



**PATIENT PRESENTING CLINICAL SIGNS**

Steve Palleschi  
Owner reports difficulty housetraining. Urine leakage in bed overnight at times. Does urinate outdoors but leaks in house and sometimes dribbles on walks. Concerned for ectopic ureter. No meds.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: First AM u/a pending. No rads.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Intact Male

The urinary bladder was normal in size and tone. The urinary bladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic urine was present without evidence of sediment, mineral, or calculi. Suspect normal appearing ureter at the level of the ureteral papillae. The trigone and cystourethral junction were sonographically normal and free of pathology. The residual prostate exhibited expected size and presentation for a young intact male canine, measuring subjectively 1.2 cm in diameter. The post-prostatic urethra was not definitively visualized owing to depth and pelvic shadowing.

**AGE**

5 Months

**WEIGHT**

27.2 kg

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 7.8 cm. The right kidney measured 7.6 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm at the caudal pole and 0.88 cm at the caudal pole.

**Spleen**

**IMAGING PERFORMED BY**

Crystal Hill

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**

Simcoe AH

**Liver**

**REFERRING VET**

Dr. Kennedy

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.

**INVOICE**

45554

**Gastrointestinal**

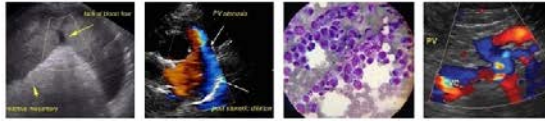
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**DATE**

2/27/23

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.



**PATIENT** *Pancreas*

Steve Palleschi

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Normal urinary bladder size/tone, containing anechoic urine
- Normal bilateral kidneys

Golden Retriever

**SEX**

Intact Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Definitive evidence of upper or lower pathology or congenital defect (specifically ectopic ureter) was not visualized in this study. Correlation with pending urinalysis and ideally screening culture and sensitivity is suggested. If continued inconsistent or possible progressive incontinence as noted with unremarkable urinalysis, and without evidence of underlying infection, recheck sonogram and/or contrast urography versus gold standard CT with contrast may be indicated to rule out a small congenital defect, which at time may be difficult to visualize sonographically.

**AGE**

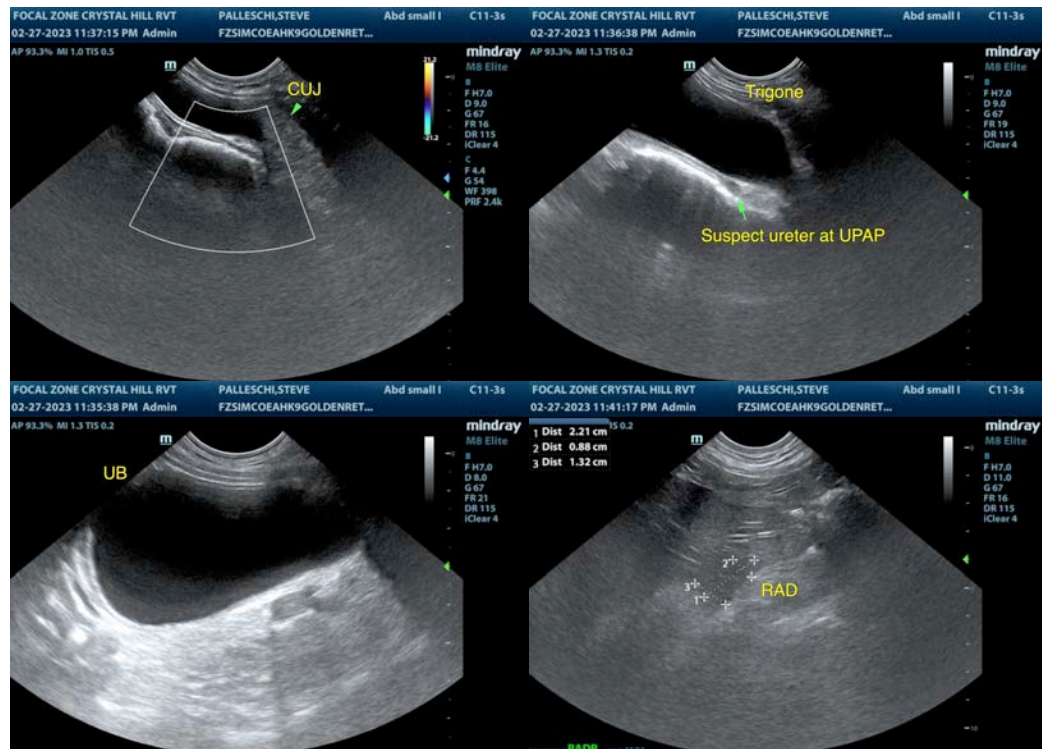
5 Months

**WEIGHT**

27.2 kg

**INTERPRETED BY**

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(Canine and Feline)



**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

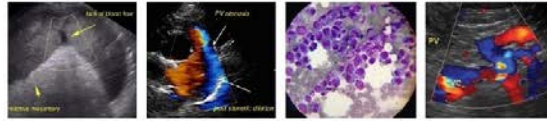
Dr. Kennedy

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**PATIENT**

Steve Palleschi

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

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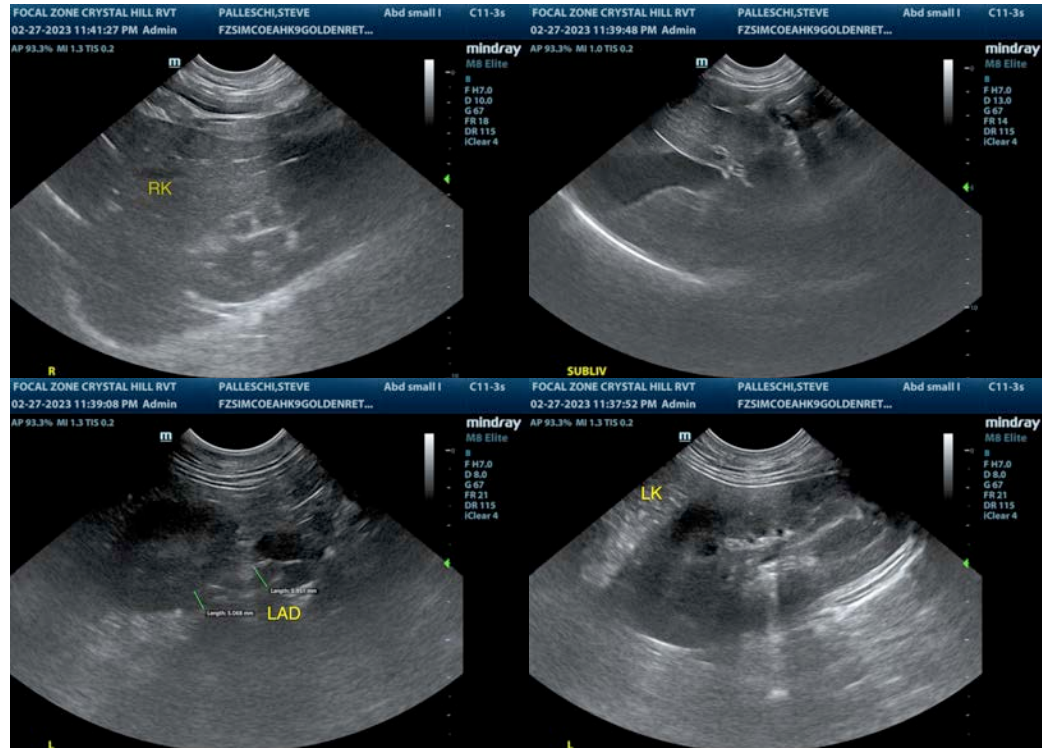
Dr. Kennedy

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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)**

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