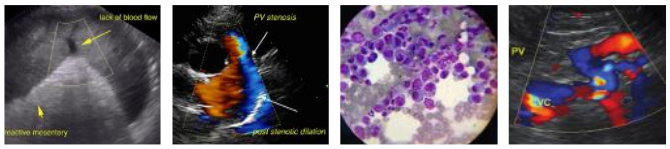
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ashia Lane

SPECIES
Canine

BREED
Rottweiler

SEX
FS

AGE
1yr

WEIGHT
83lb

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

IMAGING PERFORMED BY
Jasmine Palacios

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Johnson

INVOICE
12330ag

DATE
11/30/2022

PRESENTING CLINICAL SIGNS

P presented on 11/23/2022 for ongoing for about 2 weeks Leaking of urine, worse during the night but does dribble during the day. P has to wear a diaper all the time. P currently on Proin 50mg BID

Abnormal PE/Chem/CBC/UA Results: See attached labs: Specific Gravity 1.013 pH 5.5 White Blood Cells 0-2 (0 - 5) HPF Red Blood Cells 0 Epithelial Cells RARE (0-1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The urethra exhibited potential for mild decreased tone to a depth of 3 cm. Normal overall proximal urethral structure was present. Anechoic urine was present in the lumen with no uroliths or sediment. 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 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 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was mildly subnormal in size with symmetrical contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.88 cm width at the caudal pole and 4.6 cm length.

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.

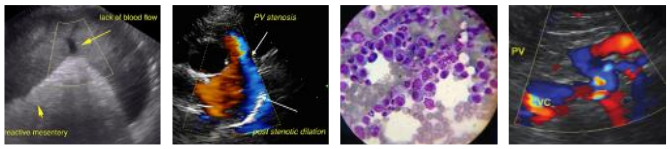
Liver

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.



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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 was evident.

Free Abdomen

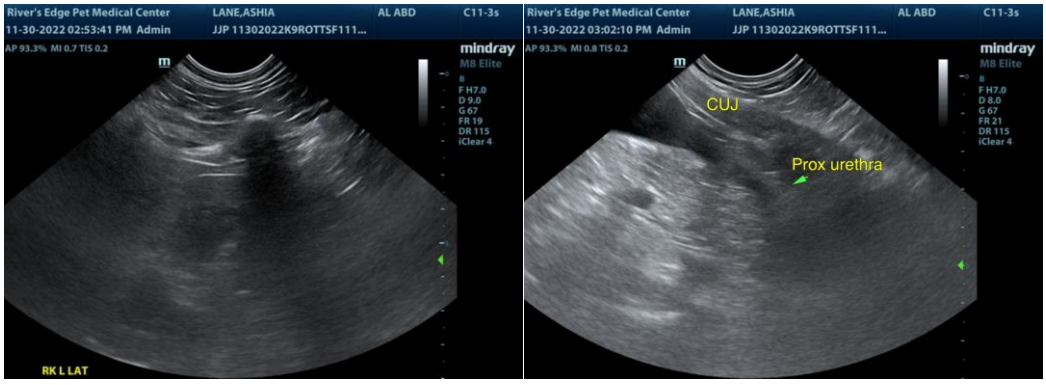
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder
- Subjective minor decreased proximal urethral tone, normal urethral structure
- Normal bilateral kidneys
- Subnormal left adrenal gland-likely patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of congenital renal or lower urinary tract abnormality such as renal dysplasia, overt ectopic ureter or urachal remnant was visualized. No pathology was associated with the uterine remnant. Incontinence or potential nocturnal enuresis is considered likely. Non-obvious ectopic ureter is considered unlikely given the onset of incontinence following OVH without persistent reported incontinence since puppyhood. A urine C/S on a sterile urine sample is recommended to rule out underlying infection. Assessment of clinical response to Proin trial +/- Proin/Incurin combination if continued incontinence would be reasonable. Advanced imaging such as contrast urography or gold standard CT with contrast may be considered if continued incontinence despite medical therapy. A resting cortisol level may be considered if clinically indicated.



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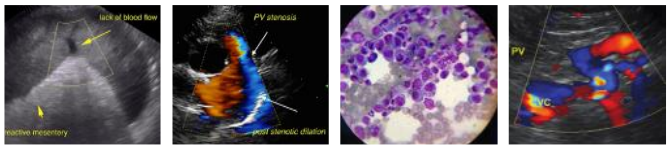

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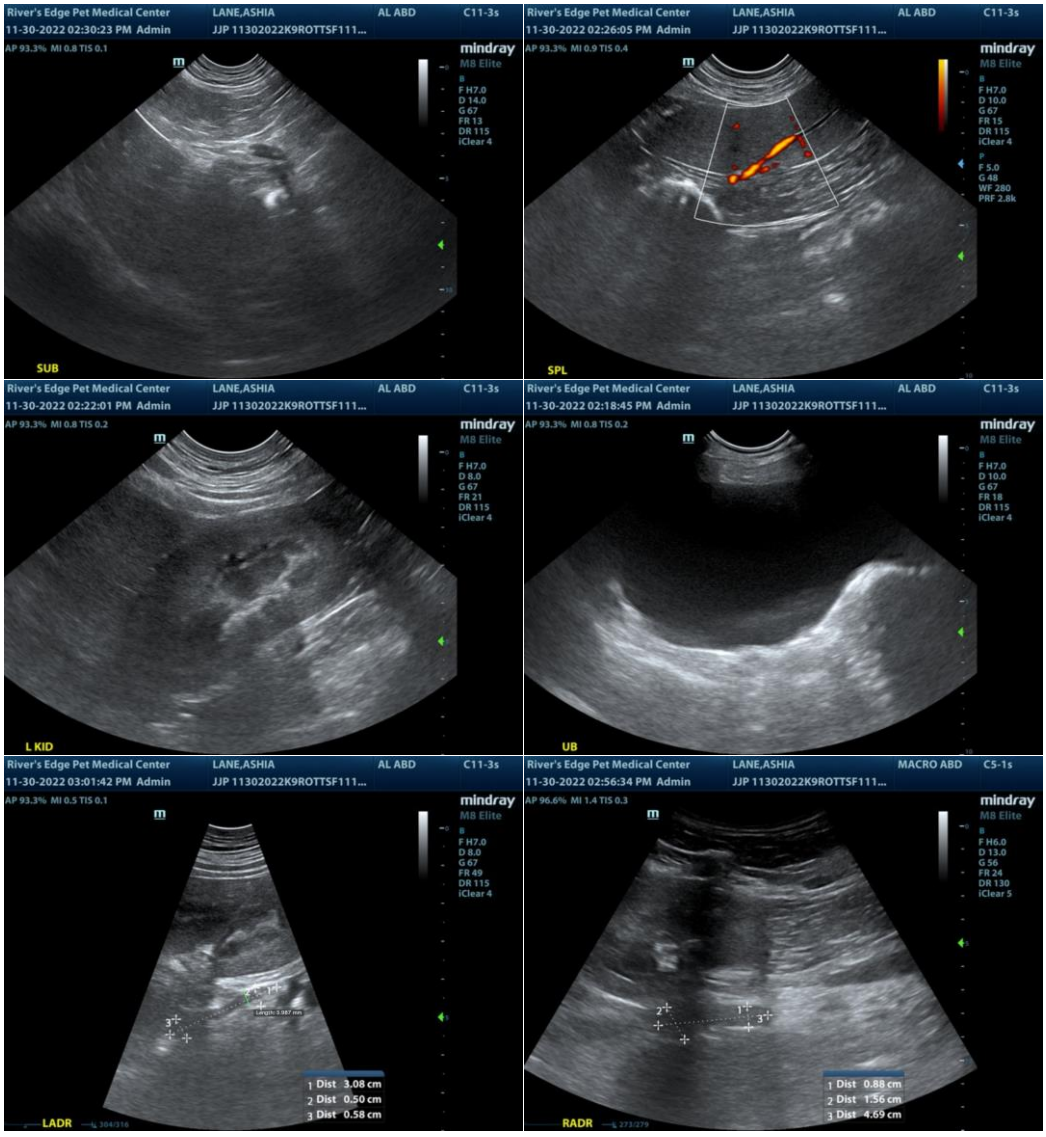

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com