



PATIENT

Leia Jacobs

SPECIES

Canine

BREED

Staffordshire

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

35 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

SafeHaven Humane
Society

REFERRING VET

Dr. Jacobs

INVOICE

15540

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has historically had several episodes of struvite crystalluria and bacterial cystitis. She has been fed Purina UR for 4 years. Leia has had several urinary accidents in the house which is unusual, this started in December. Episodes are medium sized puddles (on carpet) and vary in frequency (every other week to several times a week). Leia was treated with 7 days of Amoxicillin in December and 7 days of Baytril in March. No change in environment, diet, appetite, weight, water intake, energy. Her only clinical sign is the random onset of urinating in the house. ABNORMAL Labwork Values Chem/CBC was normal. Completed in April. Radiograph (lateral) did not reveal any radiopaque uroliths. Completed in April. Urinalysis unremarkable, the only abnormality was a pH of 8.5 and trace protein. Completed in April. No growth on FIRStract urine culture. Completed in April. Current Medications None. Notes to Specialist (if any) Patient is owned by Rachel Jacobs, DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

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

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 pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland measured 0.63 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing gastric ingesta consistent with food echogenicity and with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

Pancreas

Staffordshire

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Normal bilateral kidneys and area of uterine remnant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No sonographically evident upper or lower urinary tract or uterine remnant pathology as an obvious cause of the patient's urinary signs. Monitoring of urinalysis +/- as needed culture and sensitivity is recommended. If documented UTI, assessment of the vulva and vaginal vault for evidence of structural abnormality which may predispose to ascending infection may be indicated. Inconsistent incontinence could be a consideration, although no evidence of decreased proximal urethral tone. Assuming no neurological abnormalities, behavioral component to the urinary signs may be considered.

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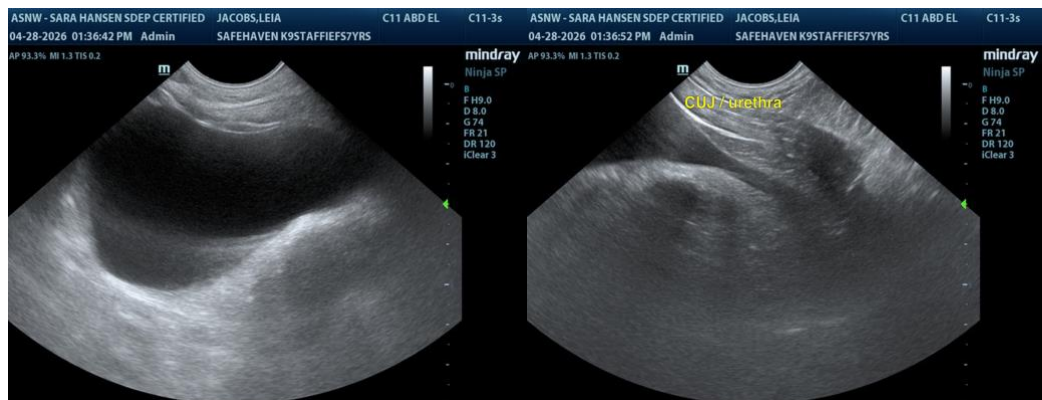
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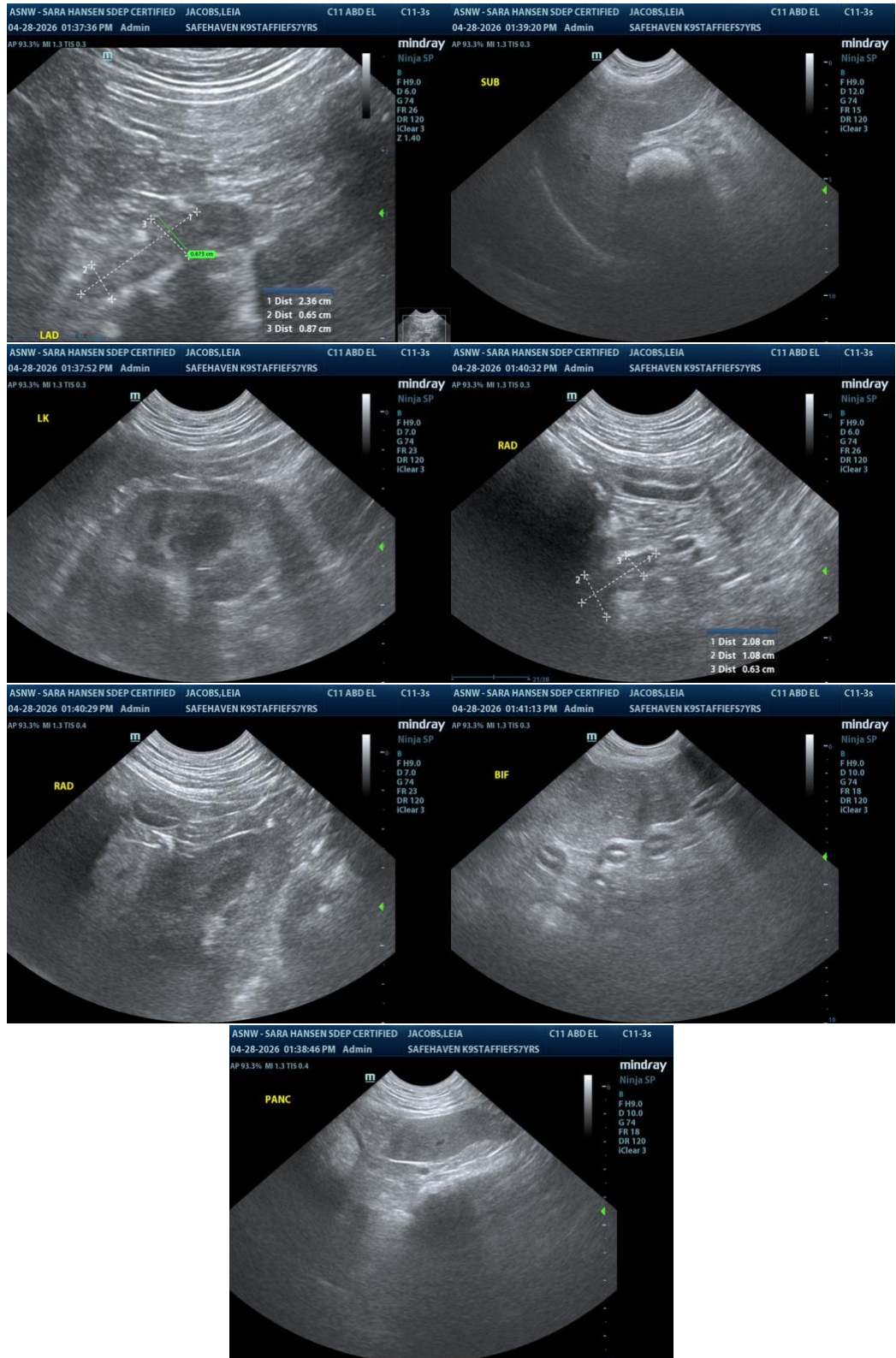
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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