



**PATIENT**

Remy Sibert

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female

**AGE**

5 months

**WEIGHT**

23 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**INVOICE**

14140

**DATE**

11/1/21

**PRESENTING CLINICAL SIGNS**

Unresolving urinary concern - leaking urine, licking at vulva, several courses ABX not resolving WBC, concern for anatomical issue ie ectopic ureter. Also tried course of Metacam to reduce inflammation, some minor improvement Current Medications Metacam Primary Question/Differential to Be Answered in This Exam r/o: cystitis, anatomical issue, UTI, stones, open

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings UA 10/11 (repeat) spgr 1.018 ph = 9, >50 wbc, 2 rbc, <1 struvite, 1-2non-squamous cells, bacteria present. No culture performed yet

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. No overt evidence of inflammatory mural criteria was present. Anechoic urine was present with mild non-dependent particulate sediment suspected to indicate cellular debris given the urinalysis findings. A tubular structure, appearing to bypass the area of the ureteral papilla, extending caudally into the area of the cystrourethral junction and proximal urethra was present, measuring 0.2 cm in diameter. This tubular structure did not overtly correlate with the uterine body, as it appeared to be immediately dorsal to the urinary bladder. Color Doppler assessment of the tubular structure did not overtly indicate associated blood flow. Although, some degree of artifact and splash was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the right kidney. 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 right kidney measured 6.9 cm in length.

The left kidney exhibited potential mild subnormal size compared to the right kidney with subjective asymmetrical margination. Mild pyelectasia was present in the left kidney with increased peripelvic parenchyma echogenicity. The left ureter appeared to be mildly dilated exiting the left kidney. The left kidney measured 6.0 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 2.1 cm x 0.46 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm x 0.46 cm.

**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.



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***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. 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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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

**ULTRASONOGRAPHIC FINDINGS**

- Mild particulate urinary bladder sediment- suspect cellular debris
- Atypical tubular structure appearing to bypass area of ureteral papilla into area of cystourethral junction and proximal urethra- consistent with ectopic ureter
- Concurrent mild left kidney pyelectasia with mild regional peripelvic inflammation- potential for mild left kidney dysplasia
- Subjective unremarkable right kidney

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patients' history, clinical signs and presence of atypical tubular structure, appeared to bypass the location of the ureteral papilla into the area of the cystourethral junction or proximal urethra, an ectopic ureter is highly likely. Potential for left ectopic ureter given concurrent left kidney pyelectasia and potential for mild left kidney pyelonephritis suspected. Further assessment as well as potential surgical planning via contrast urography or CT is likely ideal. Urine culture and sensitivity on sterile urine sample recommended.



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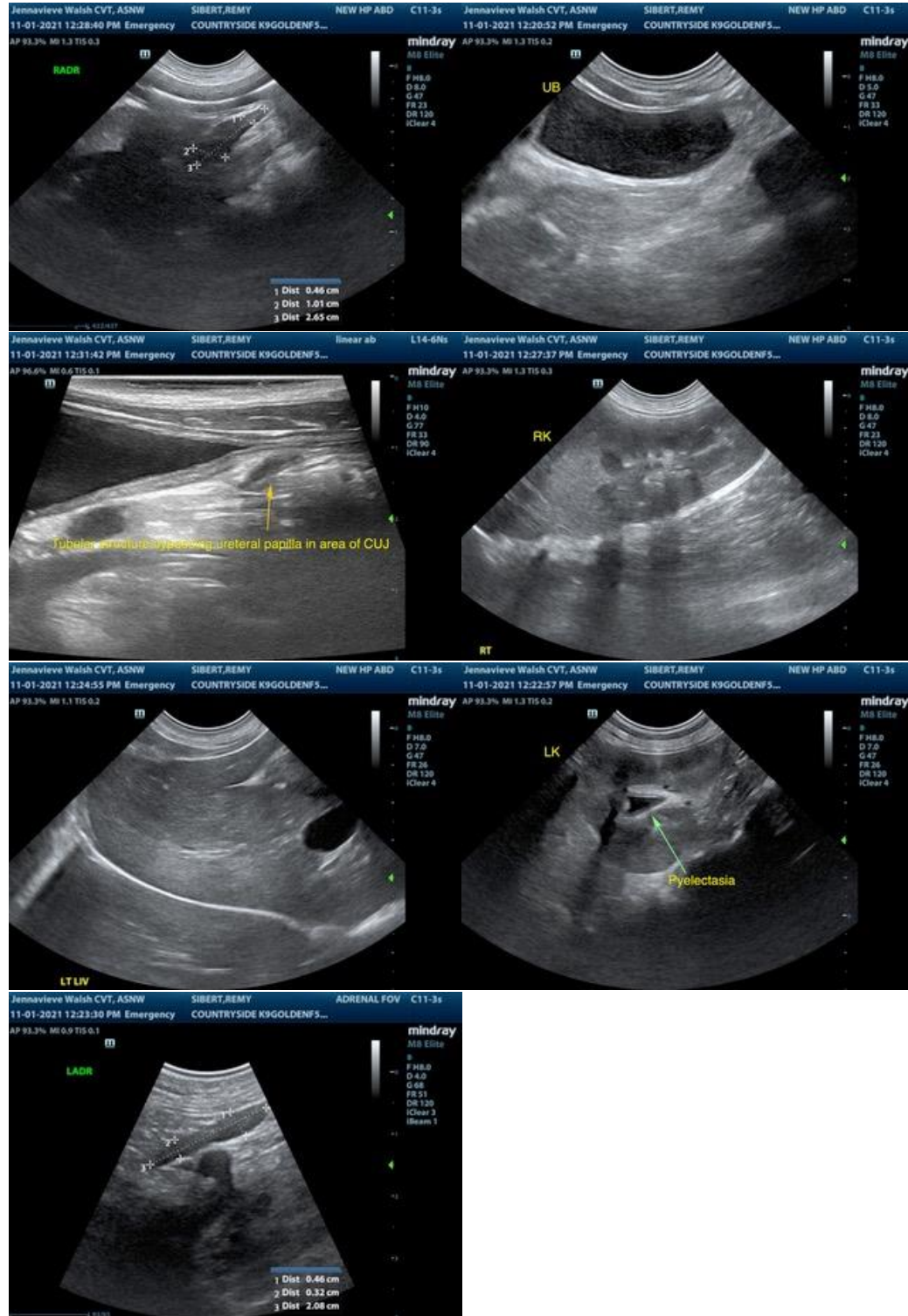
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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.

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