



PATIENT

Buffy Cohron

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

3 yr

WEIGHT

6.74 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White

INVOICE

11020ag

DATE

07/03/2022

PRESENTING CLINICAL SIGNS

History: pet was here 6/22- 3y old SF DLH presents for urinary concerns - O reports for ~1yr pet has been urinary incontinent. Recently pet has been urinating in her sleep often. Has taken to a vet for urinary incontinence sometime last year but they were unable to obtain urine sample during a day stay. Pet was found as a stray. Hx anisocoria following hitting her head on furniture while running in home - happens intermittently but less and less often now. 7/3-recheck visit and AUS owner states no improvement, p still urinating in sleep/ dripping urine all over house. o states p does seems a bit more comfortable with gabapentin.

Abnormal PE/Chem/CBC/UA Results: PE from 6/22 Skin: Caudal ventrum--soaked with urine from umbilicus to perineum. Moist skin has erythematous plaques with areas of gray discoloration. vulva is swollen, erythematous. painful to the touch. Otherwise healthy hair coat. No ectoparasites seen, skin clean dry and intact. results from 6/22 - Rads: normal abdomen Culture: light growth of E. coli - S to Convenia pet is here today for quick scan AUS- 7/3- BAR; mild erythema around tip of vulva; urine scald in R inguinal area and yellowish discoloration of fur in inguinal area; small bladder

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal thickness and tone. No evidence of apical urinary bladder wall pathology such as urachal remnant noted. The urinary bladder walls were sonographically unremarkable without evidence of inflammatory or neoplastic criteria. The urethra exhibited overtly normal structure to a depth of 2 cm. 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.

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 3.7 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant was indistinctly visualized yet potential for mildly prominent, yet homogeneous uterine remnant noted dorsal to the urinary bladder trigone measuring 0.53 cm was noted. No evidence of fluid or inflammation around the suspected uterine remnant.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal urinary bladder and visible proximal urethra
- Possible mildly prominent yet homogeneous uterine remnant-nonspecific
- Normal bilateral kidneys-no evidence of dysplasia or pyelonephritis



PATIENT

Buffy Cohron

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

3 yr

WEIGHT

6.74 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White

INVOICE

11020ag

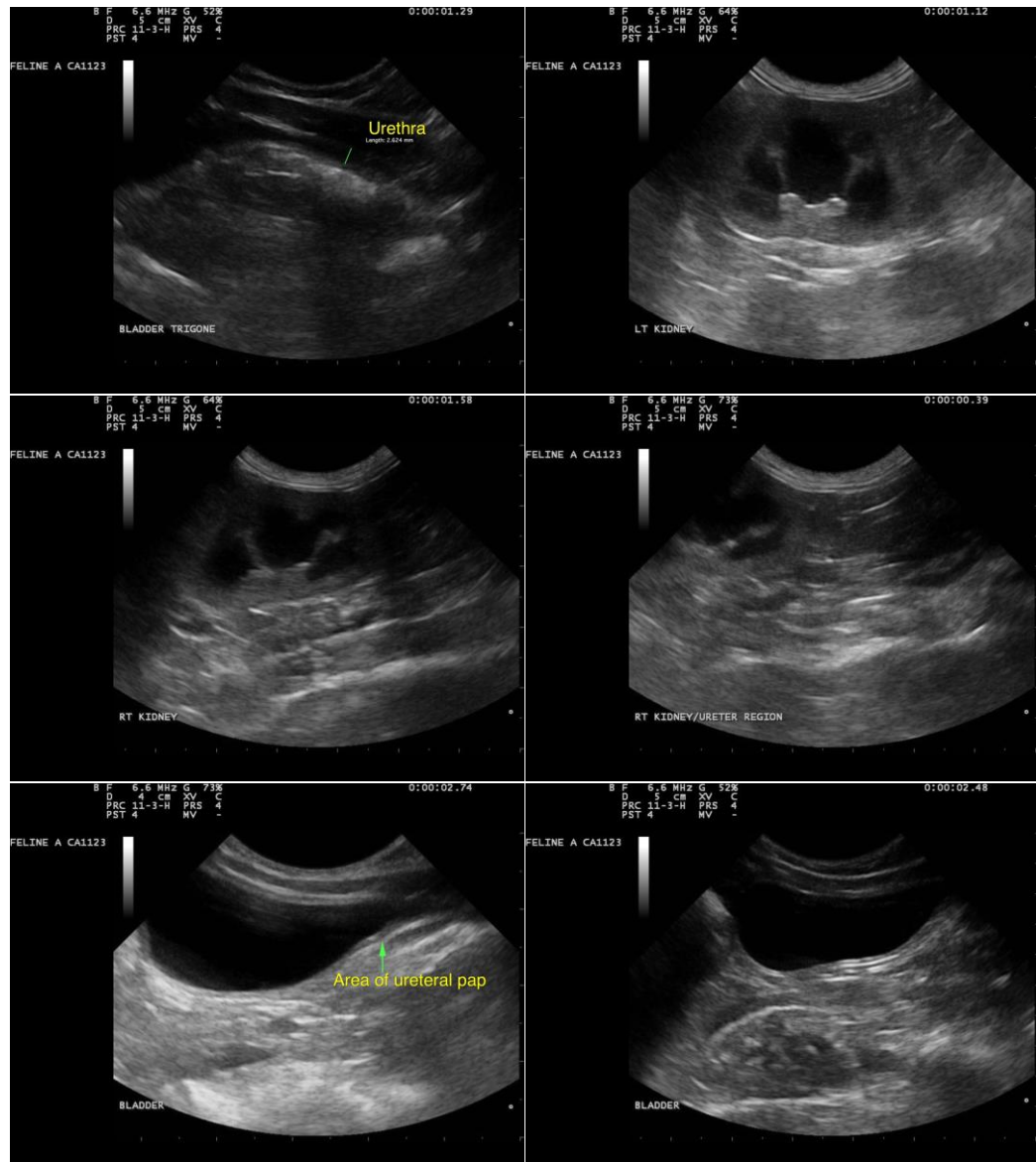
DATE

07/03/2022

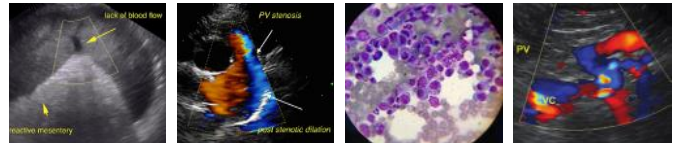
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious lower urinary tract congenital abnormality such as urachal remnant/ectopic ureter was not visualized on this scan. Given the incontinence in this patient, the possibility of a very small ectopic ureter which may be difficult to visualize with sonography alone cannot be definitively excluded. The potential mildly prominent to homogeneous uterine remnant is of unclear clinical significance and is not overtly suggestive of uterine stump pyometra or significant granuloma.

The size of the urinary bladder was not overtly consistent with lack of emptying. Nocturnal enuresis could be a consideration if incontinence is mostly noted at night yet if consistent chronic incontinence signs, advanced imaging such as excretory urography or ideally CT with contrast to rule out a non-visualized congenital defect would likely be ideal.



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



PATIENT

visible in the image/video clips provided.

Buffy Cohron

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.

SPECIES

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

Feline

info@SonoPath.com

BREED

DLH

SEX

FS

AGE

3 yr

WEIGHT

6.74 lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White

INVOICE

11020ag

DATE

07/03/2022