



PATIENT

Trevor Ellman

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

4 years

WEIGHT

68.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

INVOICE

15307

DATE

11/1/22

PRESENTING CLINICAL SIGNS

Urinary incontinence- suspected by client- x/o urinary signs on rads- u/s small bladder w/ thickening in anterior ventral aspect.

Abnormal PE/Chem/CBC/UA Results: UA: Lg # Amorphous urates, 1 cm pellet on spin down. SG: 1.036

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was mildly distended in size exhibiting subjective normal tone. Anechoic urine was present with no sediment or calculi. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. The visible proximal urethra exhibited overtly normal structure to a depth of 4.0 cm.

The residual prostate was normal without evidence of pathology measuring 1.0 cm in diameter.

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 6.6 cm in length. The right kidney measured 6.8 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 2.8 cm length x 0.63 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland, although indistinctly visualized owing to patient size / conformation.

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 noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate shadowing ingesta was present.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable urinary bladder, residual prostate, and visible proximal urethra, subjective mild urinary bladder distention at time of ultrasound
- Normal bilateral kidneys
- Sonographically normal liver exhibiting normal hepatic volume
- Minor gallbladder debris - incidental

Secondary Findings

- Shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of lower urinary tract pathology, i.e., urinary bladder calculi / sediment, cystitis, urinary bladder prostatic or proximal urethral neoplastic criteria. Urine C/S on a sterile urine sample could be considered if clinically indicated or increased urine pH.

No evidence of hepatic structural pathology was noted.

Differentiation between incontinence vs. other voiding abnormalities may be considered if clinically applicable.

The shadowing gastric ingesta is likely incidental. Monitoring for gastric emptying may be considered if evidence of inappetence, vomiting, etc.



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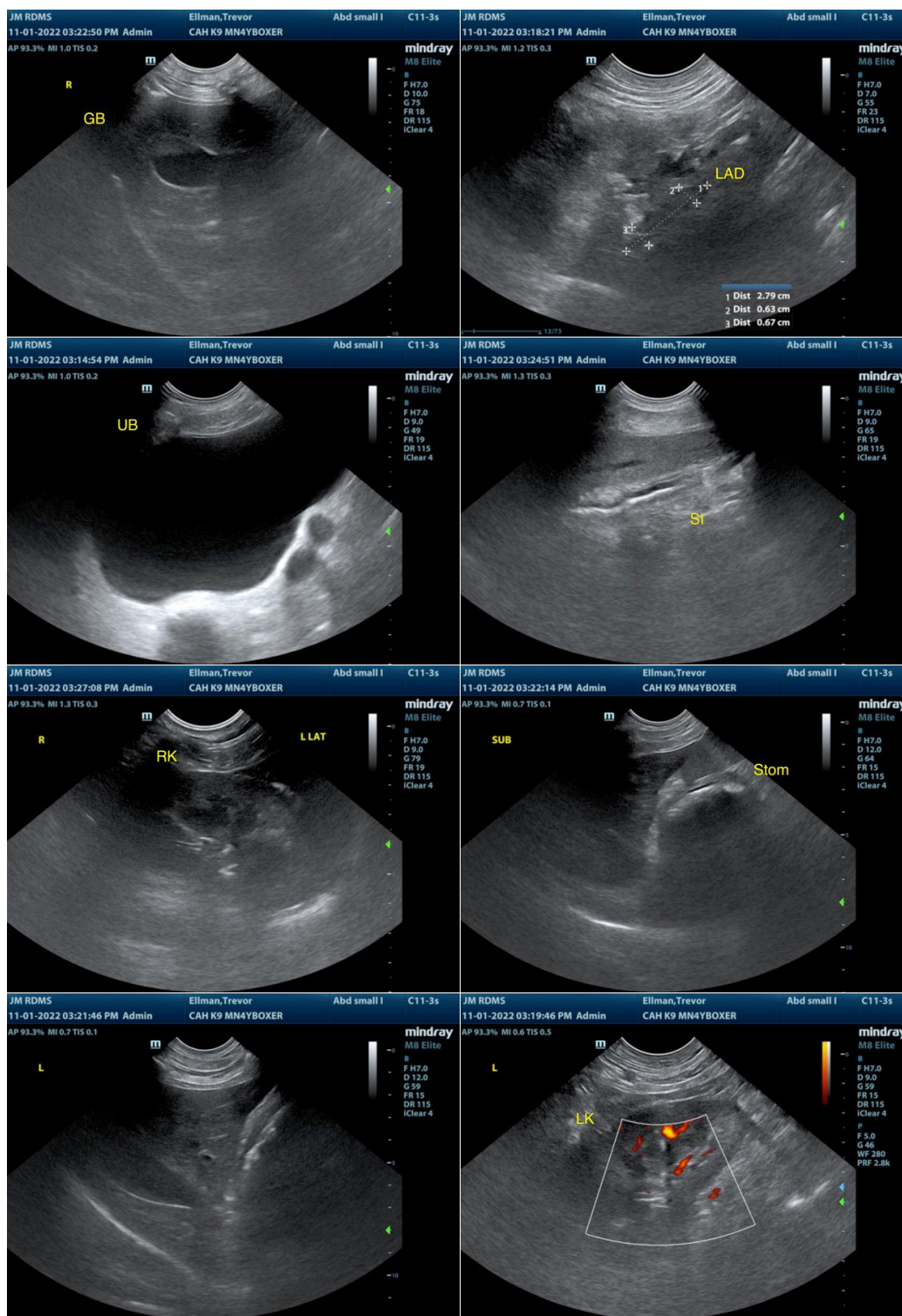
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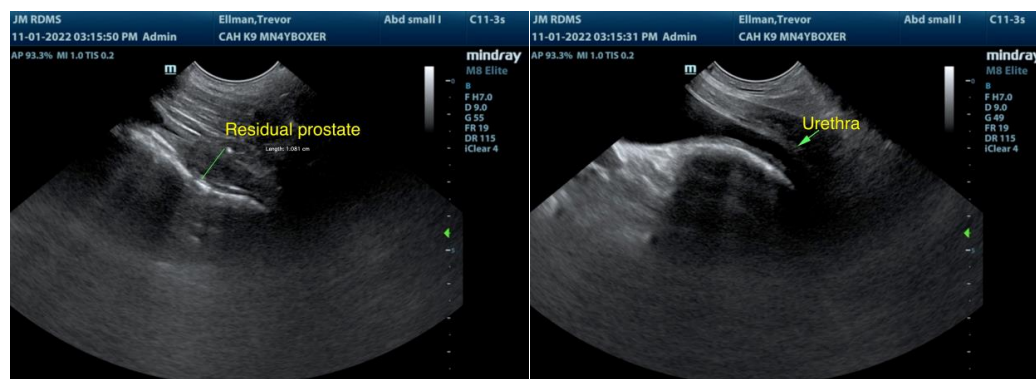
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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