



**PATIENT PRESENTING CLINICAL SIGNS**

Philly Rescue History: Leaking urine, history of aortic stenosis.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

The urinary bladder was normal in size and tone. Urinary bladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic urine was present with no sediment or calculi. Sonographically unremarkable visualized ureter was noted in the area of the ureteral papilla without overt evidence of caudal extension of the ureter into the area of the urinary bladder neck or proximal urethra. Proximal urethra exhibited normal structure and tone to a depth of 2.0 cm without evidence of proximal urethral urine retention or dilation. Aortic trifurcation was normal.

**BREED**

Golden Retriever

**SEX**

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 left kidney measured 5.6 cm in length. The right kidney measured 5.5 cm in length.

**AGE**

4 Months

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.38 cm width at the cranial pole.

**WEIGHT**

19.7

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width at the caudal pole and 0.43 cm width at the cranial pole.

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R. McKenzie Daniel,  
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(Canine and Feline)

**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.

**IMAGING PERFORMED BY**

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**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.

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**Gastrointestinal**

**REFERRING VET**

Dr. Bandekar

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme, likely indicative of recent meal ingestion or minor retained ingesta/chyme.

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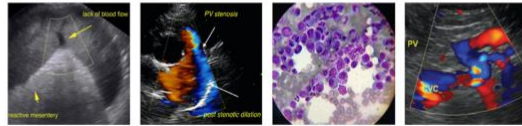
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

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Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT** *Pancreas*

Philly Rescue 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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Canine

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**Free Abdomen**

Intermittent, mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (less than or approximate to 0.5). An example of lymph node size measured 2.6 cm x 1.3 cm.

Focal to intermittent pockets of scant anechoic peritoneal free fluid were noted, which is not an abnormal finding for a young patient. The omentum exhibited normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Overtly normal urinary bladder and visible proximal urethra
- Overtly normal visualized ureter and area of the ureteral papilla
- Normal bilateral kidneys- no evidence of congenital dysplasia or pyelonephritis

**Secondary Findings**

- Intermittent mesenteric lymphadenopathy- likely immunologic immaturity
- Focal to intermittent scant peritoneal free fluid- physiologic

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of lower urinary tract congenital abnormality without a definitive ectopic ureter visualized. No evidence of a urachal remnant. Urine culture and sensitivity on sterile urine sample to rule out underlying infection is recommended, if not done. At times, a small ectopic ureter may be difficult to visualize sonographically and, although no overt evidence of an ectopic ureter was present in this study, it technically cannot be definitively excluded, especially if persistent and consistent incontinence. Contrast imaging, such as contrast urography or ideally CT with contrast if suspicion of ectopic ureter may be considered if persistent incontinence as the patient ages.

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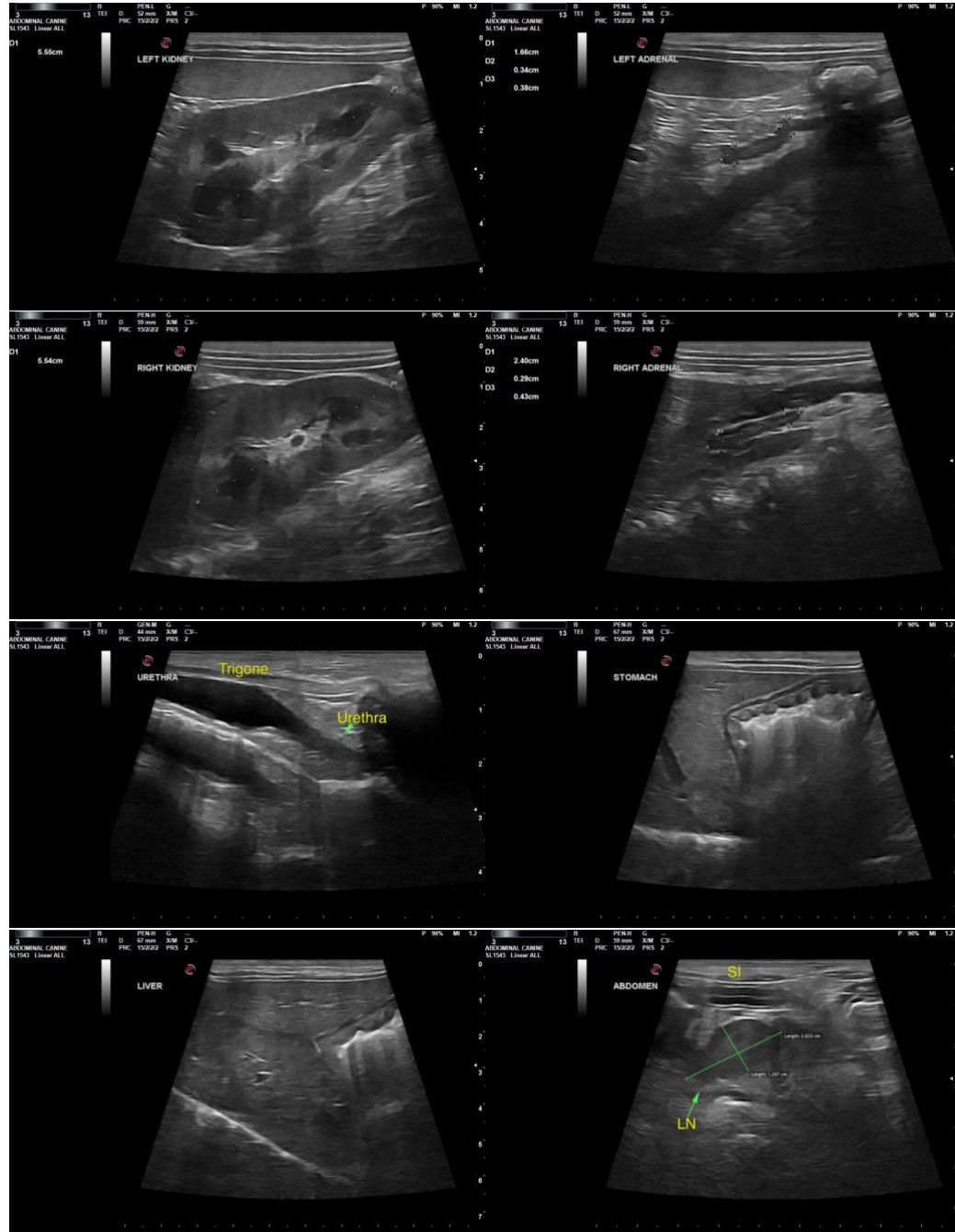
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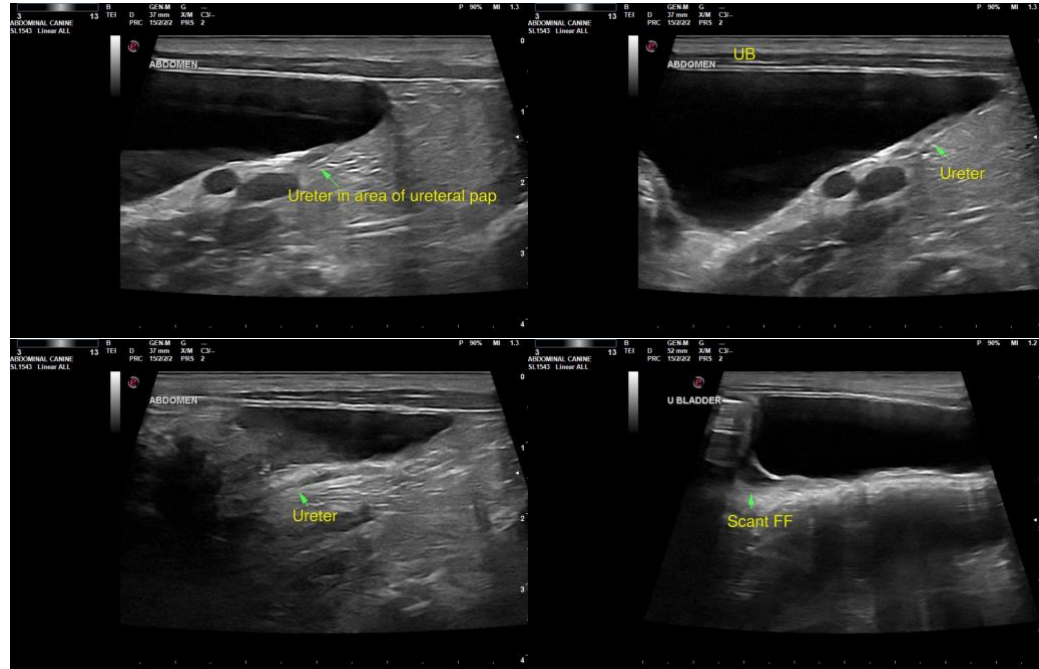
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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