



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Marriccini Leaking urine, mild improvement with antibiotics, OVH @ 4months.  
Medication: Simplicef

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder was normal in size and tone containing anechoic urine without evidence of lumen sediment, mineral, or calculi. Normal urinary bladder wall was present with no evidence of mural inflammatory criteria. The visualized ureteral papilla was overtly normal with subjective normal appearing distal ureter in the area of the ureteral papilla. The trigone and cystourethral junction were sonographically normal. Normal proximal urethra structure and tone were noted to a depth of 3.0 cm.

Mix

**SEX**

FS The area of the aortic trifurcation was free of pathology.

**AGE**

7 months 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 or pyelectasia. The left kidney measured 5.3 cm in length. The right kidney measured 6.5 cm in length.

**WEIGHT**

47.7

**Adrenal Glands**

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 0.42 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 2.3 cm length x 0.47 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

The Village  
Veterinarian

**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.

**REFERRING VET**

Dr. Longenecker

**INVOICE Gastrointestinal**

14797

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.

**DATE**

8/3/23



**PATIENT**

Roxy Marriccini

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**

**Pancreas**

Canine

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**

Mix

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7 months

- Overtly normal urinary bladder and visible proximal urethra
- Sonographically unremarkable area of uterine remnant
- Normal bilateral kidneys

**WEIGHT**

47.7

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of upper or lower urinary tract or uterine remnant pathology, i.e., no evidence of renal dysplasia, pyelonephritis, congenital abnormalities such as overt ectopic ureter, cystic calculi, cystitis, or overt decreased urethral tone as an obvious cause of the patient's UTI and recurrent incontinence. Spay incontinence could be a consideration in this patient, given the patient's age at the time of ovariohysterectomy.

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DVM, DABVP  
(Canine and Feline)

Phenylpropanolamine or hormonal therapy trial with an assessment of clinical response could be considered. Recheck urine C/S on a sterile urine sample 7 days post-completion of current antibiotics is warranted. Assessment of the vulva and vaginal vault for evidence of structural abnormalities, which may predispose to ascending infection, is suggested. If persistent / progressive or consistent incontinence or recurrent UTI nonresponsive to empirical therapy, additional imaging which may include cystoscopy, contrast urography, or CT with contrast to assess for or rule out a small or non-sonographically evident defect, may be indicated.

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Veterinarian

**REFERRING VET**

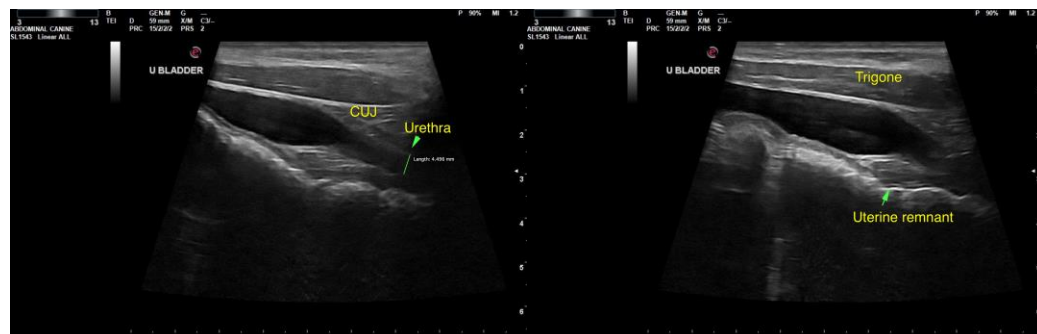
Dr. Longenecker

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**PATIENT**

Roxy Marriccini

**SPECIES**

Canine

**BREED**

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**AGE**

7 months

**WEIGHT**

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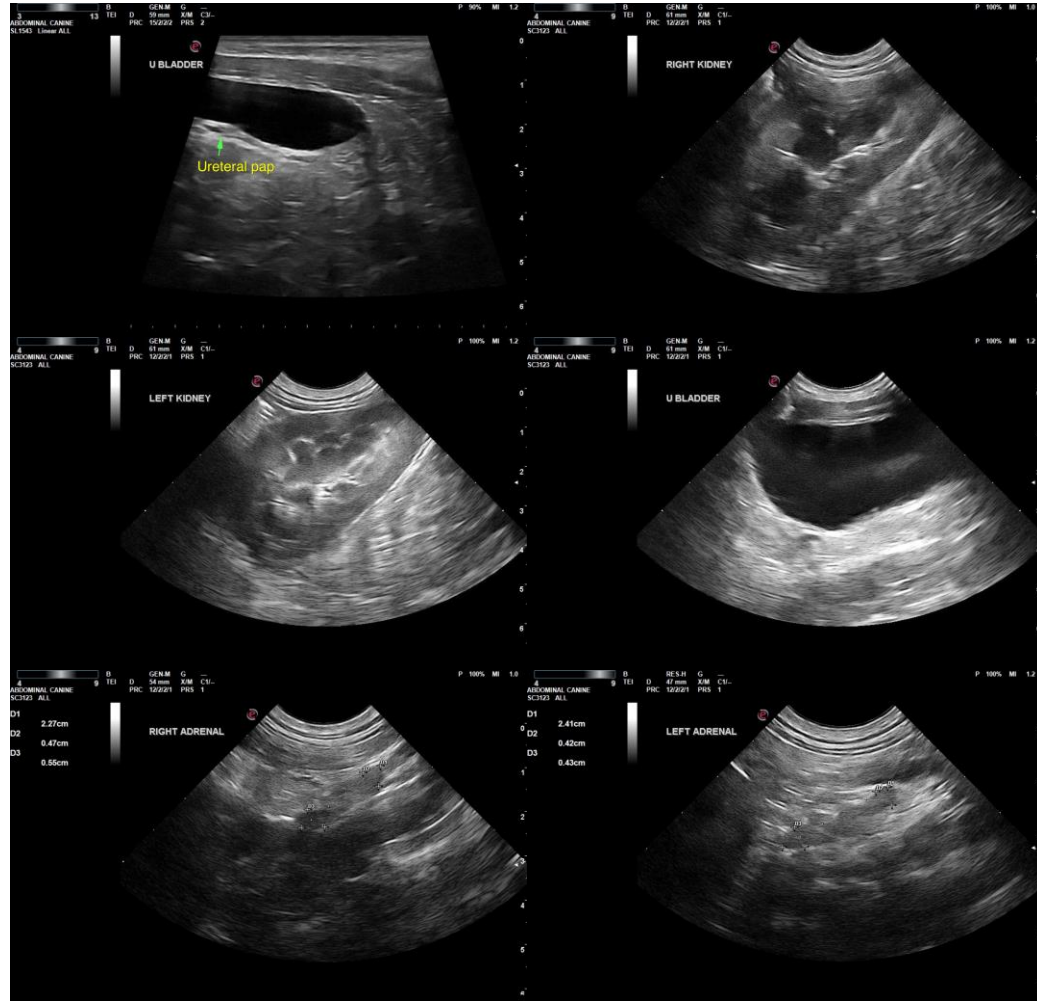
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)