



**PATIENT**

Lulu Miller

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

FS

**AGE**

10 months

**WEIGHT**

45

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**INVOICE**

16413

**DATE**

3/21/23

**PRESENTING CLINICAL SIGNS**

History of dribbling urine off/on since 12/22. Recurring UTI even on antibiotic therapy (Clavamox)  
Abnormal PE/Chem/CBC/UA Results: WBC 1 /HPF, RBC 4 /HPF No bacteria or crystal noted on today's UA via cystocentesis. SG 1.044 pH 6.0

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone exhibiting normal urinary bladder walls without evidence of inflammatory criteria. Anechoic urine was present with no sediment or calculi. Subjective normal ureteral jets and normal anatomical location were present in transverse urinary bladder views. The urethra exhibited overtly normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

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 6.1 cm in length. The right kidney measured 6.5 cm in length.

**Adrenal Glands**

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 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.

**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. 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.



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***Pancreas***

Lulu Miller

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.

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Canine

***Free Abdomen***

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No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Overtly normal urinary bladder and visible proximal urethra, visualized left and right ureteral jets and subjective correct anatomic position

FS

- Normal bilateral kidneys - no evidence of dysplasia / pyelonephritis

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10 months

No overt evidence of upper or lower urinary tract pathology was noted, specifically, no evidence of congenital pathology i.e., ectopic ureter, was present in this study. No evidence of lower urinary tract inflammatory criteria or cystic calculi was noted.

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Assessment of the vulva and vaginal vault for evidence of structural abnormalities or urine pooling, which may predispose to ascending infection, is suggested. The intermittent urine dribbling / incontinence in this patient is not overtly consistent with ectopic ureter criteria. However, contrast imaging such as contrast urography or Gold Standard CT with contrast and/or cystoscopy may be considered for further or definitive diagnosis. Empirical incontinence medication or hormone therapy in addition to antibiotic therapy may prove beneficial.

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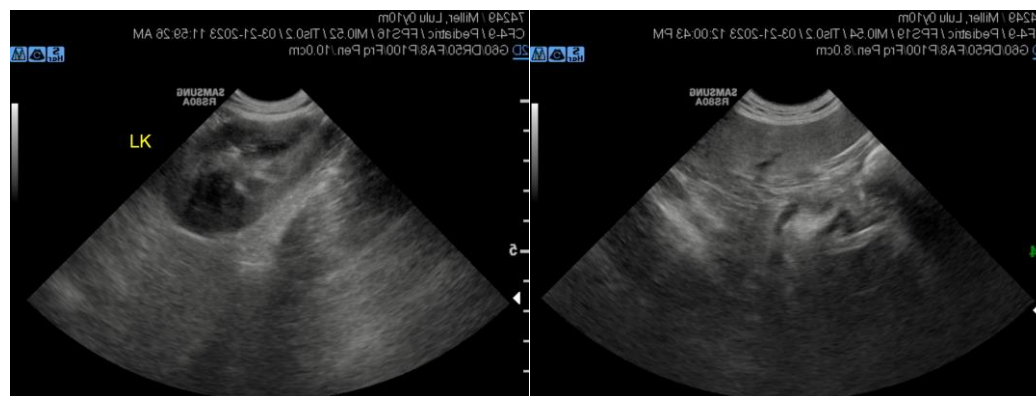
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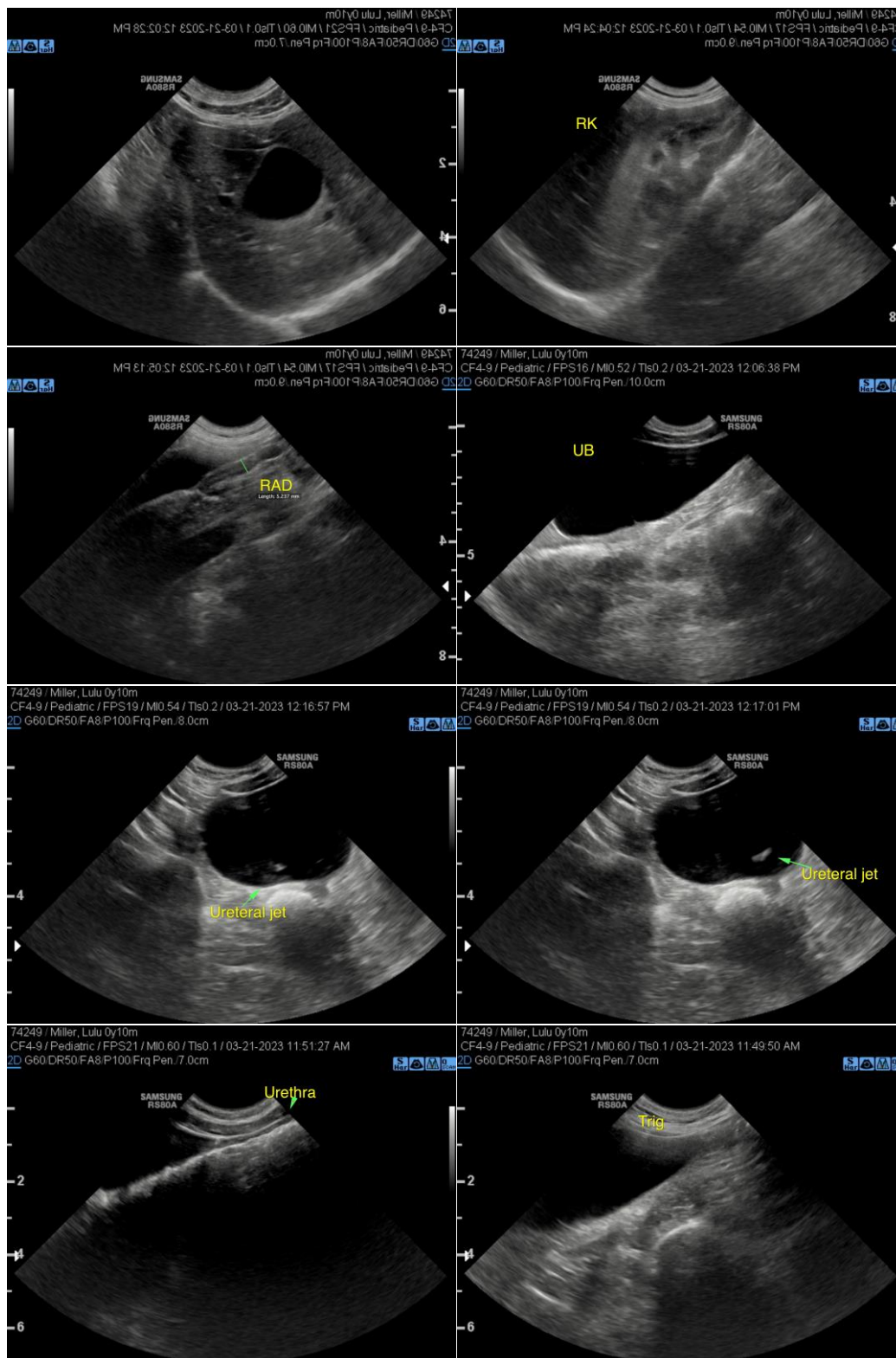
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**