



PATIENT PRESENTING CLINICAL SIGNS

Nveah Parry
History: Presented on 4/27 for a second opinion of a 2 month history of PU/PD and urinary incontinence. No improvement on Proin and Cefpodoxime. Leaks urine while sleeping. Changed to Incurin after BW/UA with no improvement. Sedated with Butorphanol and Dexdomitor IV.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9, very mild perivulvar alopecia/hyperplasia and hooded vulva. CBC/Chem/T-4/SDMA/ProBNP: NSF except Glucose 115. HW4Dx: Neg x 4 UA: SG 1.012, pH 7.5 with quiet sediment.

BREED

Golden Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 changes were noted.

AGE

6 years

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 6.4 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

92 lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 0.58 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 0.69 cm width at the caudal pole and 0.69 cm width at the cranial pole.

Spleen

IMAGING

PERFORMED BY

Dr. Ebersole

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.

HOSPITAL NAME

Scanvet

Liver

REFERRING VET

Dr. McMullen

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.

INVOICE

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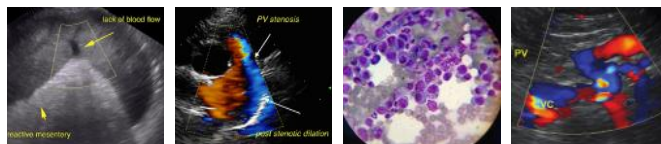
Gastrointestinal

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.

DATE

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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.



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

Nveah Parry **Pancreas**

SPECIES 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.

Canine

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

Golden Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically unremarkable abdomen

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE No overt evidence of significant abdominal visceral pathology specifically hepatic, adrenal or urinary tract as an obvious cause of the patient's PU/PD and urinary incontinence. Further assessment may include urine C/S on sterile urine sample, Leptospirosis titers/PCR if endemic to the area or potential exposure and resting cortisol level to rule out occult Addison's disease. Nocturnal enuresis could be considered if the incontinence is only at night. A combination of Proin and Incurin may prove beneficial if persistent incontinence. No overt evidence of adrenal hyperfunction in this patient.

6 years

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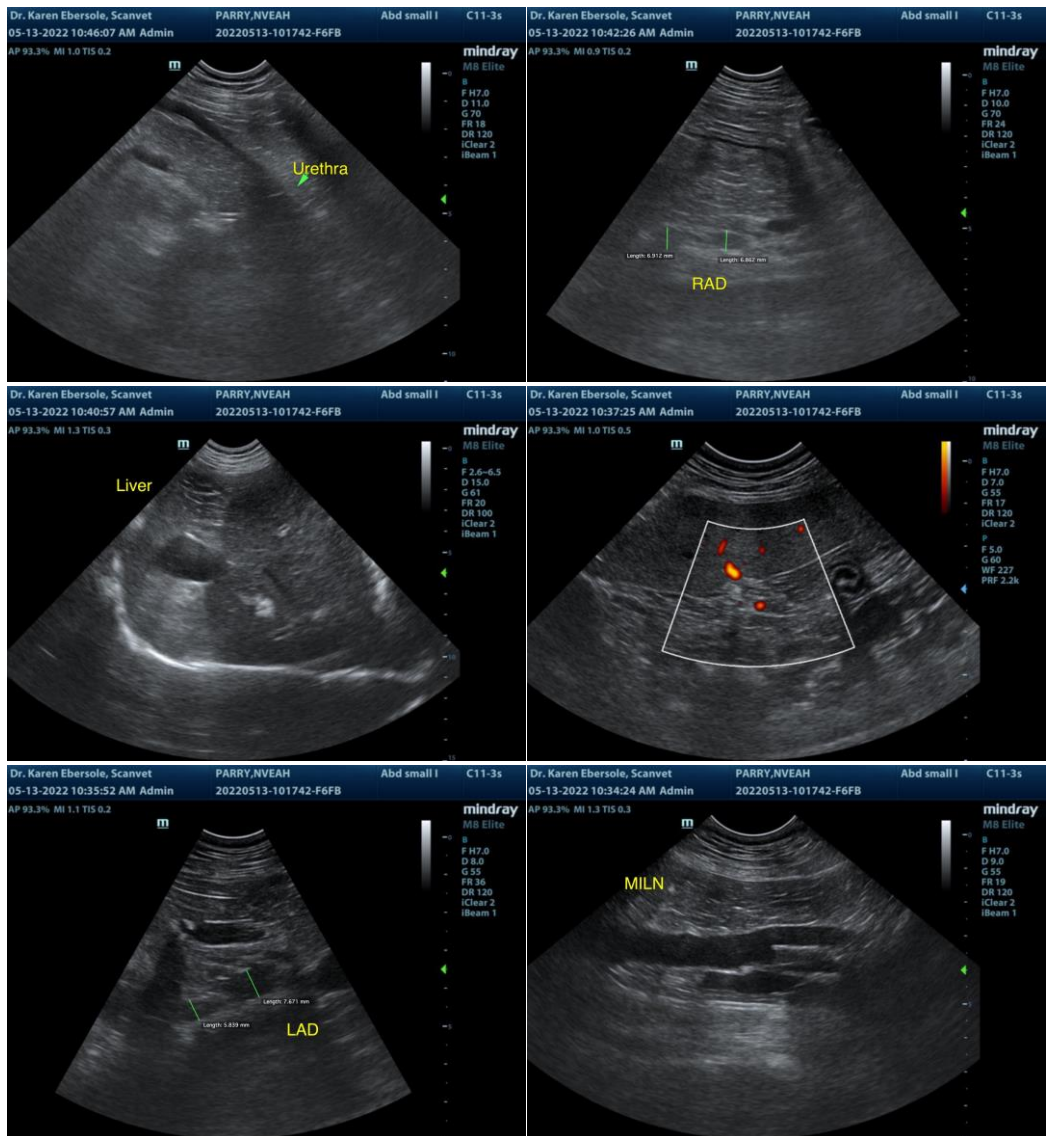
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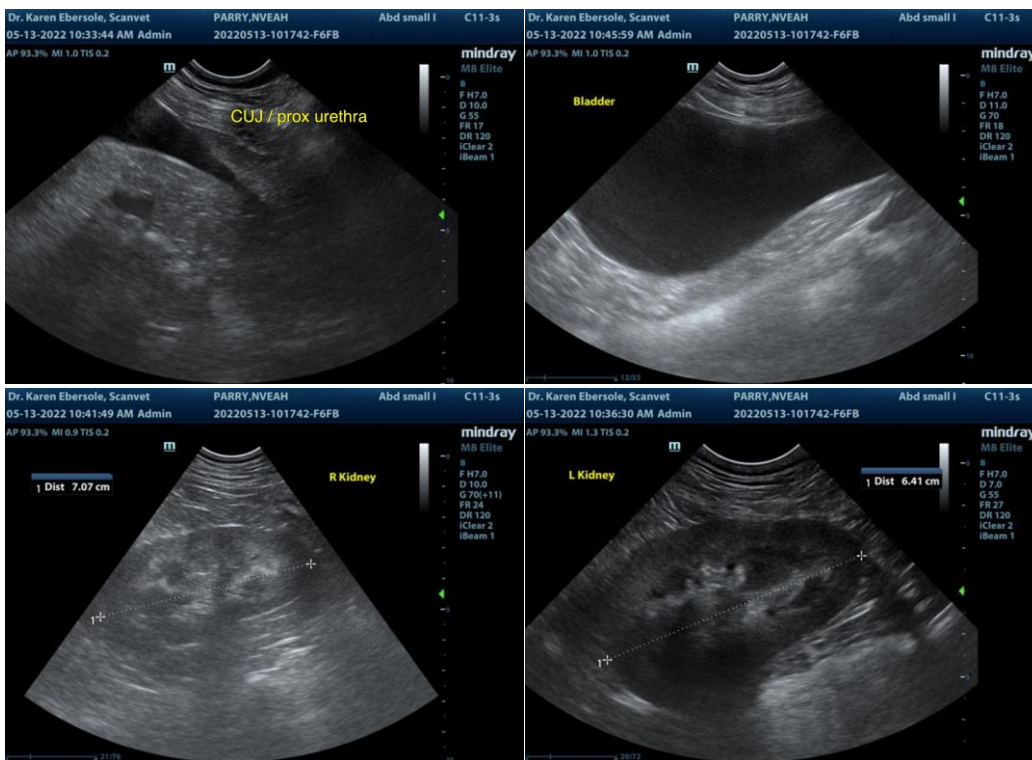
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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