



PATIENT

Juniper Kincaid

SPECIES

Canine

BREED

Labrador Retriever

SEX

FI

AGE

4 months

WEIGHT

44 lbs.

PRESENTING CLINICAL SIGNS

Juniper has had UTI symptoms since they got her. Initially treated with cephalexin since the owners had it on-hand and were out of town. It seemed to respond, no follow up was done. July 4, acute dysuria, cultured citrobacter, Urine specific gravity 1.035... Rx'd Trimethoprim-sulfa 480 mg SI for 1 month, with urine monitoring indicating successful resolution. Early August normal UA owner provided voided sample. By Aug 14 signs abruptly recurred with PU/PD, cocci and rods both visible and Urine spec grav 1.010 . Urine culture of cystocentesis sample pending, TMS 960 mg SID and Ampicillin 250 mg BID . Interested in ultrasound of entire Urinary tract, rule out or diagnose possible contributing anatomic factors. This puppy is not incontinent. She lives very closely with owners in house, sleeps in bed, camper, etc....They are very observant

Abnormal PE/Chem/CBC/UA Results: Very mild anemia on ProCyte yesterday considered not abnormal for puppy. Additionally the owner intentionally encourage pup to drink 2 gallons of bone broth in the 30 hours prior to Monday appointment in an effort to dilute bacteria in urinary tract. So the 1.010 specific grav from Aug 15 may be real and may be 2* . Current Medications TM-S 960 mg Ampicillin 250 mg BID

Urinalysis- Specific gravity 1.010, clear, light yellow, negative glucose, trace protein, minor blood, rods/cocci bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with very minor particulate sediment, which may indicate minor cellular debris/protein or mucus. Crystalline debris is considered less likely given the lack of crystals noted on urinalysis. A small tubular structure consistent with a ureter based on location was noted directly adjacent to the dorsal urinary bladder wall extending caudally past the level of the ureteral papillae and extending into the area of the cystourethral junction or potential proximal urethra, measuring 0.12 cm in diameter. No evidence of calculi was noted. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Heyward

INVOICE

14645

DATE

8/17/22

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 pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 7.3 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 0.45 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 2.5 cm length x 0.73 cm width at the caudal pole.



PATIENT

Juniper Kincaid

SPECIES

Canine

BREED

Labrador Retriever

SEX

FI

AGE

4 months

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Heyward

INVOICE

14645

DATE

8/17/22

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.

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

- Suspect probable ectopic ureter
- Normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported incontinence, yet given recurrent UTIs in this patient in conjunction with the presence of subjective small tubular structure consistent with a ureter based on location, which appears to bypass the area of the ureteral papillae into the area of the cystourethral junction and potential proximal urethra, is highly suspicious and suggestive of an ectopic ureter. Assessment of the vulva and vaginal vault for potential abnormalities which may predispose to ascending Infection could be considered. Given this finding, further assessment including Gold Standard CT with contrast for further assessment, conformation, and potential surgical planning would be ideal.



PATIENT

Juniper Kincaid

SPECIES

Canine

BREED

Labrador Retriever

SEX

FI

AGE

4 months

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

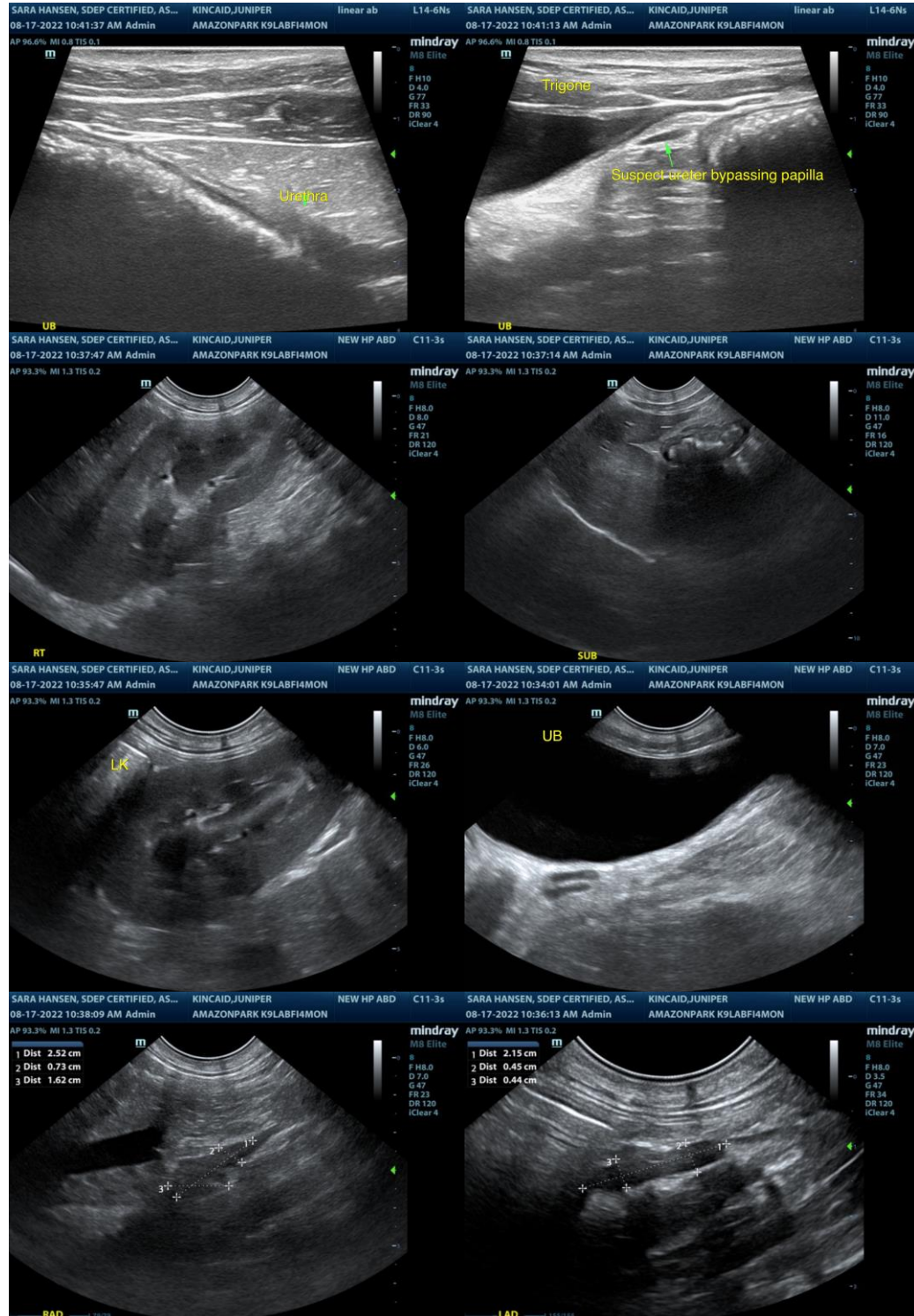
Dr. Heyward

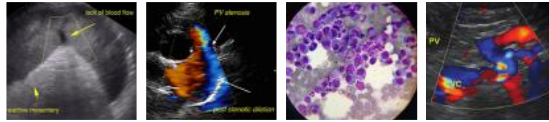
INVOICE

14645

DATE

8/17/22





PATIENT

Juniper Kincaid

SPECIES

Canine

BREED

Labrador Retriever

SEX

FI

AGE

4 months

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Heyward

INVOICE

14645

DATE

8/17/22

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