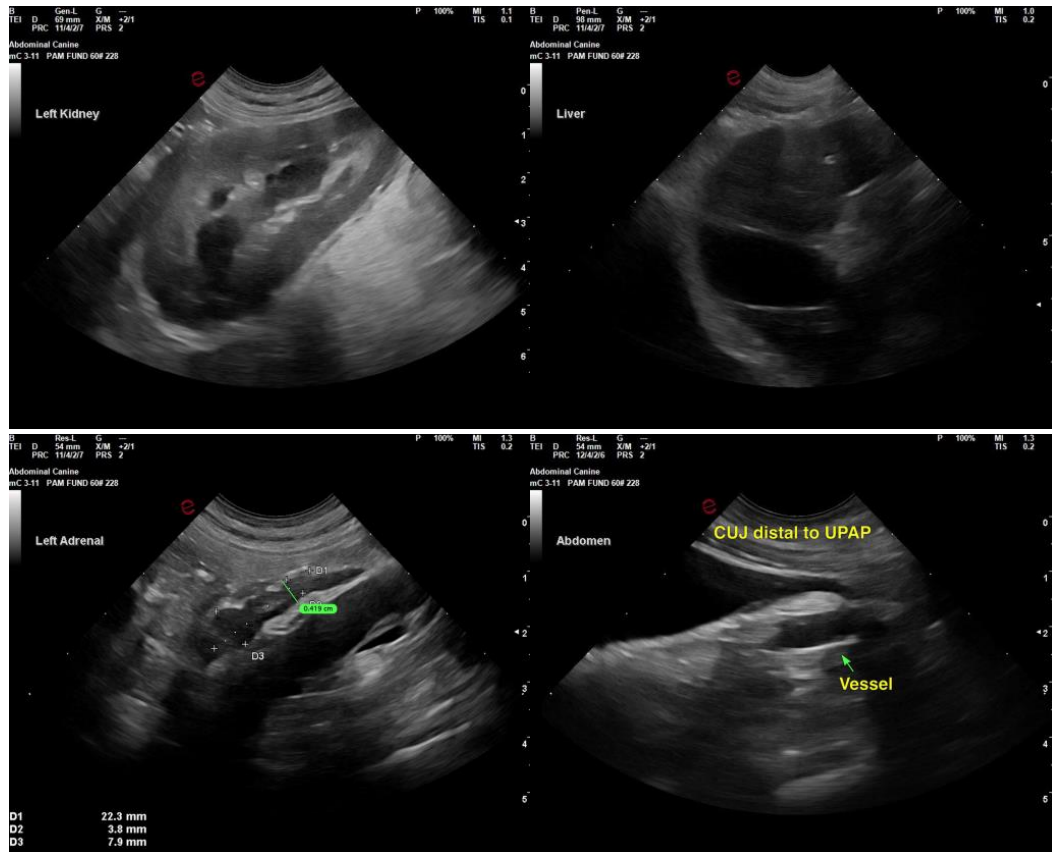
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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