



PATIENT	PRESENTING CLINICAL SIGNS
Nora Milner	Spayed at 8 weeks of age. Has had issues with urinary incontinence since puppyhood. No current meds. Labs NAF.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The bilateral ureteral papilla were definitively visualized with evidence of bilateral of ureteral jets into the urinary bladder. The area of the bladder neck and proximal urethra was not definitively visualized due to overlaying pelvic shadowing.
Husky Mix	
SEX	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 6.9 cm in length. The right kidney measured 6.3 cm in length (possible underestimated length).
FS	
AGE	The area of the aortic trifurcation was free of pathology.
1.5yr	
WEIGHT	Adrenal Glands
24kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 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 0.54 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver/Gallbladder
Dr. Barthelemy	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.
HOSPITAL NAME	Gastrointestinal
Legacy Vet Clinic	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.
REFERRING VET	INVOICE
Legacy Vet Clinic	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.
INVOICE	Normal visible colon wall layers were present with apparent formed feces in lumen.
13420ag	Pancreas
DATE	
04/04/2023	



PATIENT

Nora Milner

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.

SPECIES

Canine

Free Abdomen

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

BREED

Husky Mix

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder.
- Normal bilateral kidneys-no evidence of pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

No overt evidence of structural or congenital pathology i.e., bladder calculi, urachal remnant or ectopic ureter as a definitive cause of the patient's urinary incontinence. Assuming normal bp, a phenylpropanolamine trial or hormonal medications with assessment of urinary response would be reasonable.

AGE

1.5yr

Although no evidence of urinary bladder sediment a screening C/S on a sterile urine sample is suggested to rule out infection. If persistent incontinence pattern which may suggest non-visualized congenital abnormality, recheck sonogram or ideally contrast imaging for further clarification may be indicated.

WEIGHT

24kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Legacy Vet Clinic

REFERRING VET

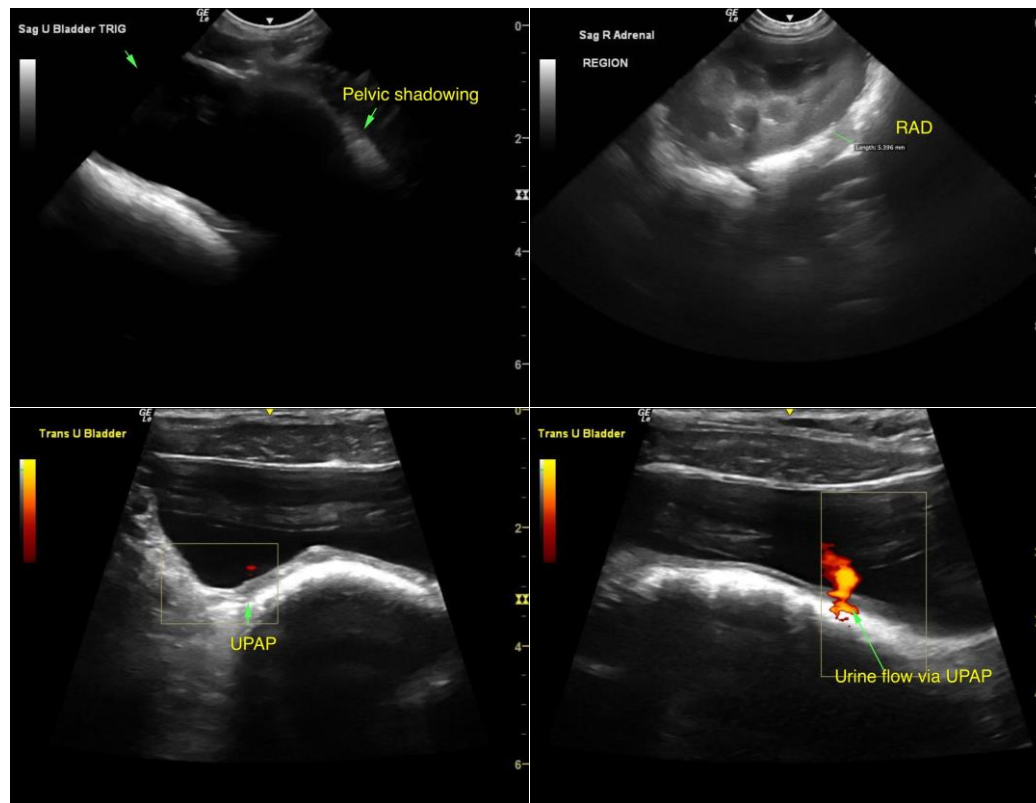
Legacy Vet Clinic

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PATIENT

Nora Milner

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

1.5yr

WEIGHT

24kg

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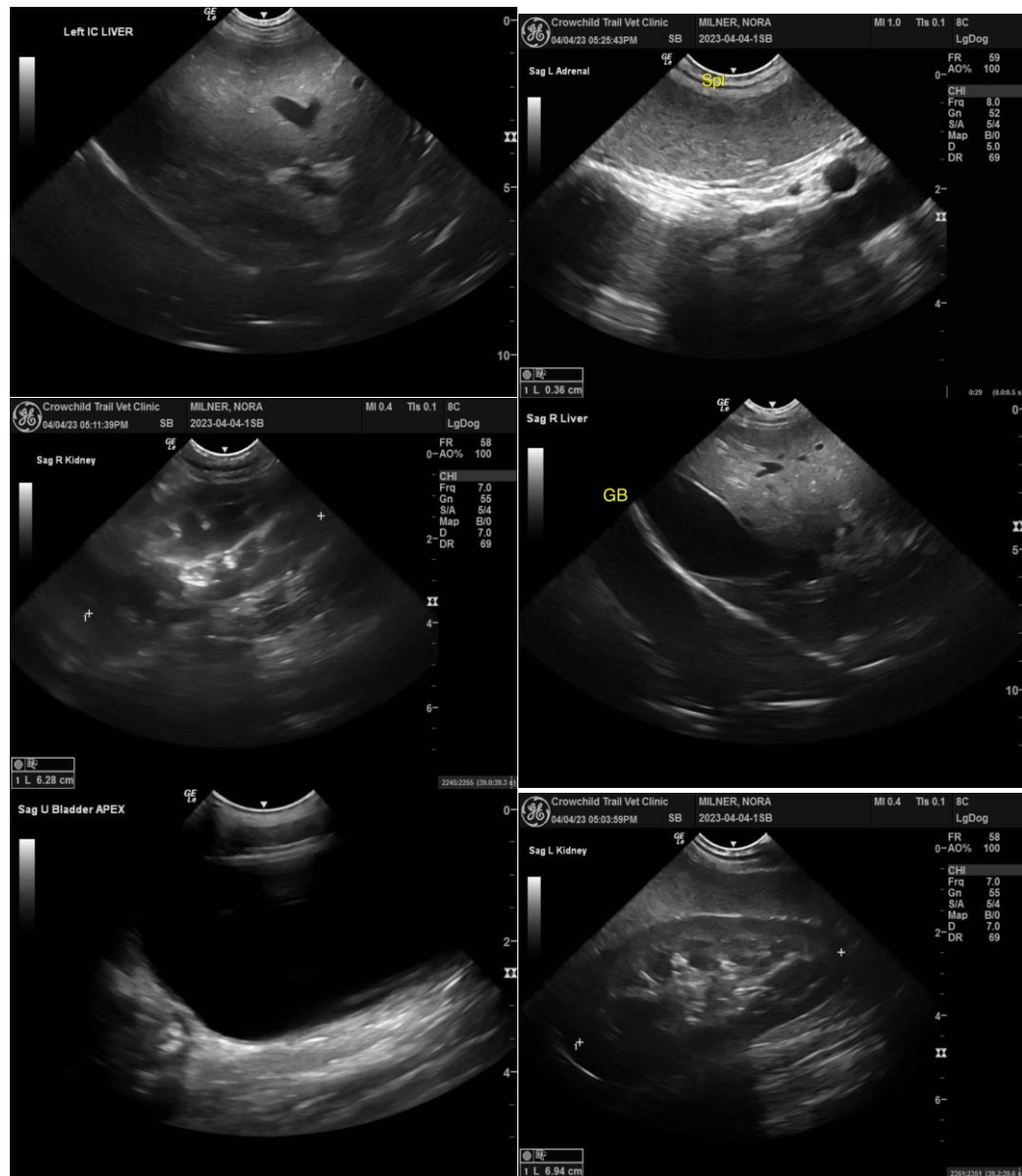
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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