


**PATIENT**

Havok Boulanger

**SPECIES**

Canine

**BREED**

Belgian Malinois

**SEX**

FS

**AGE**

3yr

**WEIGHT**

24.9 kg

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**IMAGING  
 PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Ancaster

**REFERRING VET**

Dr. Davis

**INVOICE**

14588

**DATE**

8/12/22

**PRESENTING CLINICAL SIGNS**

Incontinence Ongoing accidents while pet is sleeping Pet has had 4-5 accidents in sleep over the last month Cannot hold urine over night Pet has never had accidents in house up until this point Eating and drinking normal BM Normal More frequent peeing - Does multiple small pees on walk. Abnormal PE/Chem/CBC/UA Results: Specific Gravity 1.008 pH 9.0

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited overtly 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 urinary bladder mural changes, i.e., inflammatory criteria was noted.

No evidence of pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

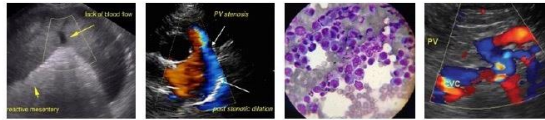
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.63 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**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta likely consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

**SPECIES**

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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.

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

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**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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Sonographically unremarkable kidneys
- Sonographically unremarkable urinary bladder and visible proximal urethra

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**Secondary Findings**

- Gastric ingesta - probable post prandial presentation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of upper or lower urinary tract pathology as a definitive cause of the patient's abnormal urination and incontinence. Nocturnal enuresis may be a consideration in this patient.

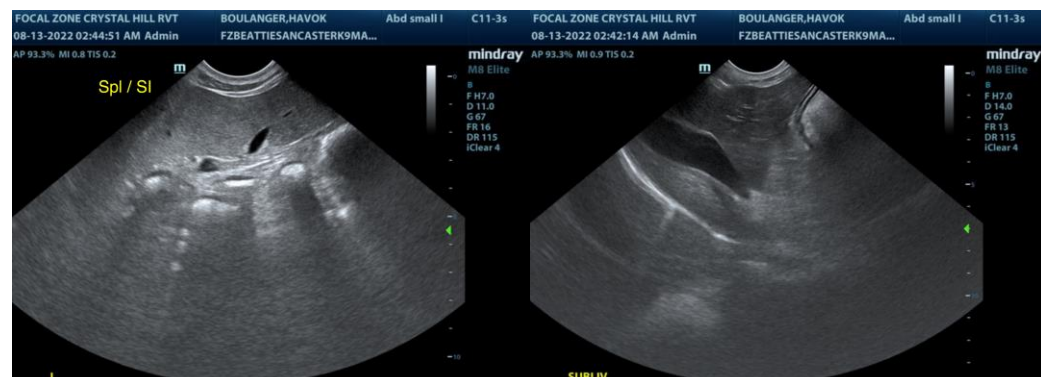
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Urine C/S, if not done, on a sterile urine sample to rule out underlying infection is suggested. A thorough neurological examination could be considered if clinically indicated.

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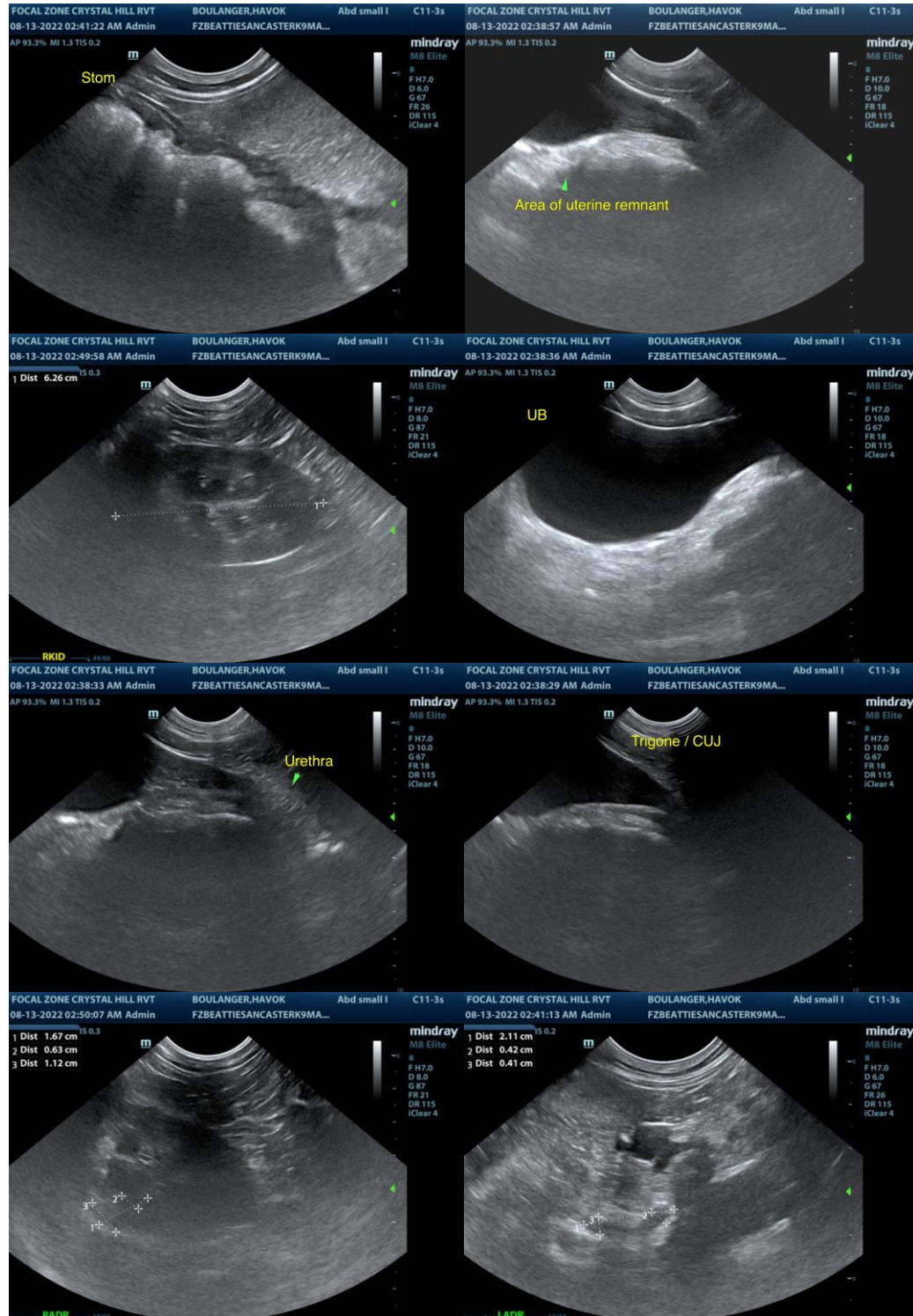
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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