



**PATIENT**

Reagan Depalma

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

11 months

**WEIGHT**

53.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Rhode Island AMC

**REFERRING VET**

Jennifer Hart, DVM

**INVOICE**

13721

**DATE**

4/22/22

**PRESENTING CLINICAL SIGNS**

Chronic urine leaking (worsened after spay 11/2021), even while sleeping. Sign has been present since owner adopted dog in August, 2021. \*Sedated with dexdomitor for study  
 Abnormal PE/Chem/CBC/UA Results: Phos 7 ; neut 51, abs lymph 5250 urine pH 8.5; protein 2+.  
 WBC 2-3 struvites >50; squam epith 2-3. On proin 50 mg BID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. The urinary bladder walls were overtly normal without evidence of inflammatory or neoplastic criteria. Anechoic urine was present with no evidence of sediment or calculi. Subjectively normal ureter exhibiting normal peristalsis entering the area of the ureteral papilla was visualized. Subjective mild decreased cystourethral junction tone extending into the proximal urethra was noted. Overall normal proximal urethra structure to a depth of 4.0 cm was present.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomdullary 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 6.3 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.46 cm width at the cranial 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.



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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.

**SPECIES**

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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 were evident.

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***Free Abdomen***

Intermittent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 1.7 cm x 0.41 cm. An example of a mesenteric lymph node measured 2.4 cm x 0.63 cm.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Overtly normal urinary bladder and visible proximal urethra, subjective decreased cystourethral junction tone
- Sonographically unremarkable bilateral kidneys - no evidence of pyelonephritis

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***Secondary Findings***

- Intermittent benign / reactive mesenteric and medial iliac lymph nodes - incidental hyperplasia or immunologic immaturity, likely

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Obvious evidence of congenital structural pathology such as urachal remnant or definitive ectopic ureter was not visualized in this study.

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Given the chronic consistent urine leakage In this patient, the potential for a small ectopic ureter, which may at times be difficult to visualize sonographically, although thought less likely, cannot be definitively excluded. No evidence of left or right pyelectasia, often seen concurrently with ectopic ureters.

**REFERRING VET**

Jennifer Hart, DVM

Urine culture and sensitivity on a sterile urine sample is recommended. Combination Proin/Incurin protocol may prove more effective in incontinence therapy. If persistent chronic to consistent urine leaking nonresponsive to incontinence therapy and if no evidence of underlying Infection, further assessment may include cystoscopy, contrast urography, or Gold Standard CT with contrast.

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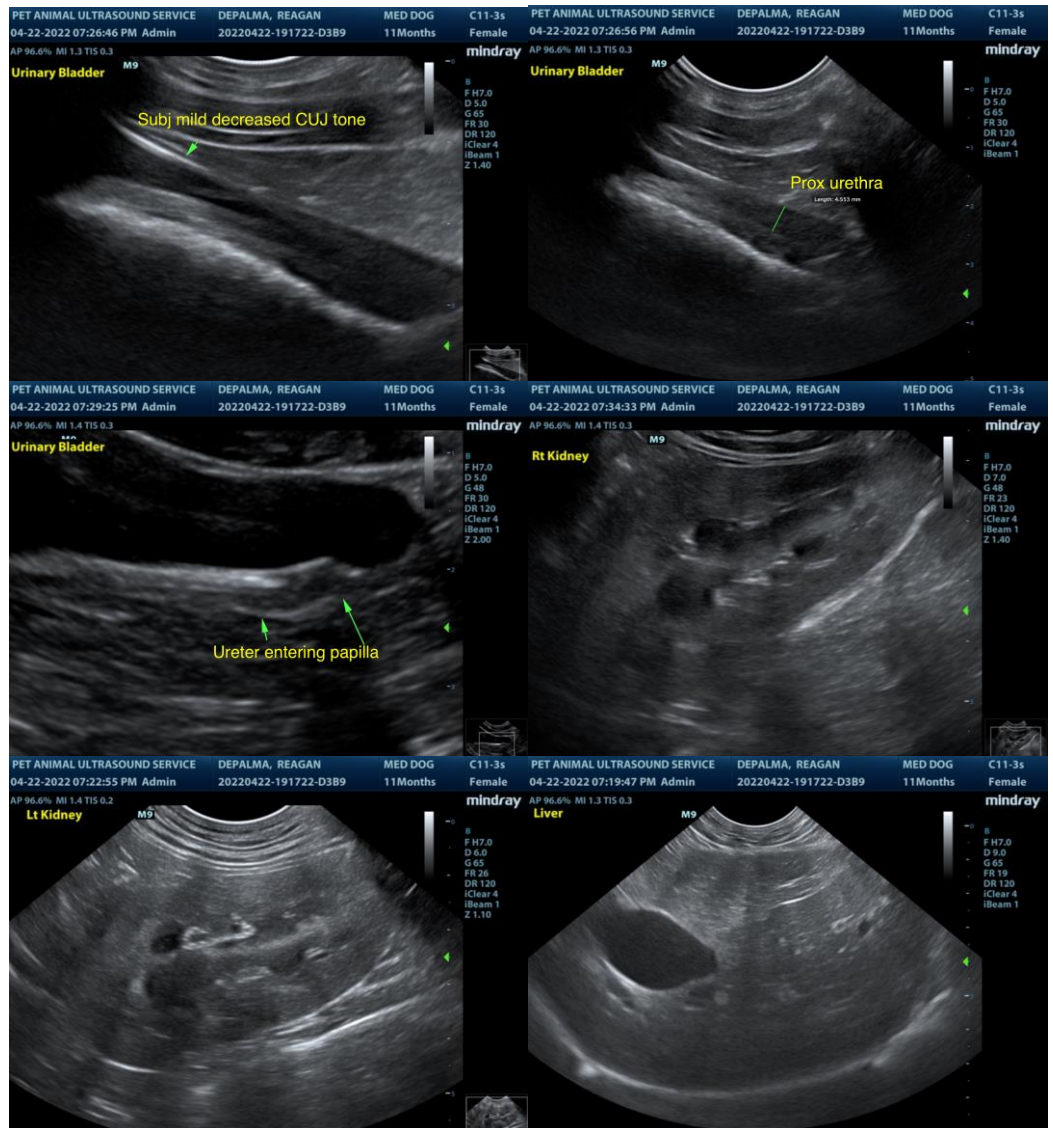
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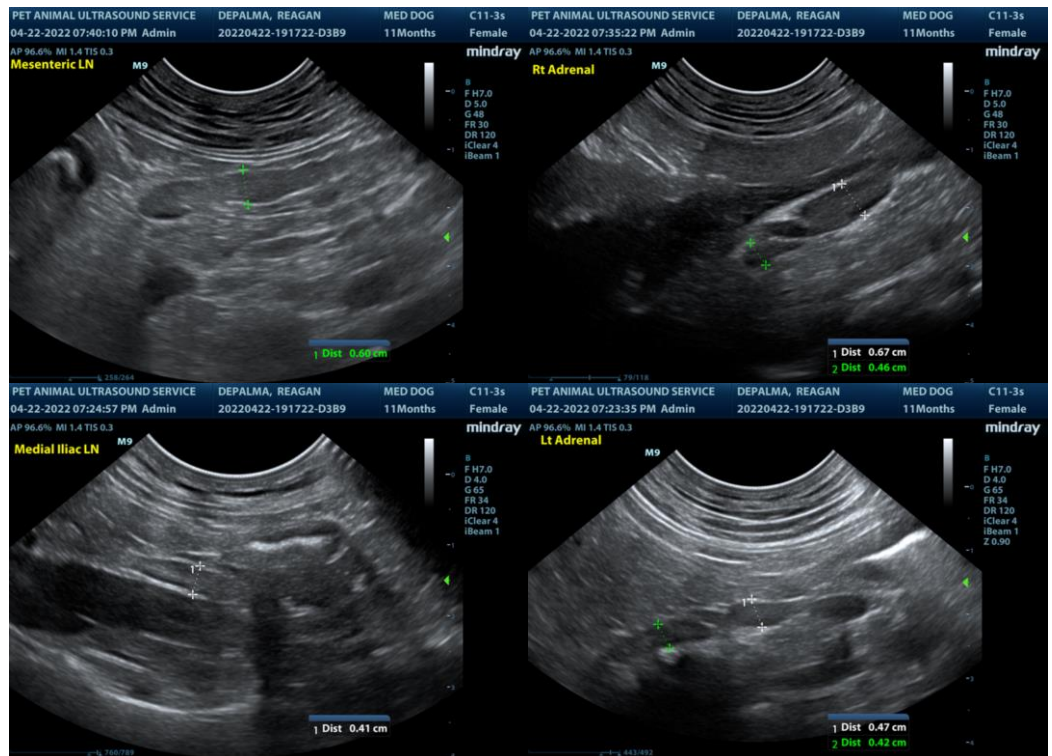
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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