



## PATIENT

Zeppelin Channing

## SPECIES

Canine

## BREED

Siberian Husky

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

74 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Judy Schroeder  
DVM

## HOSPITAL NAME

Animal Health  
Associates

## REFERRING VET

Dr. Niki Fadden DVM

## INVOICE

14298

## DATE

03/12/26

## PRESENTING CLINICAL SIGNS

- Recurring episodes of urinary incontinence. Intermittent episodes of urinating small drips then large pools of urine. No straining or blood.
- Patient has good stream then dribbles, dribbles in house.
- No other neurological signs in hind end noted.
- No reported PU/PD

Abnormal PE/Chem/CBC/UA Results: USG 1.015 pH >9 ALP 234 U/I Lipase 1782 U/I Spec cPL >2000 ug/l Rads of bladder, no obvious stones in bladder or urethra, possible small mineral densities in R kidney.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone and cystourethral junction 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 change were noted. Structurally normal visible proximal urethra with mild dilated prostatic urethra to a depth of 4.0 cm. No evidence of urethral lumen mineral or calculi.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 pyelectasia. The left kidney measured 7.4 cm in length. The right kidney measured 7.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology in the area of the left or right adrenal glands.

### 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.

### Liver & Gallbladder

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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was evident.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable nondistended urinary bladder.
- Normal residual prostate.
- Structurally normal visible proximal urethra with mild dilated prostatic urethra- no overt visualized obstruction to urethral outflow.
- Normal bilateral kidneys.
- Sonographically normal area of the pancreas.
- Normal liver/gallbladder.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of lower urinary tract or residual prostate pathology as a contributing factor to the patient's urinary signs. Given reported urination pattern and lack of neurological signs, reflux, dyssynergia, or other primary urethral abnormality may be considered in this patient. Urine culture and sensitivity on a sterile urine sample is recommended to rule out underlying UTI. No evidence of active pancreatitis or structural hepatopathy, most consistent with mild benign hepatopathy. Low-grade mild chronic pancreatitis may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation or clinical signs suggestive of chronic pancreatitis.



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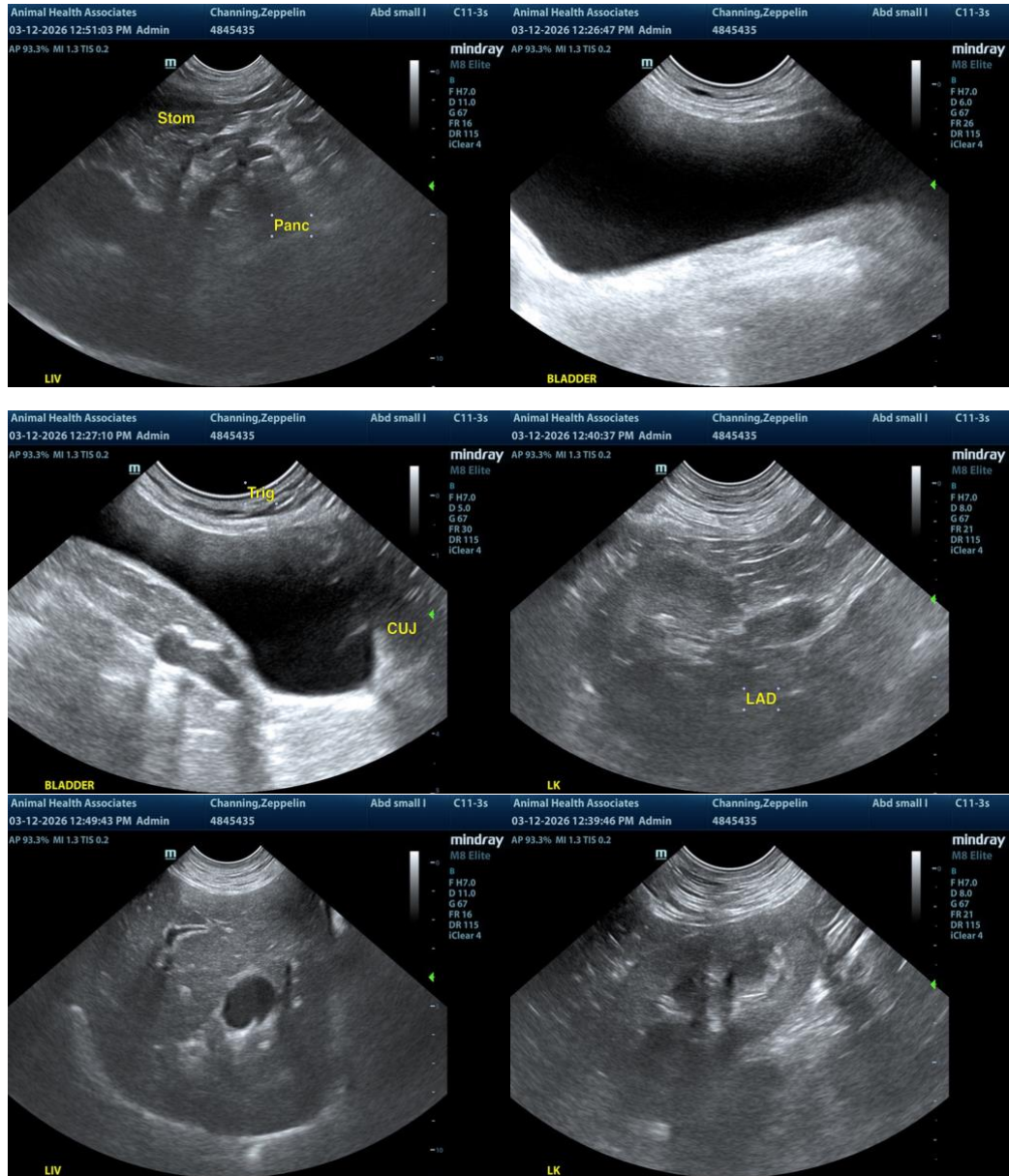
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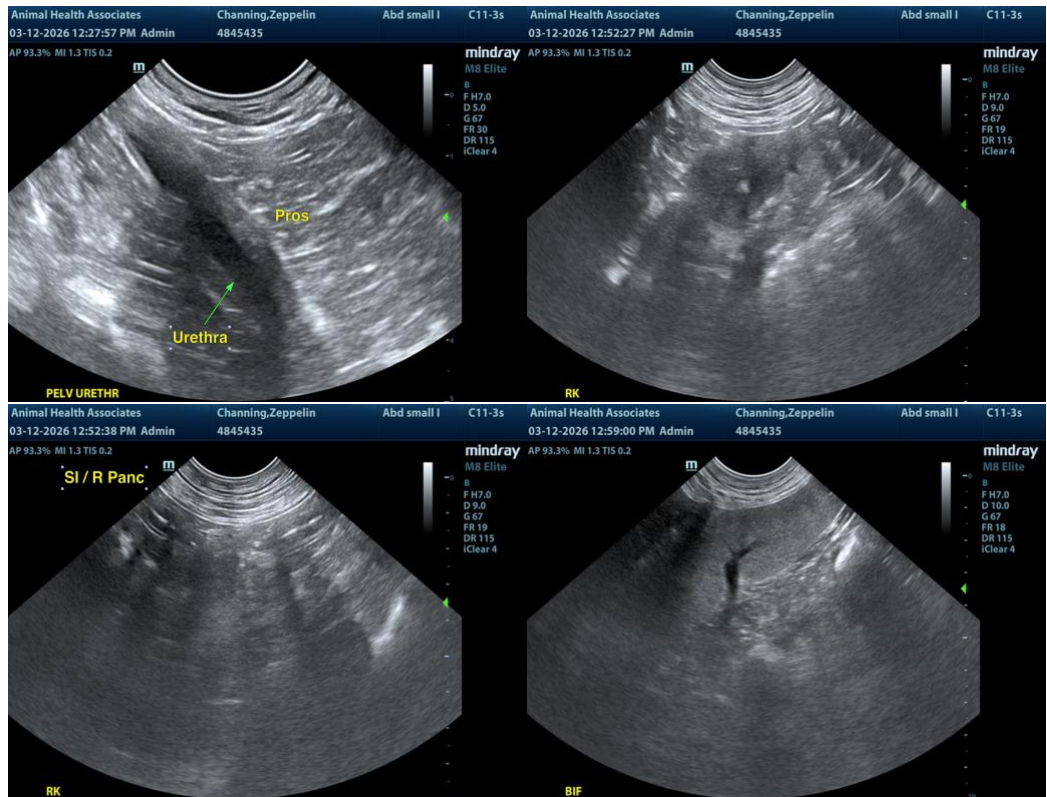
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)