



PATIENT

Oona Feldberg

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

FS

AGE

4yr

WEIGHT

15.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Little Creek Vet Clinic

REFERRING VET

Dr Corlene

INVOICE 24316

DATE
03/27/2026

PRESENTING CLINICAL SIGNS

Oona, female spayed Staffordshire Terrier, presented for a long-standing history of intermittent inappropriate urination at home. The clinical signs have reportedly been occurring for years.

The primary medical issue is inappropriate urination, which manifests variably. At times, the owner reports finding wet spots where the patient has been lying, particularly during sleep, which is suggestive of urinary incontinence. On other occasions, Oona is observed consciously squatting to urinate inside the house. The frequency of these incidents is erratic; weeks may pass with no accidents, and then multiple episodes can occur within a single week. The diagnostic workup so far has included unremarkable blood work and a urinalysis, with a specific gravity of 1.045 on a concentrated sample. A urine culture was also performed and yielded negative results. The patient's history includes being spayed after she had previously whelped a litter. Due to the persistent signs and negative initial tests, further diagnostics such as abdominal x-rays or an ultrasound have been recommended to rule out causes like bladder stones, polyps, or ectopic ureters etc. A behavioral component is also considered a possibility. As of the last communication with the owner, there had been no recent episodes of inappropriate urination.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone without overt pathology. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. No overt pathology or defect in the area of the ureteral papilla. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the uterine remnant.

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 5.5 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 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 0.68 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

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. Mildly congested hepatic vasculature with overall normal hepatic volume, secondary to sedation. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal bilateral kidneys

Secondary

- Mild congested liver -secondary to sedation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt structural or congenital pathology as an obvious cause of the patient's lower urinary tract signs. Consideration for potential intermittent nocturnal enuresis or behavioral component is likely indicated. Correlation with a neurological exam is suggested. If urination pattern is primarily incontinence or urine dribbling, cystoscopy may be considered.



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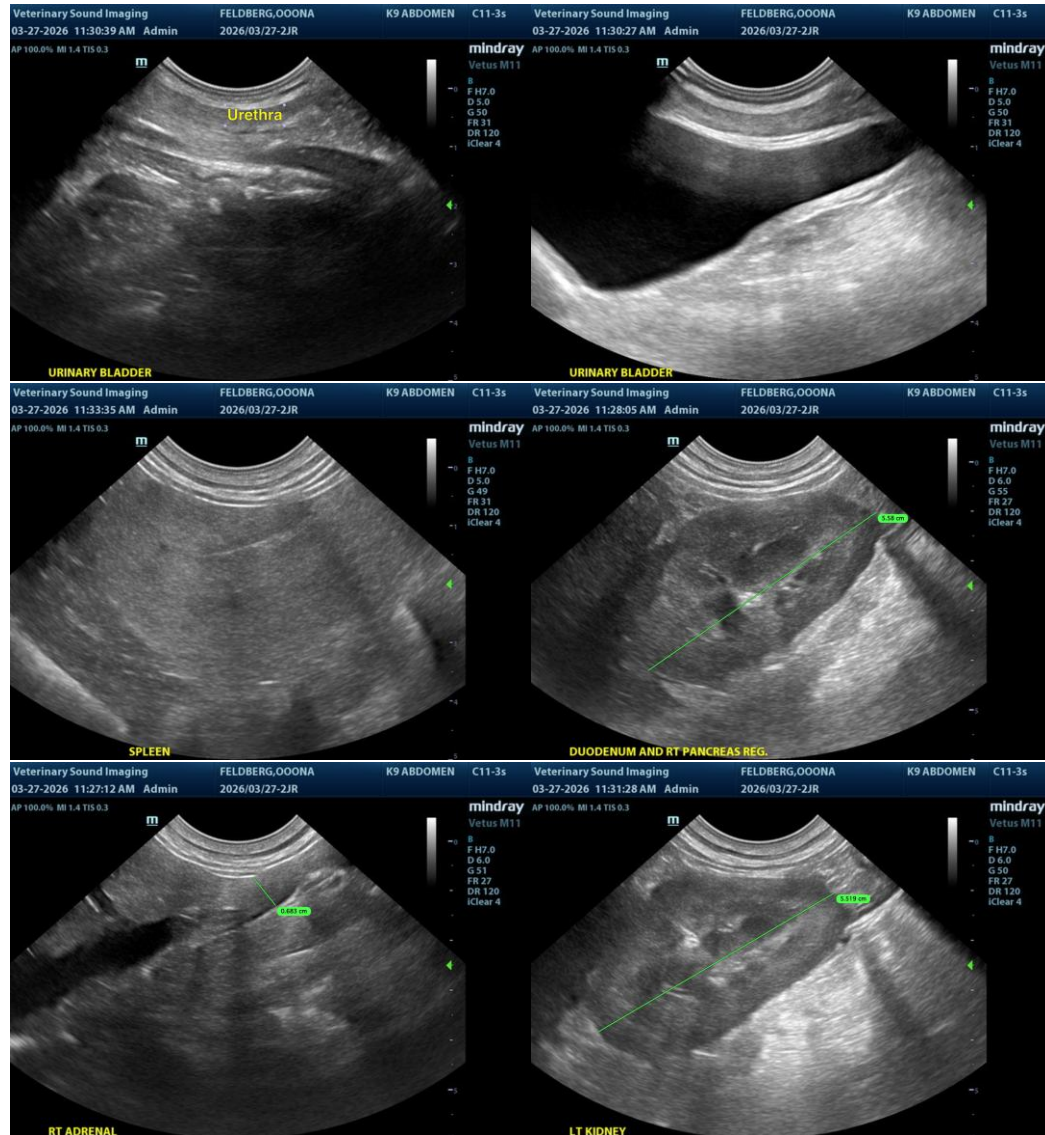
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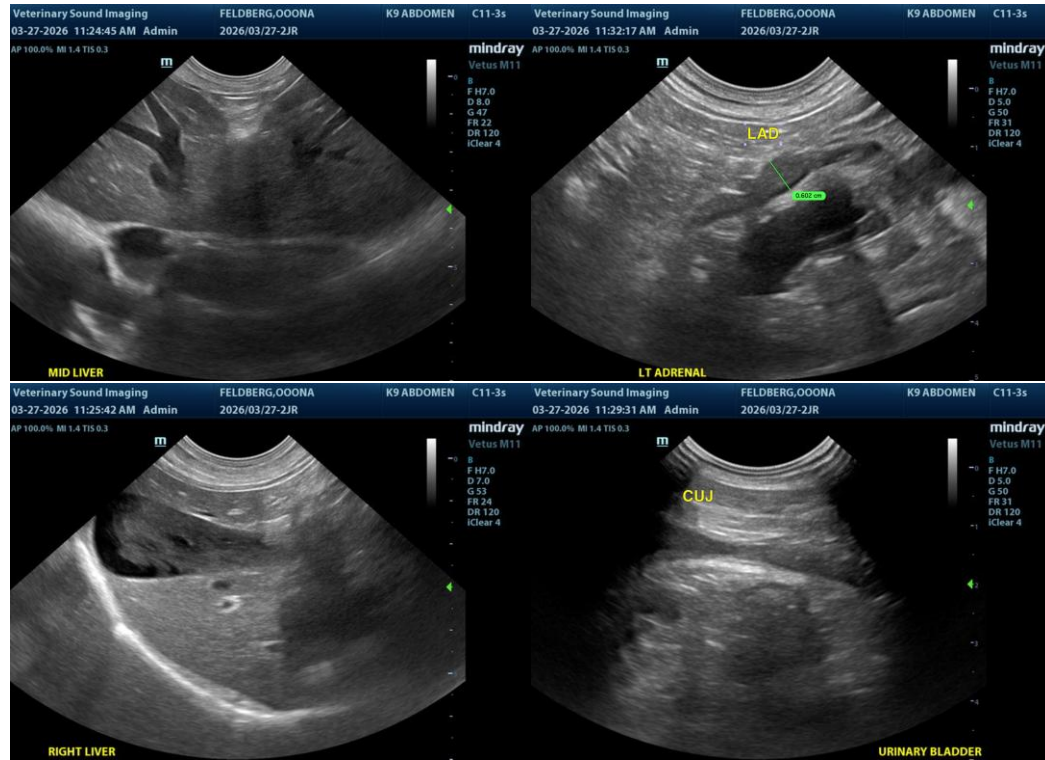
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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