



PATIENT

Merlot Stratford Perth
 Humane Society

SPECIES

Canine

BREED

Mixed Large Breed

SEX

Spayed Female

AGE

3.5 months

WEIGHT

14.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Stratford Perth
 Humane Society

REFERRING VET

Dr. Wallace

INVOICE

14956

DATE

04/08/26

PRESENTING CLINICAL SIGNS

PE WNL. Pediatric spay March 3, no complications. March 15 noted to be straining to urinate, U/A confirmed UTI, USG 1.004, treated with Amoxiclav based on culture results and added Convenia April 1st. March 20 noted to be leaking urine while sleeping during the day and has continued. USG remains low and highest has been first morning at USG 1.024. Foster family reports that she drinks a lot, no accidents at night and water is removed at 8pm, when awake during the day she is fully housetrained, leaks during sleep and seems like her breathing is a bit harder as if dreaming when this happens, Last meds Convenia Inj April 1st

Abnormal PE/Chem/CBC/UA Results: In house U/A March 16 - USG 1.005, rods, 1+ blood, 3-6 WBCs/hpf March 23 mid day USG 1.006 First AM USG March 24 1.016 First AM USG April 2 1.024 Hemoglobin and Hematocrit low, Low MCH and MCHC, elevated Lymph and Mono(mild), Glucose mildly elevated, M1 low Total Protein, M1 low ALT and mild elevation in ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 6.1 cm in length. The right kidney measured 6.1 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 -0.53cm 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 0.61 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.



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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 contained echogenic, moderate nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized similar appearing nonshadowing intestinal ingesta to the level of the colon.

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

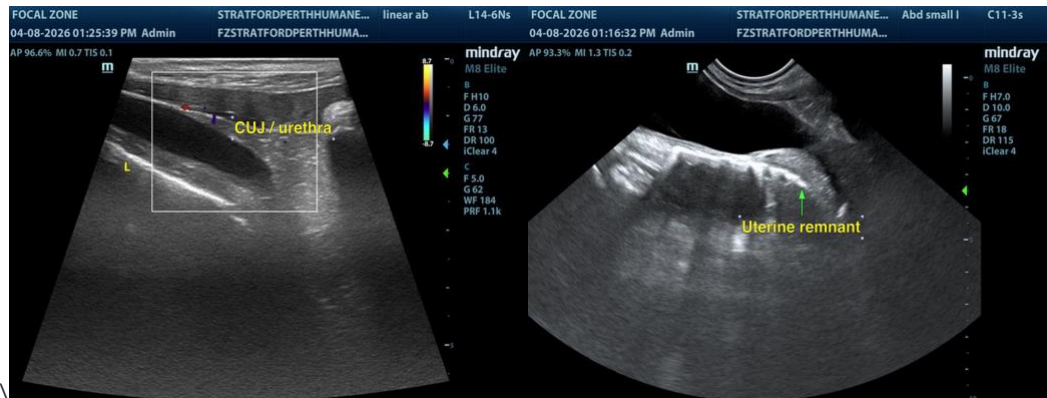
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder and visible proximal urethra.
- Normal area of the uterine remnant.
- Normal bilateral kidneys.
- Gastrointestinal ingesta- consistent with postprandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract or uterine remnant abnormalities, structural or congenital abnormality as an obvious cause of the patient's urinary signs. Given pattern of urinary accidents, nocturnal enuresis could be a consideration. Microscopic renal disease, given decreased urine specific gravity cannot be definitively excluded. Empirical incontinence protocol with assessment of clinical response in addition to monitoring of urinalysis +/- as needed urine culture and sensitivity is recommended. Sonographic reassessment if progressive lower urinary tract signs or decreased urine specific gravity is recommended.





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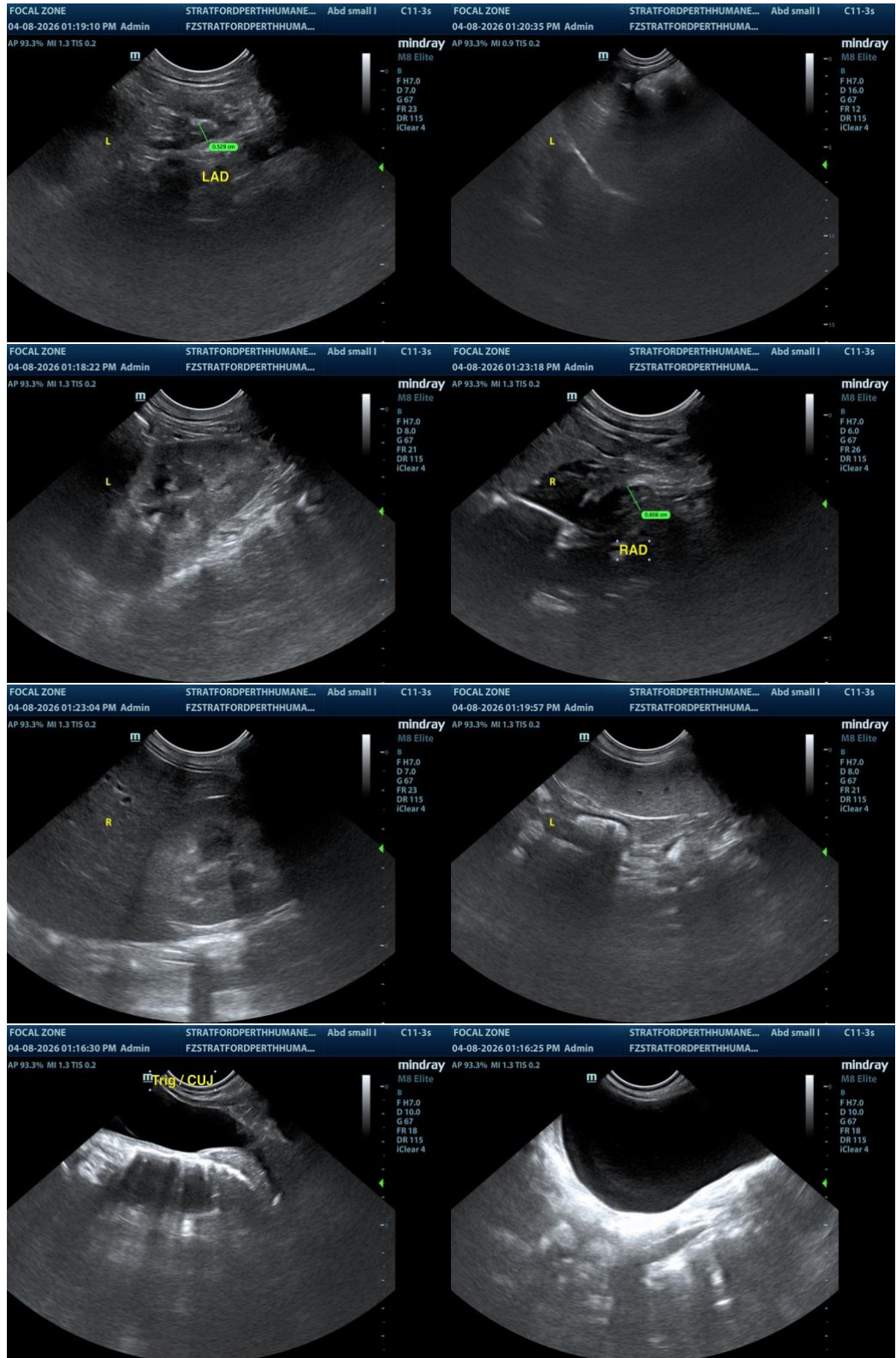
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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