

**PATIENT**

Gracie Volk

**SPECIES**

Canine

**BREED**

Englsih Pointer

**SEX**

Female Spayed

**AGE**

10y

**WEIGHT**

47 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Mountainview AH

**REFERRING VET**

Dr. Pablo Mendoza

**INVOICE**

13051

**DATE**

1/9/26

**PRESENTING CLINICAL SIGNS**

History: mild lifelong urinary incontinence. Owner states uncontrolled with medication, however no specific incontinence medication listed in P history

Recent Diagnostics: Relevant Laboratory Results / Abnormalities: decreased USG, proteinuria (full labs attached)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended in size with normal tone. No evidence of inflammatory criteria or tumors. The trigone and cystourethral junction were free of pathology. The visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal, minor medullary mineral present. The left kidney measured 6.8 cm in length. The right kidney measured 6.5 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 0.66 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 0.73 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with primarily homogeneous parenchyma. Solitary, discrete, non-capsule deforming, hypoechoic lateral splenic nodule was present measuring 0.5 cm in diameter.

**Liver**

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. The gallbladder was non distended, non-thickened, hypoechoic wall with minor, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing ingesta.

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



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**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**

Intermittent, mildly prominent to enlarged medial iliac node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**Heart**

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**PRIMARY FINDINGS**

- Mildly distended yet sonographically normal urinary bladder
- Normal visible proximal urethra
- Mild chronic renal changes
- Discrete splenic nodule
- Non-thickened, hypoechoic gallbladder wall

**SECONDARY FINDINGS**

- Mild benign medial iliac lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

PLN therapy indicated given significant elevated UPC ration, assuming persistent proteinuria and with quiet urine sediment. No evidence of lower urinary tract structural or obstructive pathology. The splenic nodule tends to trend benign with discrete lymphoid hyperplasia or hematopoiesis favored. Sonographic monitoring of the splenic nodule is recommended. Gallbladder age or patient variant vs potential for mild chronic cholecystitis of previous history of hepatopathy.



Imaging performed by



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pawsonography@gmail.com  
530-786-8340



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Educational Teleconsultation Services™

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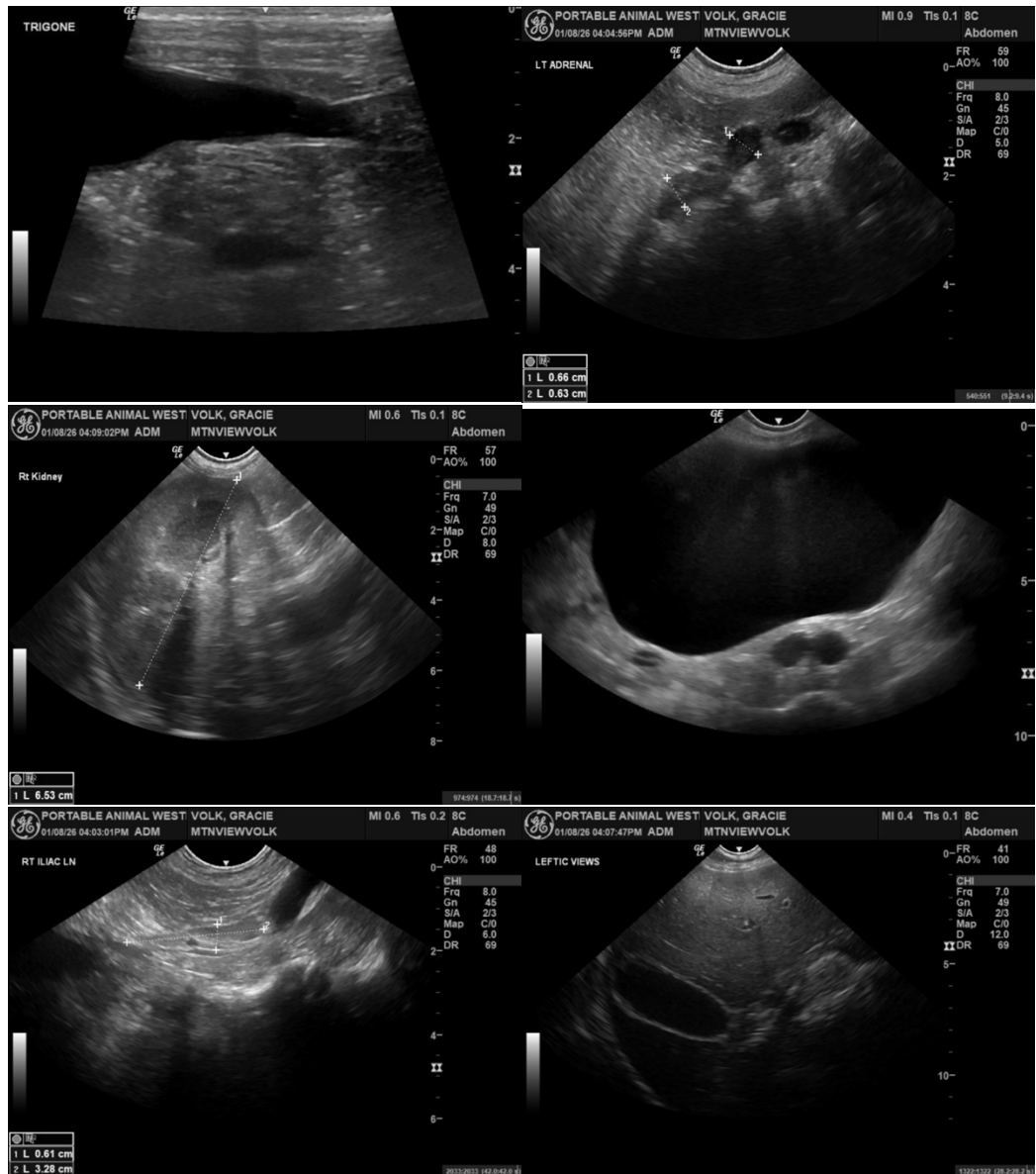
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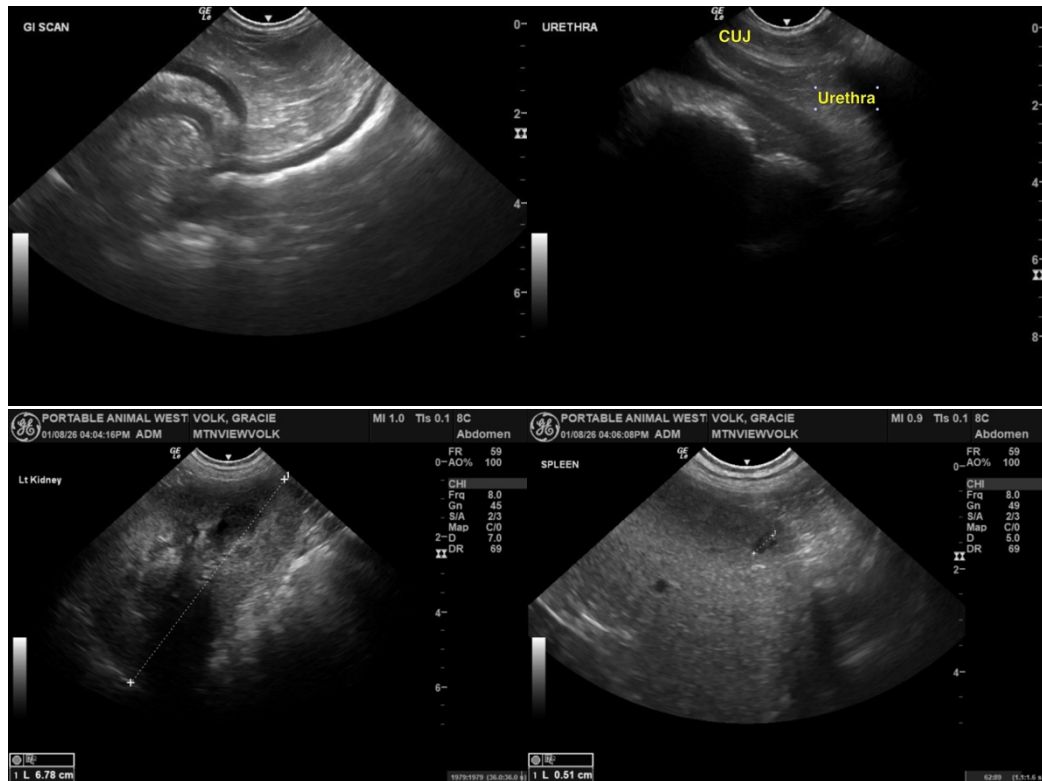
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)