



PATIENT

Musta Hurd

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

6

WEIGHT

66

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Hunt

INVOICE 24377

DATE
04/01/2026

PRESENTING CLINICAL SIGNS

drips urine. 1.037 sp grav, rest ok

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. No evidence of pathology in the area of the cystourethral junction, trigone, or the area of the ureteral papilla. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 6.0 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology measuring 1.3 cm in diameter.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.68 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The right adrenal gland measured 0.64 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. Normal vascular volume. 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 mechanical/metabolic ileus, obstruction or foreign material.



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

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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.

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Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Structurally unremarkable urinary bladder
- Sonographically normal residual prostate and visible proximal urethra
- Normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract or residual prostate pathology as an obvious contributing factor to the patient's clinical signs. Definitive congenital defects such as ectopic ureter if chronic urine dripping, was not definitively evident yet may be small and hard to detect sonographically. Reflex dyssynergia could be a consideration if concurrent inappropriate urination pattern which may include start / stoppage of urination. Correlation with screening urine C/S is suggested despite lack of urine sediment. If consistent urine dribbling advanced or contrast imaging may be required for further clarification.

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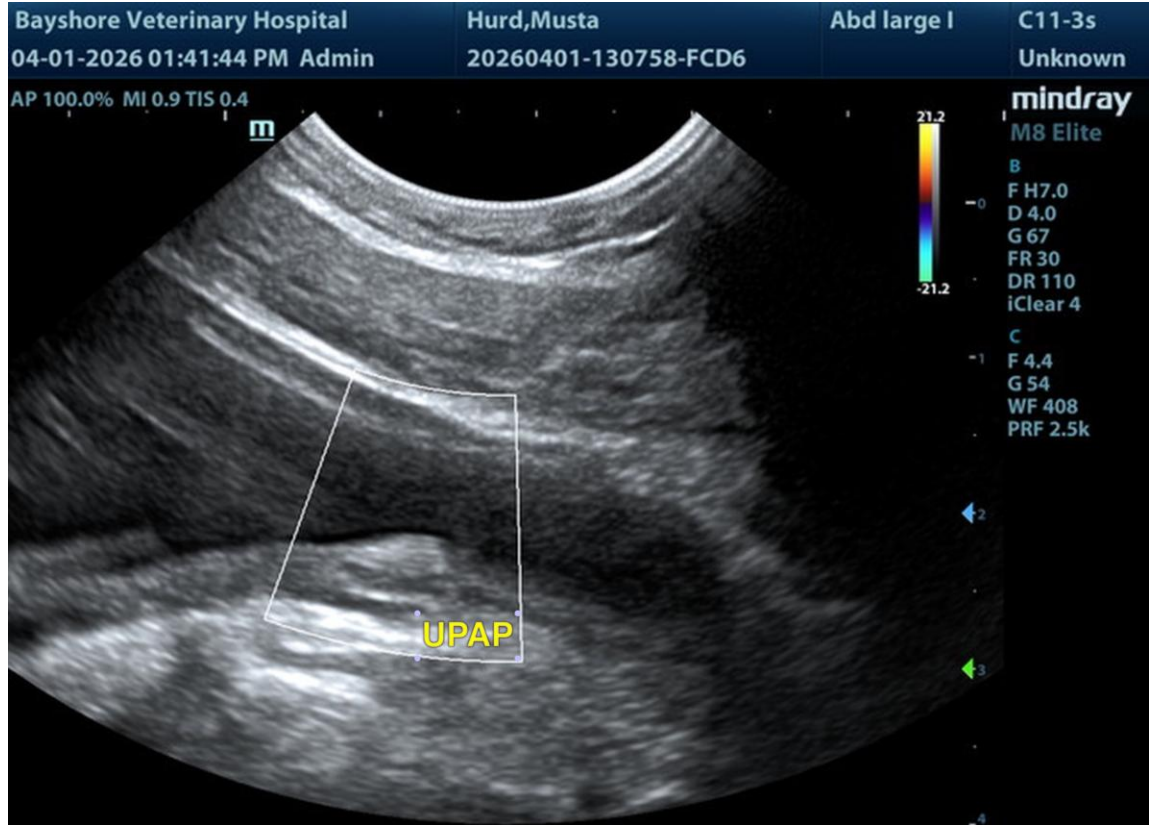
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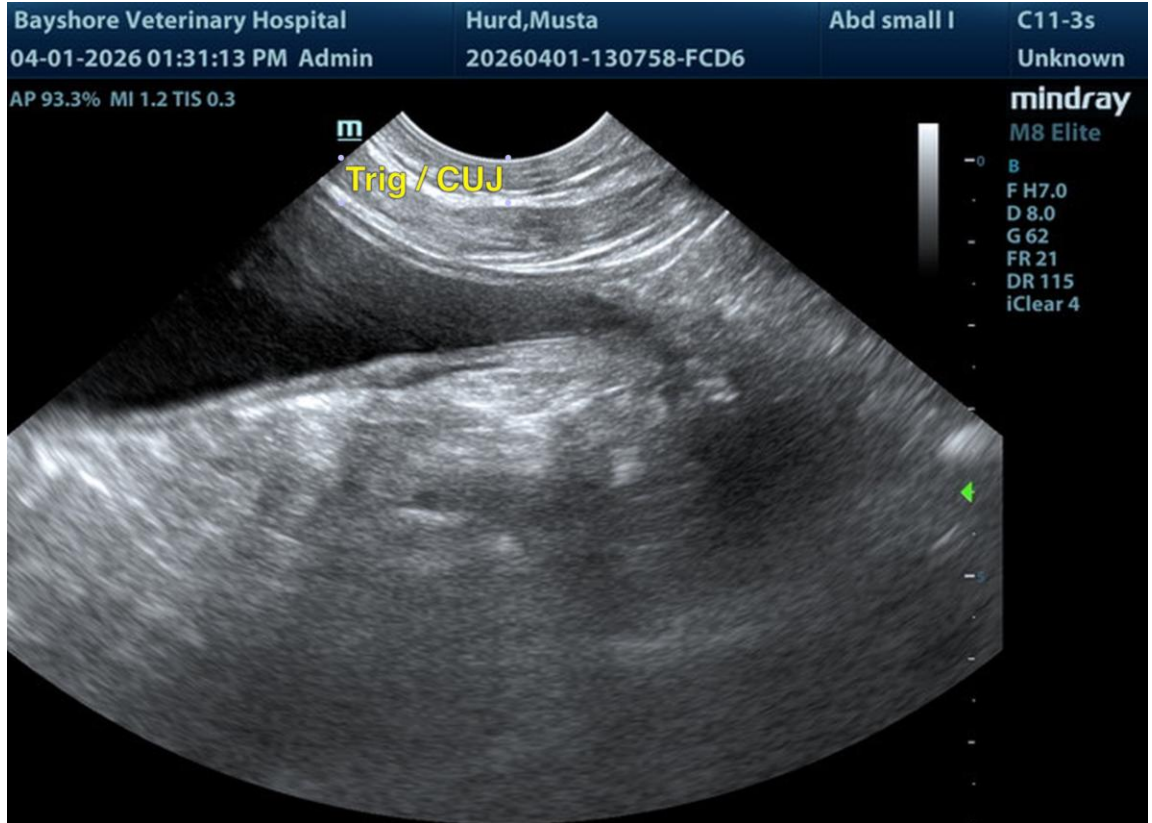
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AP 93.3% MI 0.9 TIS 0.2			
			mindray M8 Elite B F H7.0 D 10.0 G 62 FR 18 DR 115 iClear 4

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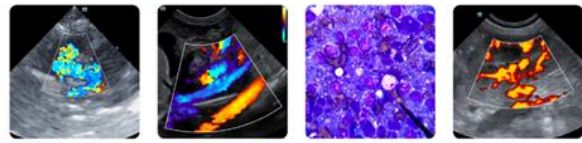
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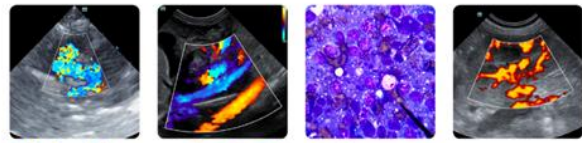
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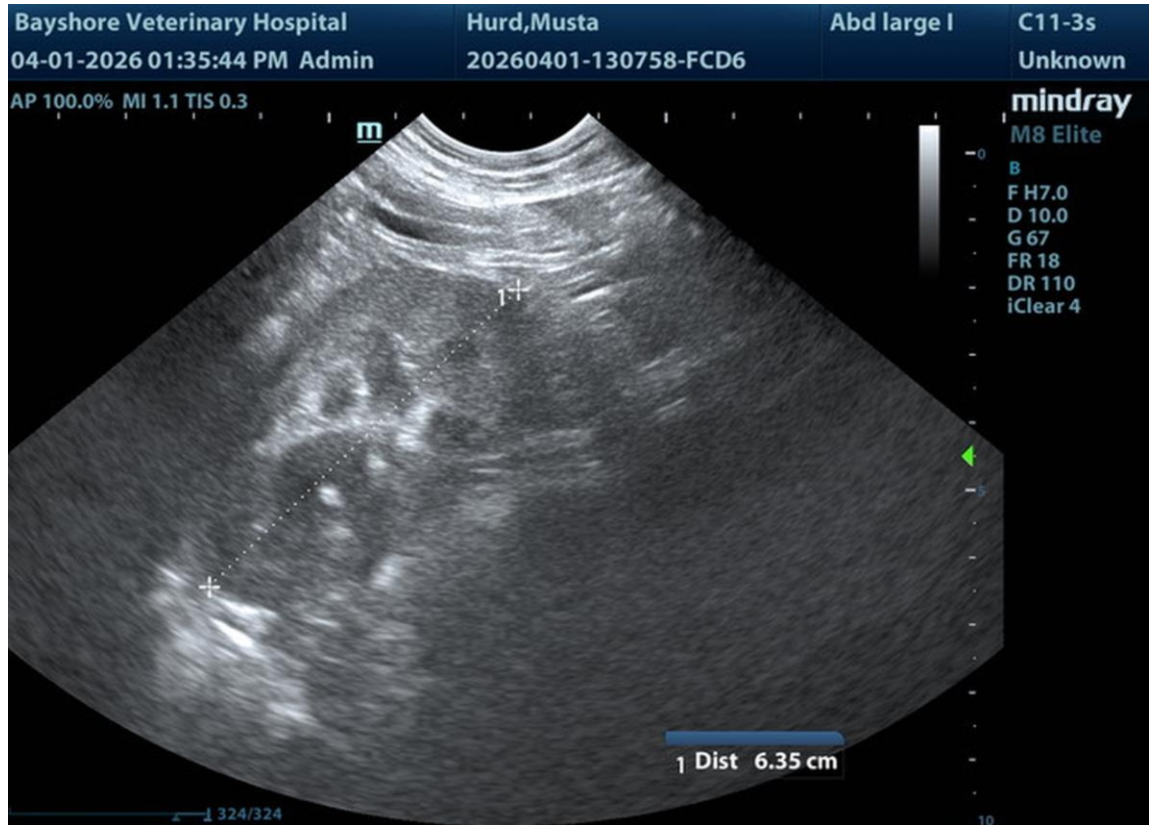
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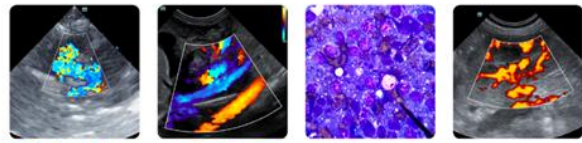
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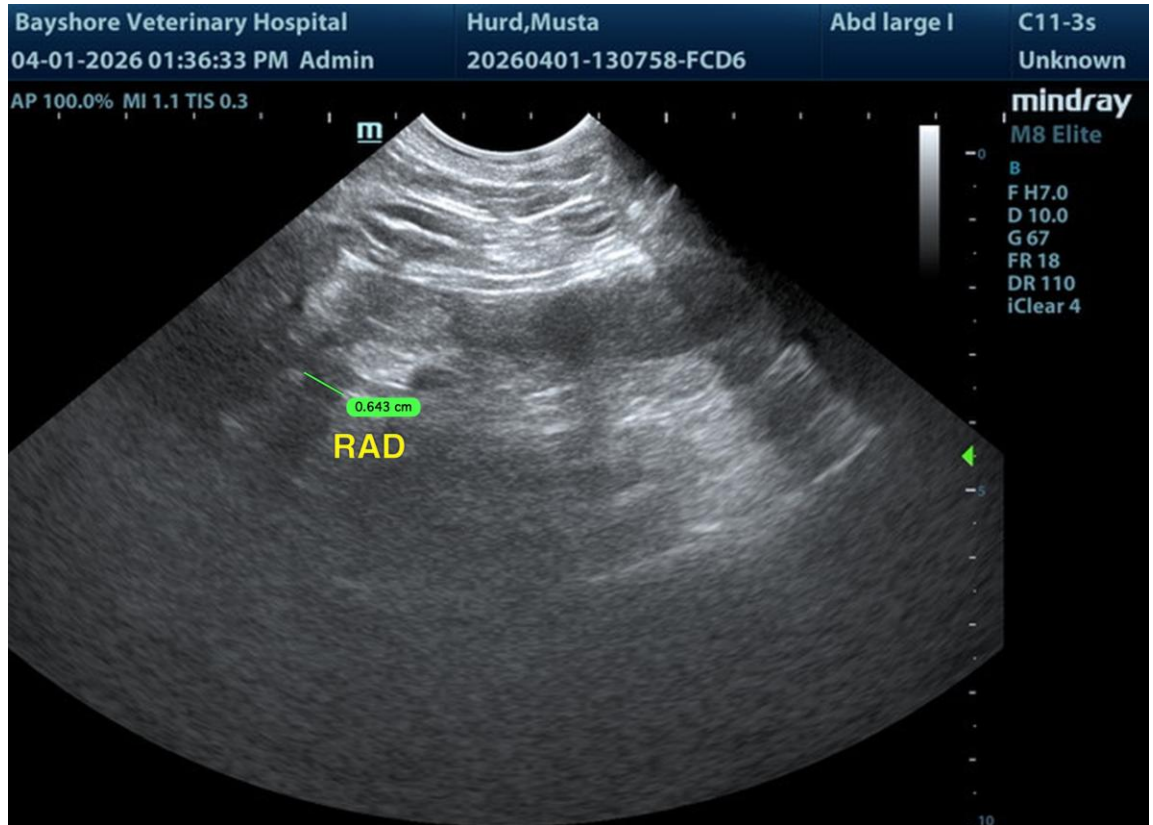
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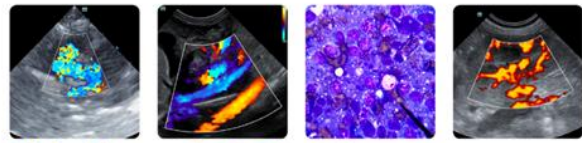
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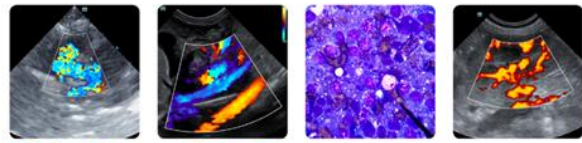
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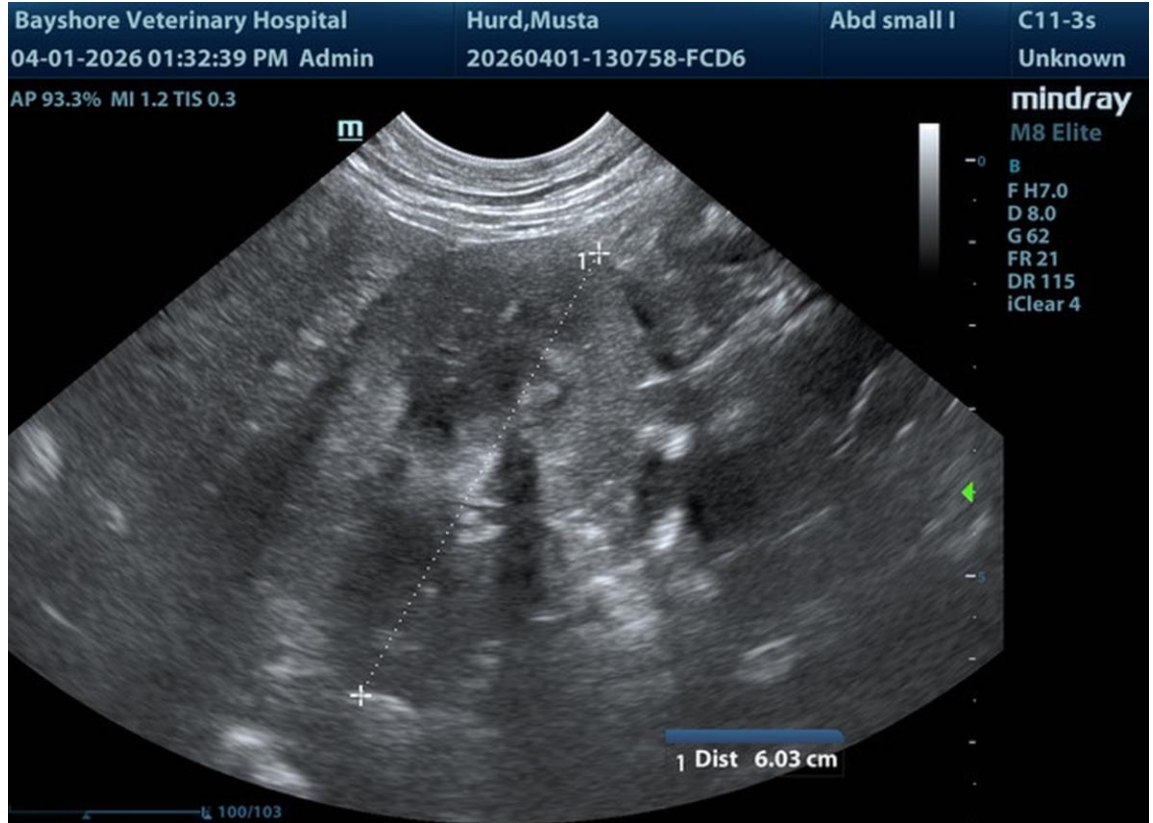
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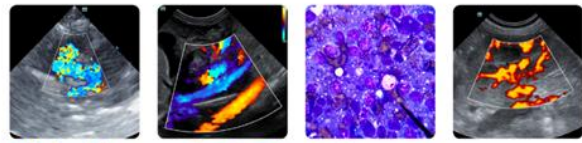
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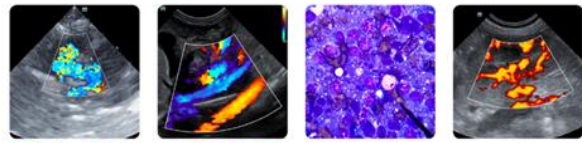
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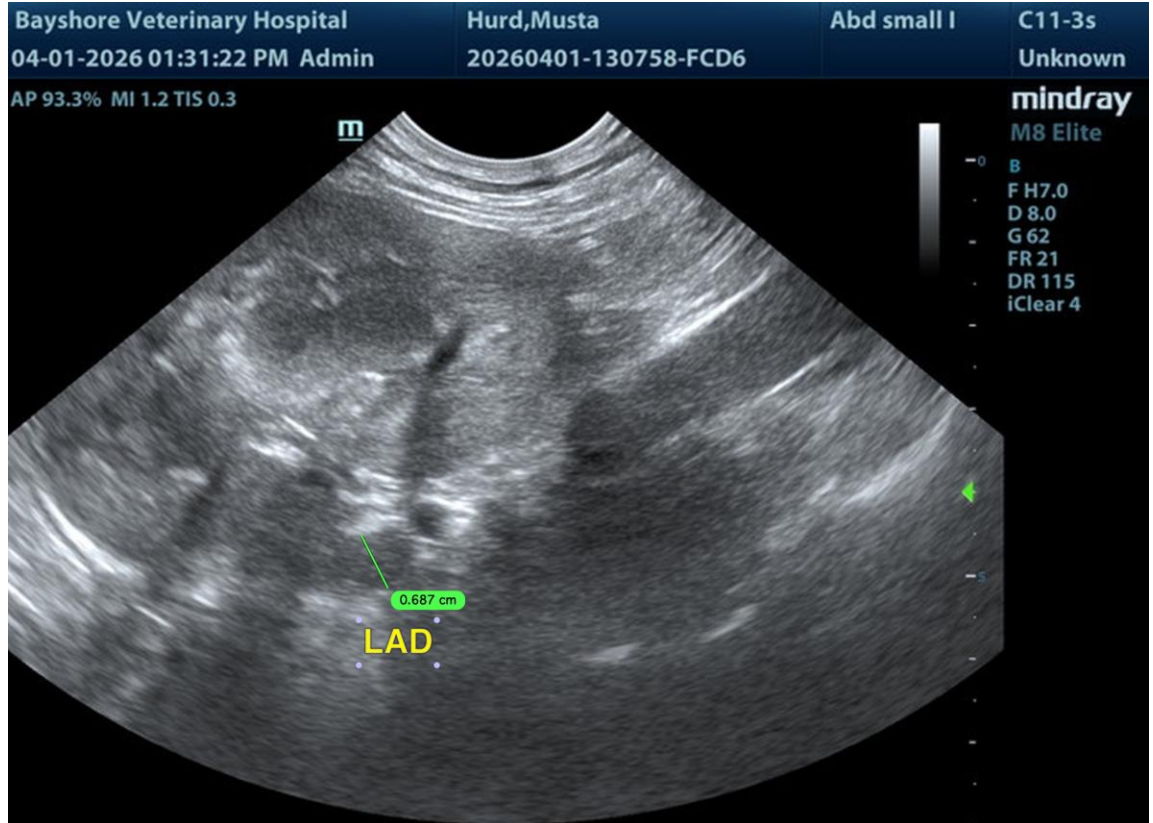
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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