



**PATIENT**

Daphne Foss

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

FS

**AGE**

5 years

**WEIGHT**

75 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amanda Lacey-Crook -  
SDEP Certified  
Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Melody Williams

**INVOICE**

14662

**DATE**

8/23/22

**PRESENTING CLINICAL SIGNS**

Hx urinary incontinence. Initially improved with proin, then was manually adjusted by Dr. Moore - resolved for a long time. Recent recurrence. Not responsive to Incurin or Proin at this time. Had been planning dental cleaning for 8/18 - on pre-sx exam, a new heart murmur was detected. Grade 1/6, left heart base. No clinical signs of heart disease. Current Medications: Proin 74 mg ER, 1 sid  
Abnormal PE/Chem/CBC/UA Results: Urinalysis 6/27/22 - no significant abnormalities CBC/Chem performed 8/18 - only abnormality was hypoglycemia; SST was not spun immediately after drawing - likely due to sitting unseparated for that time. ECG - no pathologic arrhythmias. Left axis deviation noted. Radiographs - 3 view chest radiographs taken 8/18 appear WNL. VHS 10.4 (normal range 8.7-10.7).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted. The proximal urethra exhibited subjective decreased tone to a depth of 2.0 cm. The proximal urethra was somewhat obscured by colonic gas.

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 6.7 cm in length. The right kidney measured 6.2 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 0.38 cm width at the caudal pole and 0.30 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.54 cm width at the cranial 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



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containing minor, mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. 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 contained mild nonshadowing ingesta / chyme with luminal gas most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

**BREED**

Doberman

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental duodenojejunal nonshadowing chyme was present.

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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 urinary bladder with decreased proximal urethral tone - subjectively consistent with incontinence
- Normal bilateral kidneys

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**Secondary Findings**

- Minor gallbladder debris - incidental
- Mild gastrointestinal ingesta / chyme

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant abdominal, specifically lower urinary tract, pathology was noted.

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If not recently done, urine C/S to rule out UTI could be considered. However, no evidence of inflammatory sediment was noted. Incurin and Proin used in conjunction, if not done, may be beneficial as these medications are synergistic.

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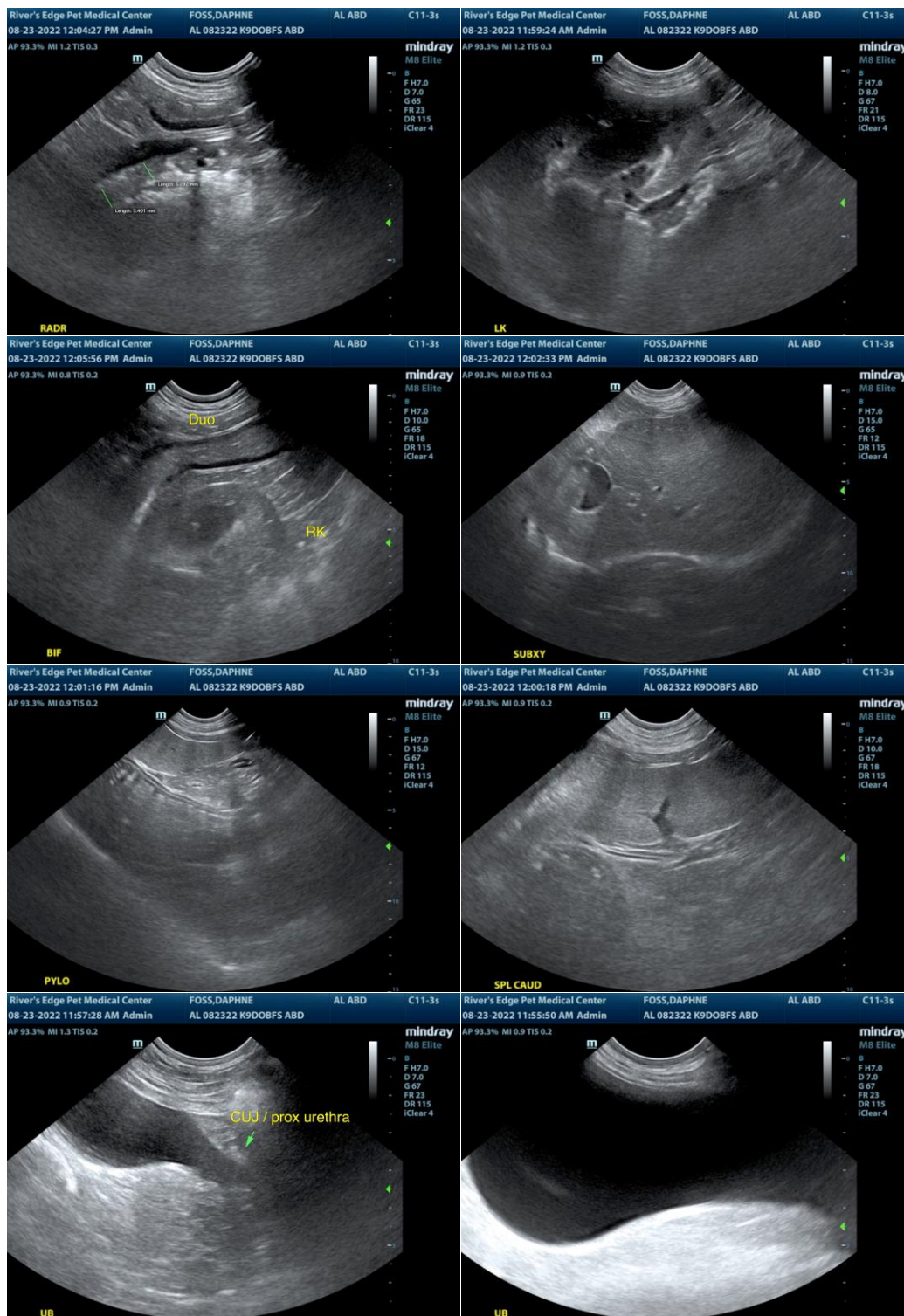
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com