



**PATIENT**

Maxxie Cafferata

**PRESENTING CLINICAL SIGNS**

Stranguria and pollakiuria for the past few months Current Meds: none  
Abnormal PE/Chem/CBC/UA Results: not done Urinalysis findings: C + S and UA pending

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Hound X

The urinary bladder exhibited normal thickness and tone. 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. The visualized proximal urethra to a depth of 2.0 cm exhibited normal subjective size with potential for subtle decreased tone exhibited by subtle urine retention noted in the urethra at a depth of 1.0 cm. Overall urethra measured 0.28 cm in width. No overt evidence of congenital abnormalities such as ectopic ureter.

**SEX**

Spayed Female

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 right kidney measured 5.5 cm. The left kidney measured 6.1 cm.

**AGE**

18 Months

**Adrenal Glands**

**WEIGHT**

37.2 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.54 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.98 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**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.

**HOSPITAL NAME**

Byram AH

**Gastrointestinal**

**REFERRING VET**

Dr. Carlos Abdul-Ghani

The stomach presented intact wall layering with mild to moderate retained anechoic fluid and minor non-specific ingesta/chyme.

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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.

**DATE**

11/8/21

**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.



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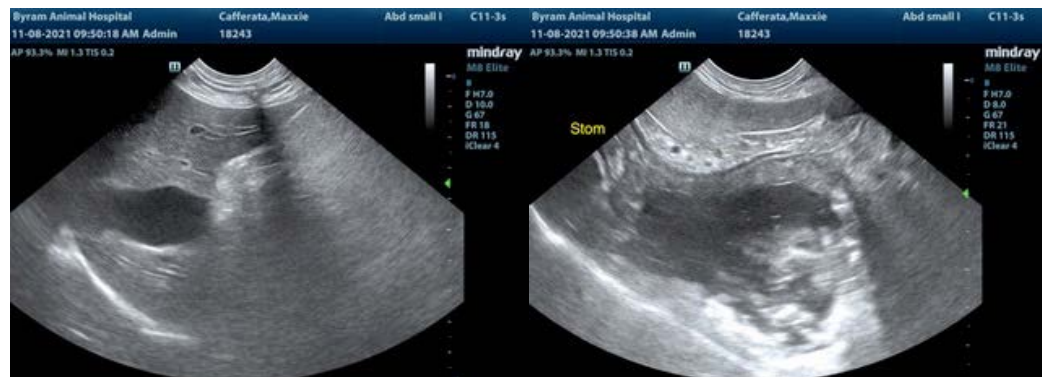
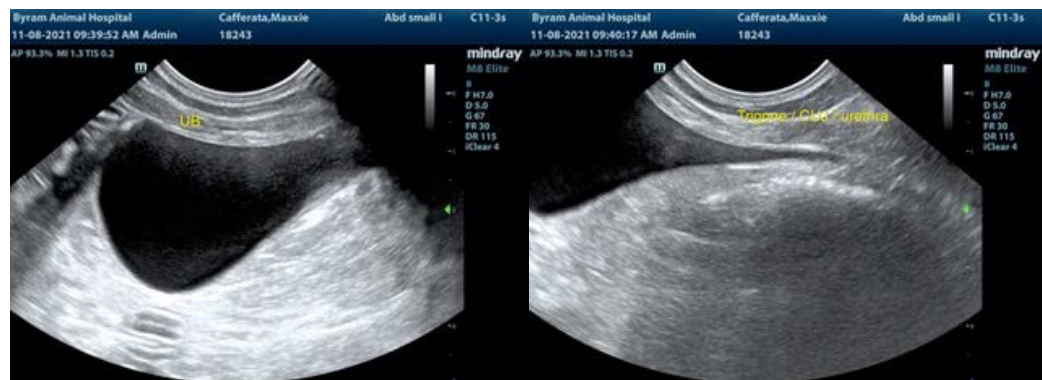
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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder with potential for subtle decreased proximal urethral tone
- Sonographically unremarkable bilateral kidneys
- Possible gastric hypomotility

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pending urine culture and sensitivity, urinalysis, and correlation with recommended CBC/Chem panel to assess for underlying metabolic disease, potential for minor urethritis is possible, although not definitive. No overt evidence of urinary bladder mural disease (i.e., inflammation), sediment/calculi, or overt evidence of congenital abnormality such as ectopic ureter. If infection is confirmed on culture and sensitivity, gross assessment of the vulva and vaginal vault for evidence of structural pathology or potential cause of ascending infection may be indicated.





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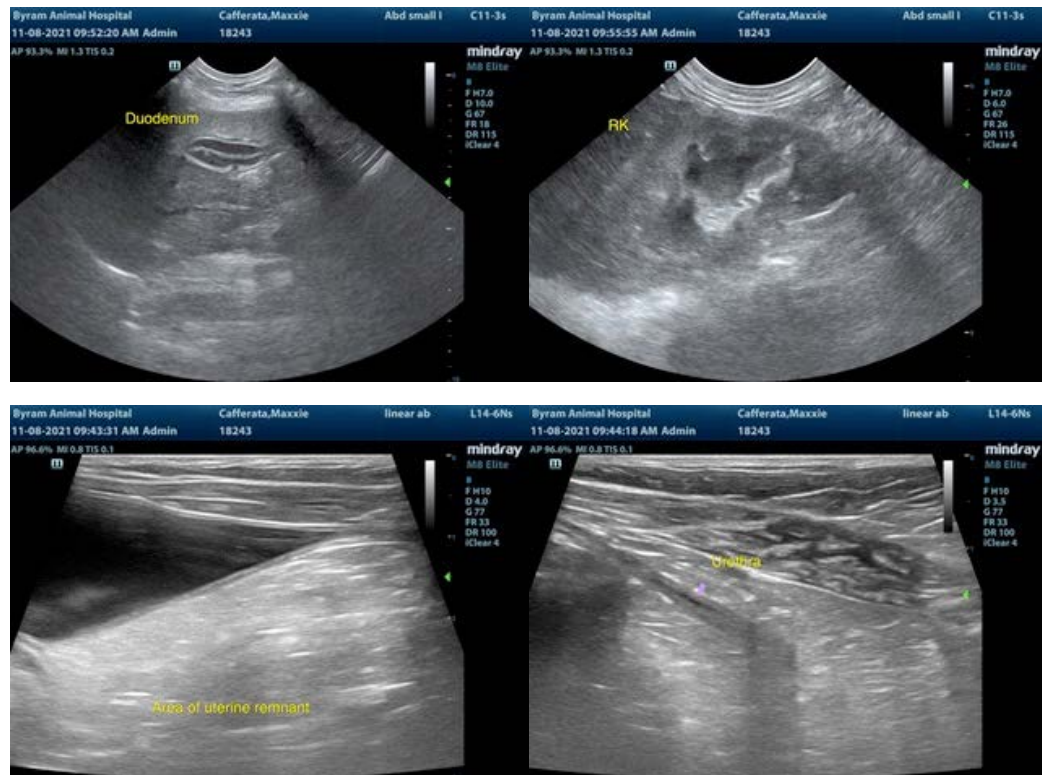
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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