



**PATIENT**

Scout Phelps

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

FI

**AGE**

11 yrs

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Reid Veterinary  
Hospital

**REFERRING VET**

Dr. Harrison Reid

**INVOICE**

15707

**DATE**

12/27/22

**PRESENTING CLINICAL SIGNS**

Hx Urinary incontinence Proin, Incurin - P stopped urinating in bed clear discharge/swollen vulva (O had P wearing diapers for a bit) blood clots in urine P does not seem to be in pain P vomited 4x - O gave pepsid and seemed to resolve Acting normal hasn't been eating well for months, often has loose stools

Abnormal PE/Chem/CBC/UA Results: Mildly elevated CPL Radiographic Findings LATERAL ABD FILM WNL, NO OBVIOUS SIGNS OF STONE ETC. HRR NOTED SMALL METAL/MINERAL? OPACITY NEAR THE SITE OF CERVIX/UTERINE STUMP.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with so sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

Intact uterine body or possible prominent uterine remnant or small uterine remnant granuloma was noted dorsal to the level of the urinary bladder trigone and proximal urethra measuring approximately 5.0 cm length x 1.1 cm width. No evidence of uterus or uterine remnant luminal fluid accumulation or pyometra/stump pyometra criteria. No evidence of uterus or uterine remnant neoplastic criteria. The left and right ovaries were not definitively visualized.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney solitary small lateral cortical cyst was noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 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 1.7 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.47 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.



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***Liver/ Gallbladder***

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild congealed yet nonorganized echogenic gallbladder debris primarily in the cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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.

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 omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Intact uterus vs. mildly prominent uterine remnant / possible small uterine remnant granuloma
- Mild chronic renal changes with small left kidney cortical cyst
- Minor gallbladder debris - incidental assuming no evidence of cholestasis
- Sonographically unremarkable gastrointestinal tract / pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine C/S on a sterile urine sample may be considered to rule out underlying UTI. Given the potential unclear spay status in this patient, the visible uterus or possible uterine remnant dorsal to the urinary bladder is of unclear clinical significance without evidence of pyometra/stump pyometra or uterine neoplastic criteria. No overt evidence of uterine or uterine remnant adherence to the urinary bladder or proximal urethra as a contributing factor to the patient's incontinence, although this possibility cannot be definitively excluded. Anti-Mullerian hormone assay may be considered if clinically



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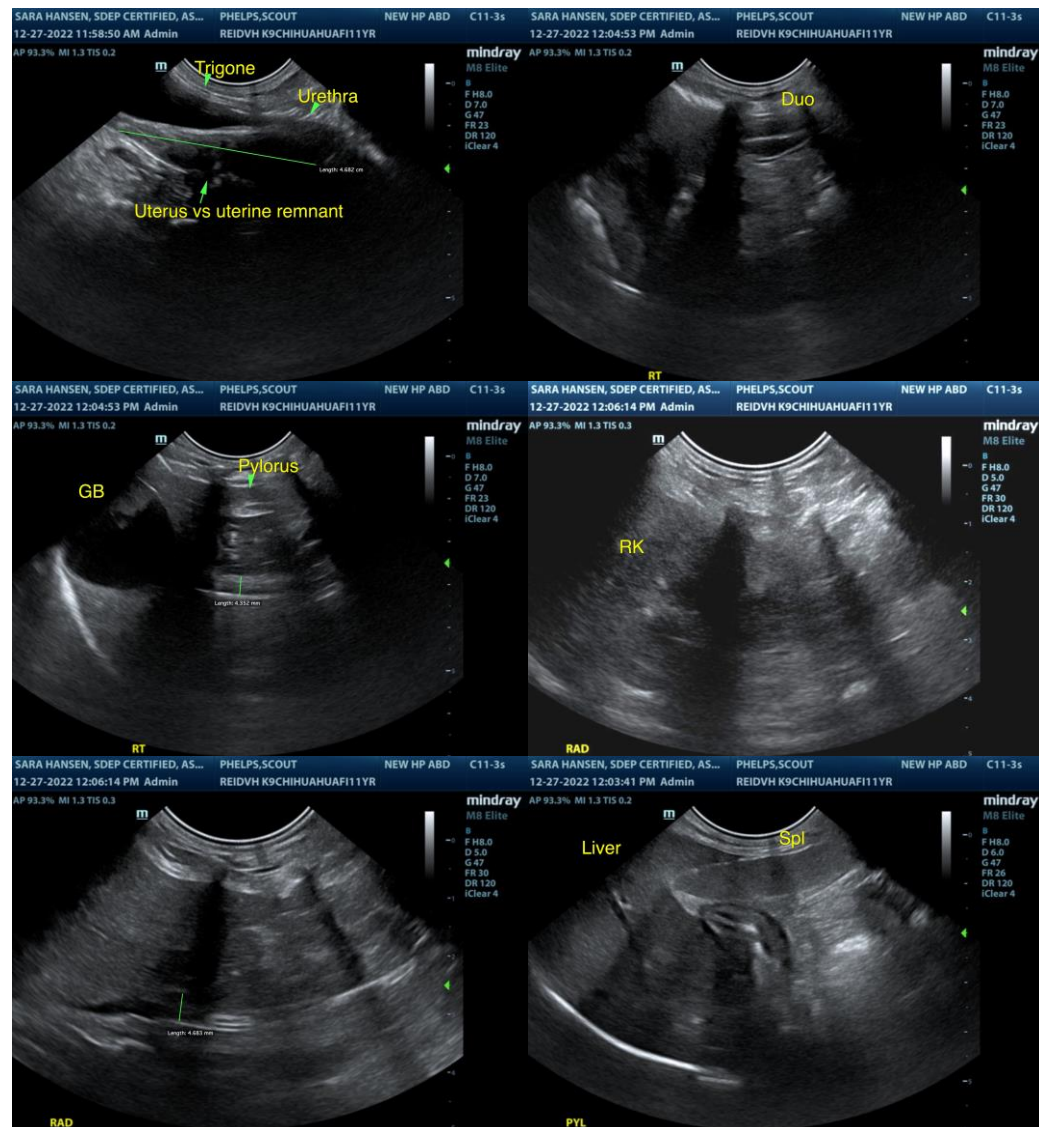
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indicated. Pending additional diagnostics and monitoring or if the patient is definitively intact, laparotomy with gross inspection of the uterus/uterine remnant and area of the bilateral ovaries with potential ovariohysterectomy or possible resection of prominent uterine remnant to the level of the cervix may be indicated.

Potential for low-grace or chronic pancreatitis may be present yet essentially sonographically normal. As-needed gastrointestinal supportive care, high colony count probiotic, and a novel protein or hydrolyzed diet trial would be reasonable.





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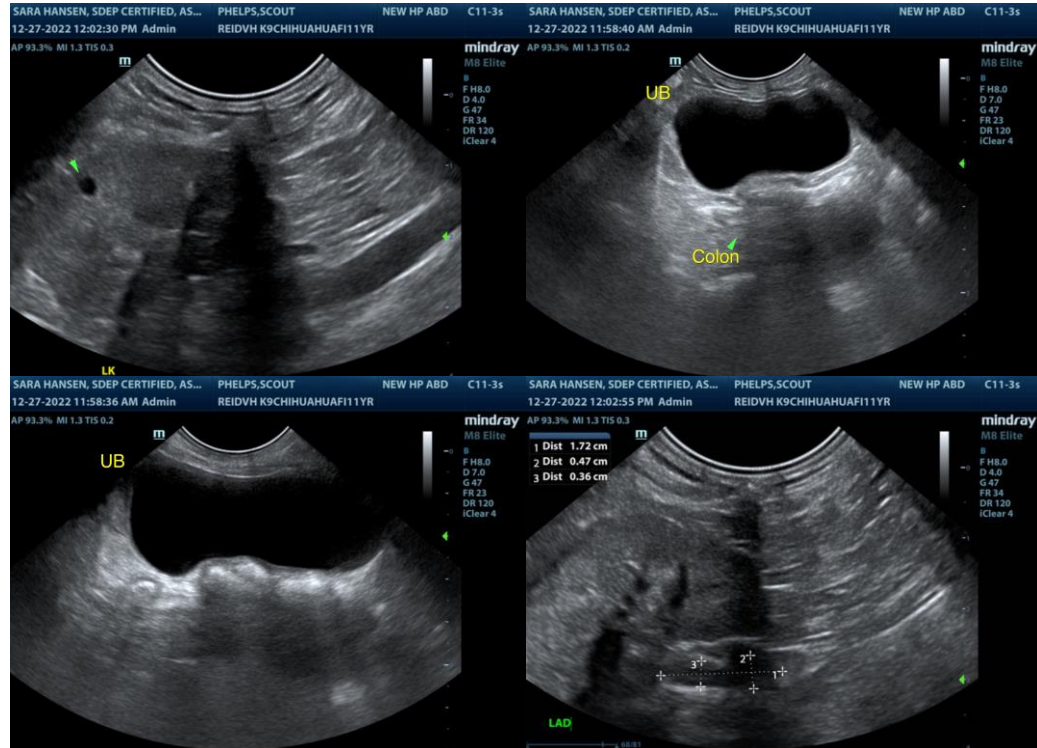
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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