

PATIENT PRESENTING CLINICAL SIGNS

Loki Henry Pollakiuria/incontinence? PE WNL
Abnormal PE/Chem/CBC/UA Results: CBC, Chem WNL UA - USG 1.013, mild hematuria, NOSF urine C/S - no growth

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

29 Pounds

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder was normal in overall size and tone with anechoic urine. No sediment or calculi. Subtle, minor mural thickening noted primarily in the area of the dorsal cystourethral junction. The cystourethral junction wall measured up to 0.2 cm width. A potential very small collapsing tubular structure exhibiting potential for intermittent peristalsis was noted possibly extending beyond the area of the suspected left ureteral papilla and extending caudally into the area of the cystourethral junction and proximal urethra. This potential tubular structure measured approximately 0.08 cm in width.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.90 cm in width. Both the pre- and post-prostatic urethra were normal in structure and tone to a depth of 3.0 cm. Urethra measured 0.4 cm in width.

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 5.0 cm. The right kidney measured 5.4 cm. No overt pyelonephritis.

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 0.34 cm at the cranial pole and 0.48 cm at the caudal pole. No evidence of pathology in the area of the right adrenal gland.

The visible small intestine and colon were sonographically unremarkable.

IMAGING PERFORMED BY

Jenna Walsh

ULTRASONOGRAPHIC FINDINGS

- Possible very small (suspect left) ectopic ureter
- Minor non-specific cystourethral junction thickening

HOSPITAL NAME

Albany AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Typically, ectopic ureters are much larger than the possible ectopic ureter noted in this recheck study. However, given the patient's history and clinical signs, suspicion for a potential left ectopic ureter is warranted, yet given the very small presentation of the potential tubular structure, ectopic ureter cannot be definitively confirmed in this study. Further assessment and clarification (ideally using CT with contrast and/or contrast radiography/cystoscopy) is strongly recommended.

REFERRING VET

Dr. Spangler

INVOICE

24860

DATE

8/23/21



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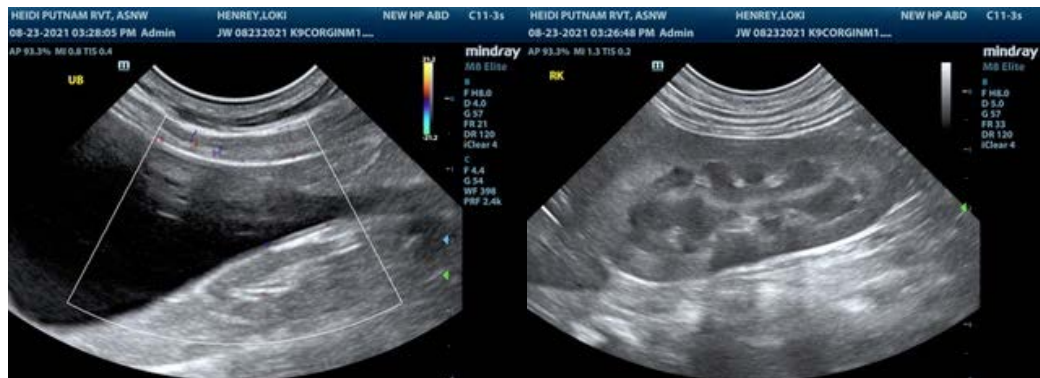
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Corgi

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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