



PATIENT	PRESENTING CLINICAL SIGNS
Kahlua McConnell	Leaking urine all the time, unable to control. Current meds: Proin 74 mg q24h
SPECIES	Abnormal PE/Chem/CBC/UA Results: USG 1.028, new struvite crystals
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mix	The urinary bladder was normal in size and tone. The urinary bladder walls were sonographically unremarkable without evidence of inflammatory criteria. Anechoic urine was present with no evidence of cystic calculi, mineral, or sediment. No overt pathology was noted in the area of the trigone or cystourethral junction. The visualized urethra exhibited subjective normal structure and tone to a depth of 4.0 cm.
SEX	
FS	
AGE	The area of the aortic trifurcation was free of pathology.
8 mos	The area of the uterine remnant was free of overt pathology.
WEIGHT	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 or pyelectasia. The left kidney measured 6.2 cm in length. The right kidney measured 6.7 cm in length.
50 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.37 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 2.7 cm length x 0.64 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
Tranquility VC	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.
REFERRING VET	Gastrointestinal
Dr. Christensen	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.
INVOICE	
16217	
DATE	
2/21/23	



PATIENT

Kahlua McConnell

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.

SPECIES

Canine

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

BREED

Mix

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

8 mos

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder size / tone containing anechoic urine, no sonographic evidence of cystitis
- Overtly normal visualized proximal urethra
- Normal bilateral kidneys

WEIGHT

50 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No overt evidence of definitive congenital abnormalities such as ectopic ureter was noted. However, the possibility of a small congenital abnormality such as a small ectopic ureter, which may be at times difficult to visualize sonographically, cannot be definitively excluded given the consistent incontinence pattern in this patient. No evidence of primary renal diseases such as dysplasia or pyelonephritis as well as no evidence of inflammatory urinary bladder criteria, calculi, or abnormal urinary bladder tone was noted.

IMAGING PERFORMED BY

Shari Reffi, CVT

If not done, UTI workup to include C/S on a sterile urine sample is suggested. Empirically, a combination of Proin / hormonal medication such as Incurin or similar may prove beneficial as these medications may act synergistically. If continued incontinence, endoscopy or Gold Standard CT with contrast is likely ideal for further assessment of potential non-obvious congenital abnormality as a primary contributing factor.

HOSPITAL NAME

Tranquility VC

REFERRING VET

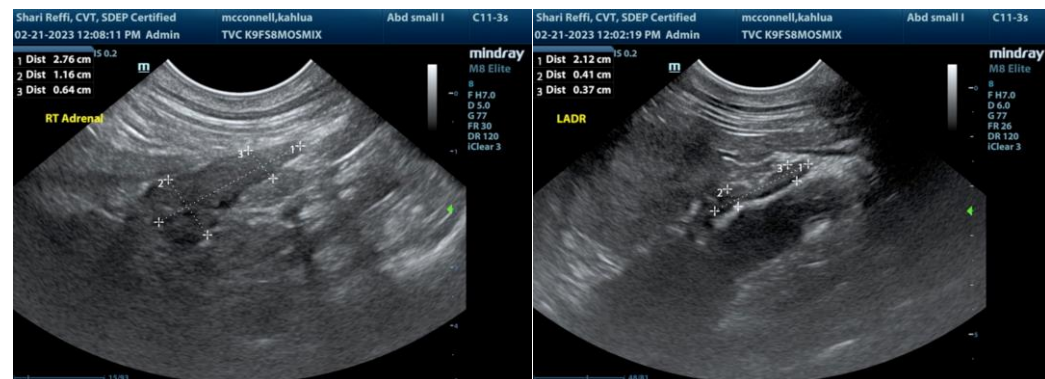
Dr. Christensen

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PATIENT

Kahlua McConnell

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

8 mos

WEIGHT

50 lbs.

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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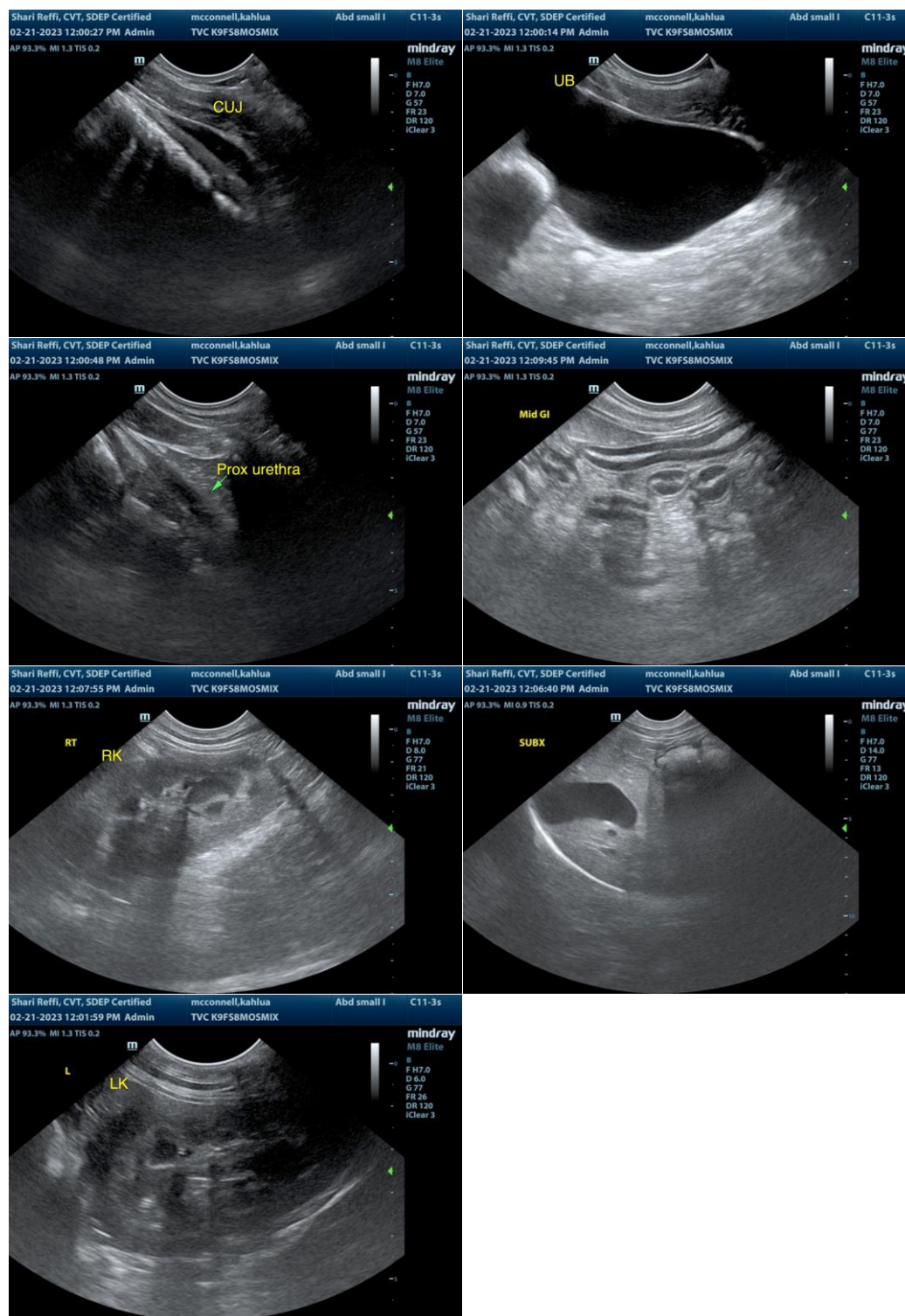
Dr. Christensen

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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.



PATIENT

Kahlua McConnell

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Mix

SEX

FS

AGE

8 mos

WEIGHT

50 lbs.

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(Canine and Feline)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

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