



PATIENT

Priscilla Woods

SPECIES

Canine

BREED

Corgi

SEX

F

AGE

1 year

WEIGHT

9.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott,
DVM

INVOICE

14203

DATE

7/2/22

PRESENTING CLINICAL SIGNS

Has had a history of urinary incontinence with some unconscious dribbling. Urinalysis done in the past demonstrated crystals and potentially a UTI. Has had previous courses of antibiotics but is still showing signs of persistent incontinence.

Abnormal PE/Chem/CBC/UA Results: Adequate urine concentration Bacterial UTI - rods (E.coli)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. The visualized proximal urethra exhibited overtly normal structure and tone to a depth of 1.0 cm. One video exhibited evidence of a visualized ureteral jet into the urinary bladder lumen.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size compared to the right kidney with mild asymmetrical margination and indistinct corticomedullary architecture with loss of corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 3.9 cm in length.

Normal size and margination were present in the right kidney. 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 right kidney measured 5.6 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 1.4 cm length x 0.40 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 1.7 cm length x 0.46 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.



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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.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal right kidney
- Subnormal left kidney (compared to the right kidney) with Irregular corticomedullary architecture and loss of corticomedullary border distinction
- Overtly normal urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's age, the appearance of the left kidney is suggestive of congenital dysplasia, although the possibility of chronic left kidney nonspecific nephritis could be possible. An obvious lower urinary tract congenital abnormality such as urachal remnant or obvious ectopic ureter was not visualized. However, given the patient's persistent Incontinence, the possibility of a small ectopic ureter, which may be difficult to visualize with ultrasonography, technically cannot be definitively excluded. Ideally, excretory urography or Gold Standard CT with contrast is recommended, if possible, for a definitive rule-out of potential small ectopic ureter.

Examination of the vulva and vaginal vault is suggested to assess for or rule out structural abnormalities which may predispose to ascending Infection. An appropriate antibiotic regimen based on urine culture and sensitivity results is suggested with recheck urine culture and sensitivity 7 days post completion of antibiotic therapy.



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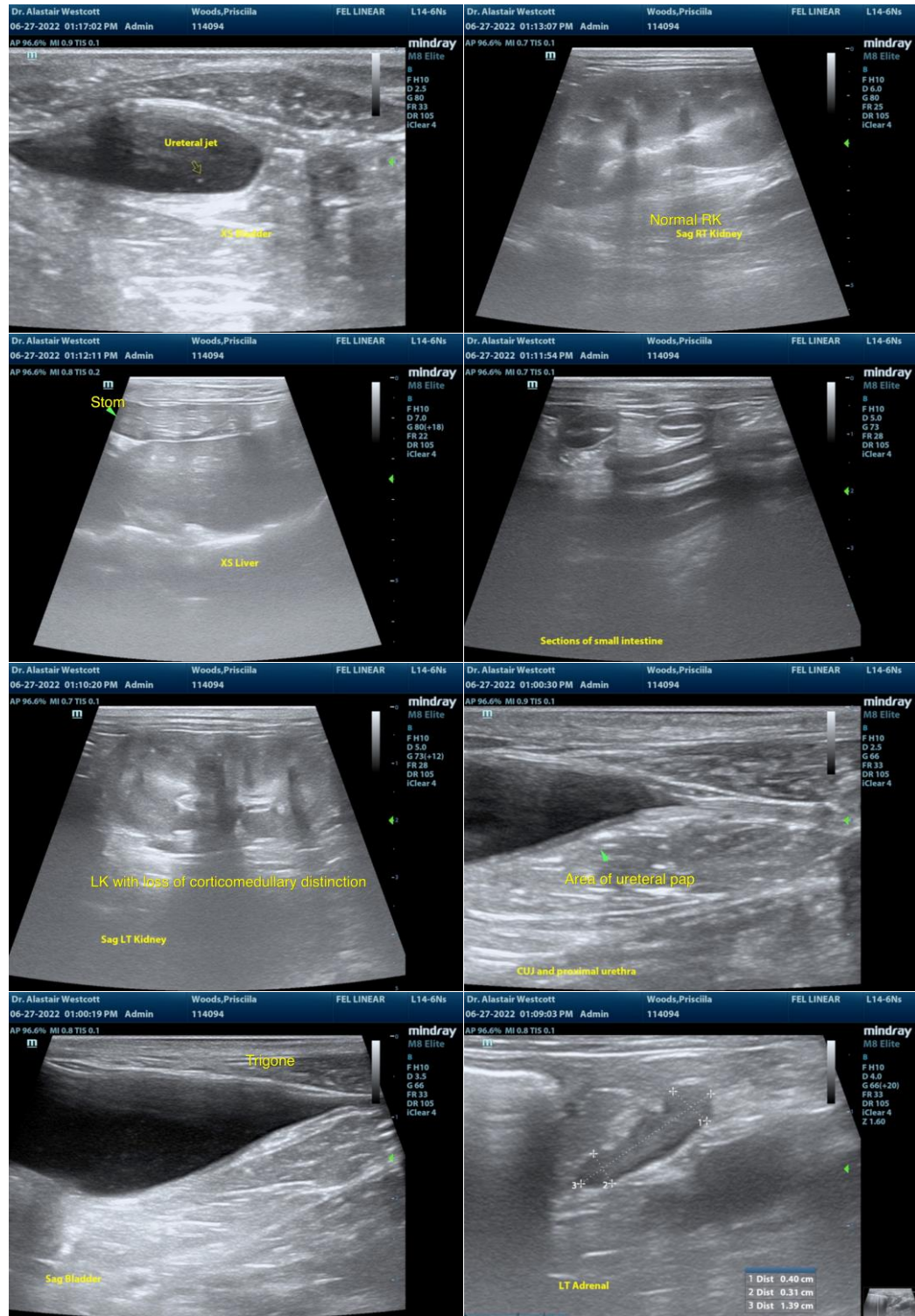
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com