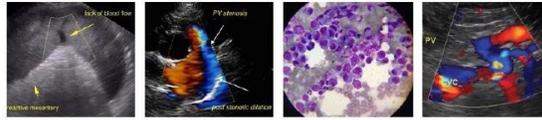


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Penny Gough	-Pollakiuria. No meds currently. Abnormal PE/Chem/CBC/UA Results: N/A
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. 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. No evidence of inflammatory or neoplastic changes was noted.
Landseer	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology. No evidence of pathology was noted associated with the uterine remnant.
FS	
<b>AGE</b>	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 6.7 cm in length. The right kidney measured 7.0 cm in length.
8 yrs	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
107 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.61 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 0.75 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Crytal Hill	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
St. Catharines AH	The stomach presented intact wall layering with a normal wall layer ratio. Mild, variably echogenic yet nonshadowing ingesta/chyme was present.
<b>REFERRING VET</b>	
Dr. Gokhale	
<b>INVOICE</b>	
14735	
<b>DATE</b>	
8/26/22	



**PATIENT**

Penny Gough

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.

**SPECIES**

Canine

**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.

**BREED**

Landseer

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**AGE**

8 yrs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of upper or lower urinary tract pathology as an obvious cause of the pollakiuria. No evidence of inflammatory or neoplastic urinary bladder or visible proximal urethral pathology was evident. No evidence of visualized urethral urine dilation without overt evidence of non-visualized urethral obstruction. Urine C/S on a sterile urine sample could be considered to rule out underlying urinary tract infection. However, no obvious evidence of inflammatory sediment was noted.

**WEIGHT**

107 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crytal Hill

**HOSPITAL NAME**

St. Catharines AH

**REFERRING VET**

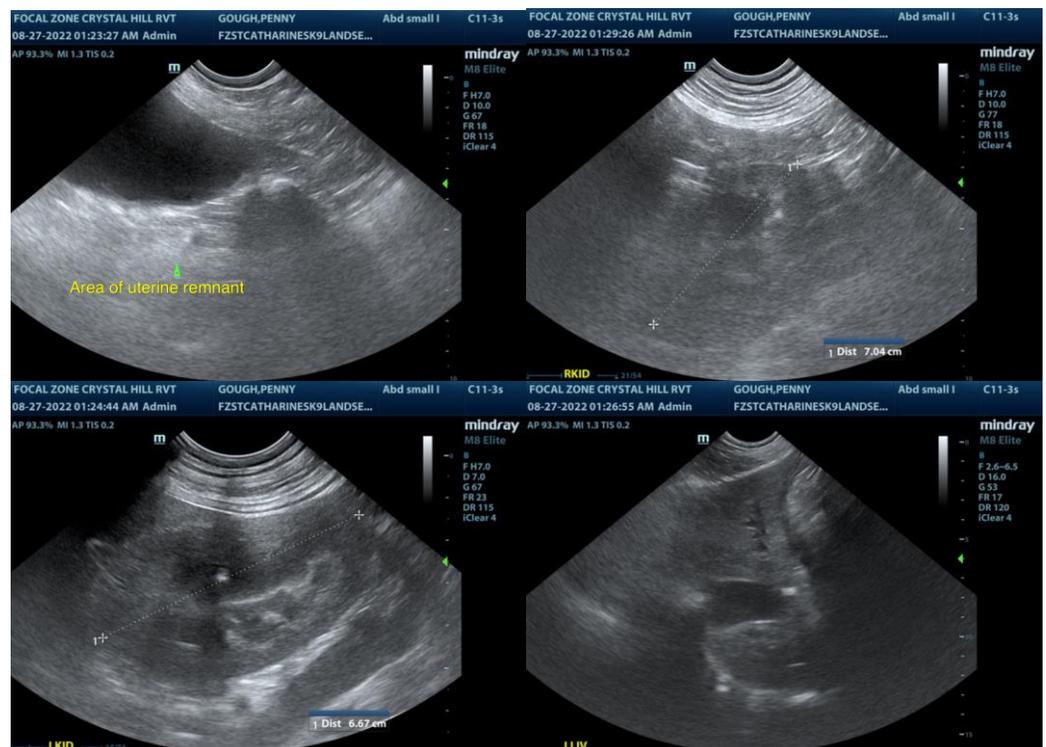
Dr. Gokhale

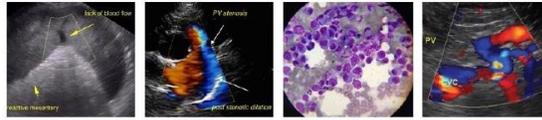
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**PATIENT**

Penny Gough

**SPECIES**

Canine

**BREED**

Landseer

**SEX**

FS

**AGE**

8 yrs

**WEIGHT**

107 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crytal Hill

**HOSPITAL NAME**

St. Catharines AH

**REFERRING VET**

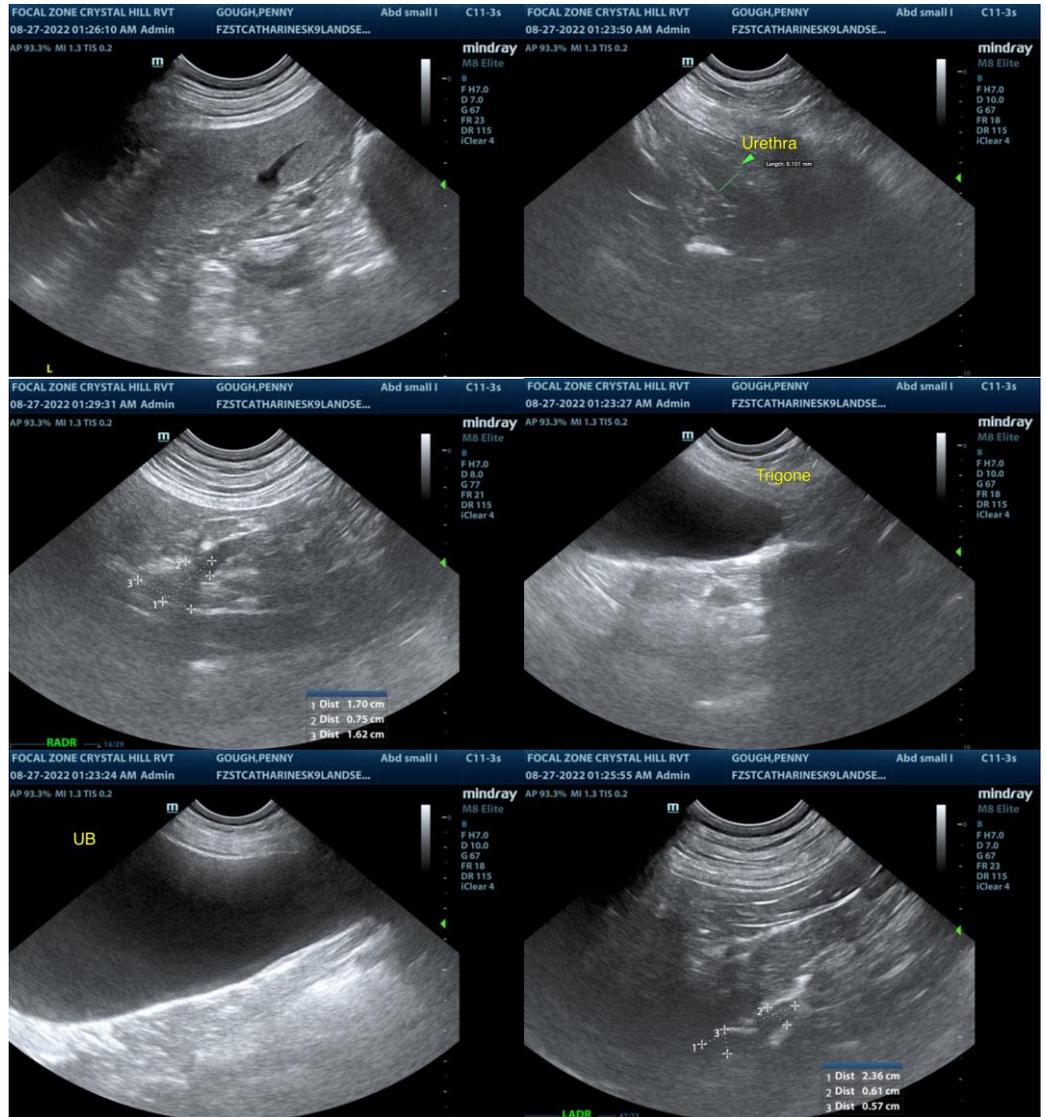
Dr. Gokhale

**INVOICE**

14735

**DATE**

8/26/22



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