

**PATIENT**

Peaches Maciborski

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

FS

**AGE**

2015

**WEIGHT**

45.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Community VP

**REFERRING VET**

Dr. Hulshizer

**INVOICE**

10381

**DATE**

11/19/25

**PRESENTING CLINICAL SIGNS**

History of dribbling urine

Medication: Amoxicillin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with normal urinary bladder wall without 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 urethra exhibited normal structure and tone to a depth of 3.0 cm. No evidence of pathology in the area of the ureteral papillae.

No evidence of pathology was noted in the area of the uterine remnant.

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 5.6 cm in length. The right kidney measured 5.6 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 0.69 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 0.62 cm width at the caudal pole.

**Spleen**

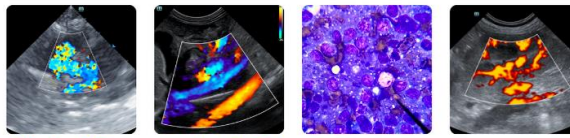
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent, nonorganized gallbladder debris. 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.

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***

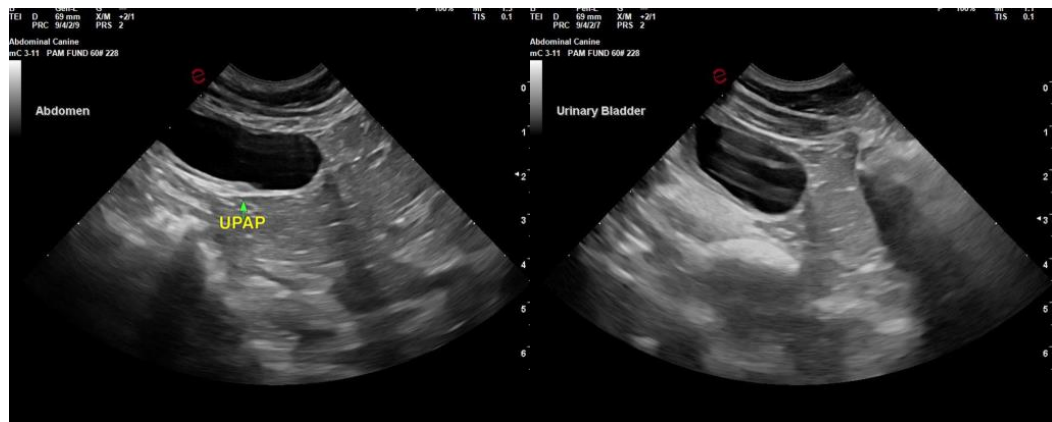
- Sonographically normal urinary bladder and visible proximal urethra
- Normal area of uterine remnant
- Normal bilateral kidneys

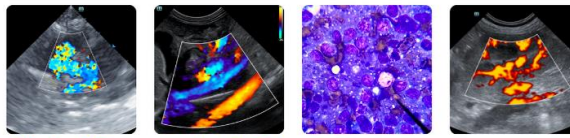
***Secondary Findings***

- Mild gallbladder debris (non mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of lower urinary tract structural pathology or overt congenital defect as an obvious contributing factor to the patient's clinical signs. Incurin trial as opposed to Proin, if concern for hypertension, may be considered. Cystoscopy may be indicated if progressive clinical signs or urinary incontinence.





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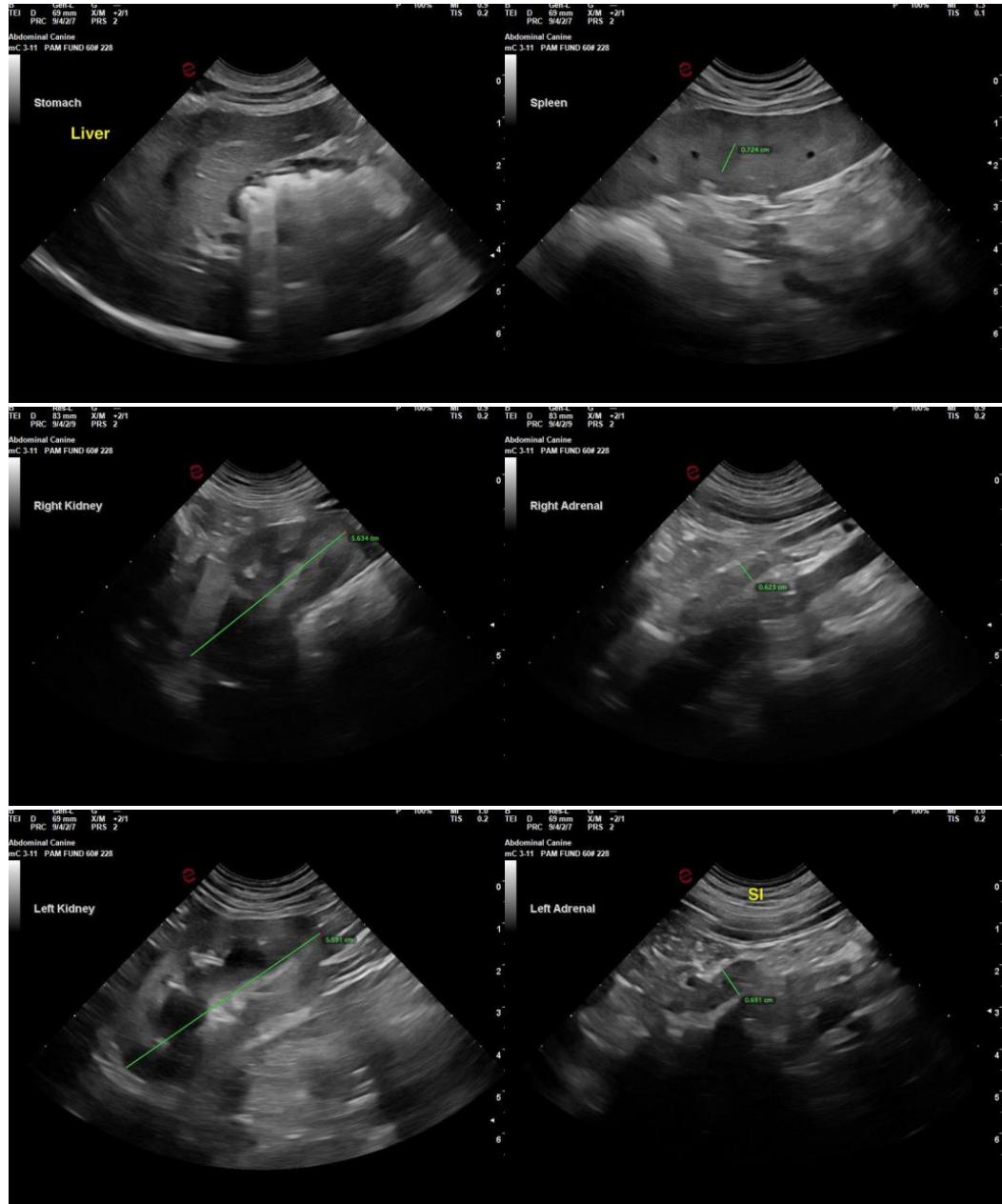
Dr. Hulshizer

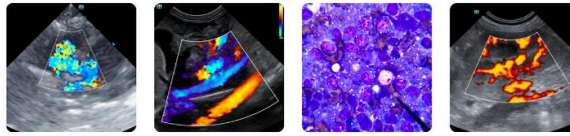
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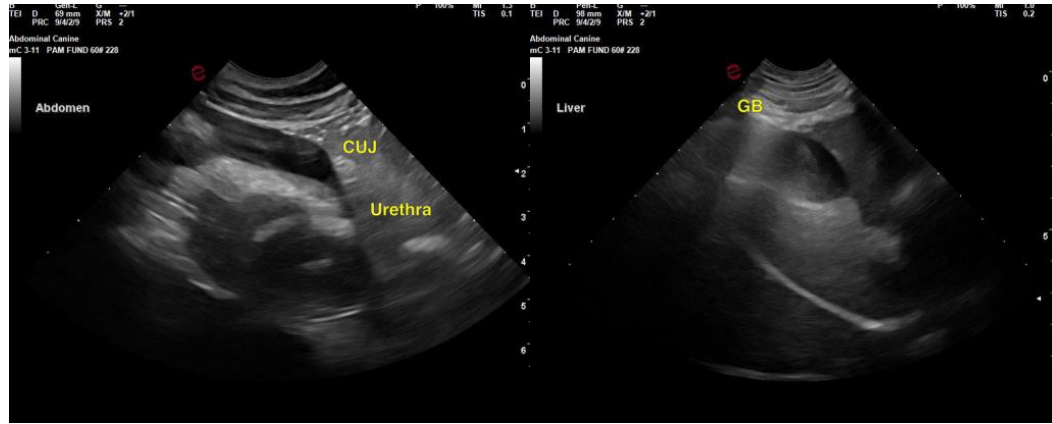
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)