


PATIENT PRESENTING CLINICAL SIGNS

Tilly Hall –Incontinence, hyposthenuria, dribbling and dripping urine always. Is this dog a good breeding candidate? No meds.

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Female

AGE

3 years

WEIGHT

14.6 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was non-distended in size owing to a lack of urine volume. Full evaluation of the urinary bladder walls was limited owing to the non-distended urinary bladder. No overt evidence of sediment or calculi was noted. Subjective atypical tubular structure noted adjacent to or potentially within the dorsal urinary bladder wall extending caudally past the area of the trigone into the area of the cystourethral junction or potential proximal urethra is suspected, measuring 0.17 cm in diameter. The visible proximal urethra exhibited subjective normal structure and tone to a depth of 2.0 cm.

No overt evidence of pathology associated with the uterus or bilateral ovaries was noted.

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 pyelectasia or overt pyelonephritis. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 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 1.9 cm length x 0.43 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill, RVT

Spleen
HOSPITAL NAME

Haldimand AH

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.

REFERRING VET

Dr. Rode

Liver/ Gallbladder
INVOICE

12217

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.

DATE

9/13/21


PATIENT
Gastrointestinal

Tilly Hall

The visualized gastric walls were sonographically unremarkable. A mild to moderate amount of strongly shadowing gastric ingesta along with luminal gas was present.

SPECIES

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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.

BREED

French Bulldog

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.

SEX

Intact Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS
Primary Findings
WEIGHT

14.6 kg

- Nondistended urinary bladder
- Highly suspect ectopic ureter
- Sonographically unremarkable bilateral kidneys

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

Secondary Findings

- Shadowing gastric ingesta

**IMAGING
 PERFORMED BY**

Crystal Hill, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, there is strong suspicion for an ectopic ureter in this patient, given the patient's history of Incontinence and consistent dribbling / dripping of urine. No overt evidence of urinary bladder mural pathology such as cystitis, as well as no evidence of sediment or calculi.

HOSPITAL NAME

Haldimand AH

Urine culture and sensitivity on a sterile urine sample if not recently done would be ideal. Further evaluation of the urinary bladder, ideally a full urinary bladder, with particular attention to the suspect atypical tubular structure in the area of the dorsal urinary bladder wall, trigone, and cystourethral junction vs. contrast urography or CT Is recommended.

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If an ectopic ureter is definitively confirmed, breeding of this patient would not be recommended as the exact hereditary pattern of ectopic ureters has not been definitively established.

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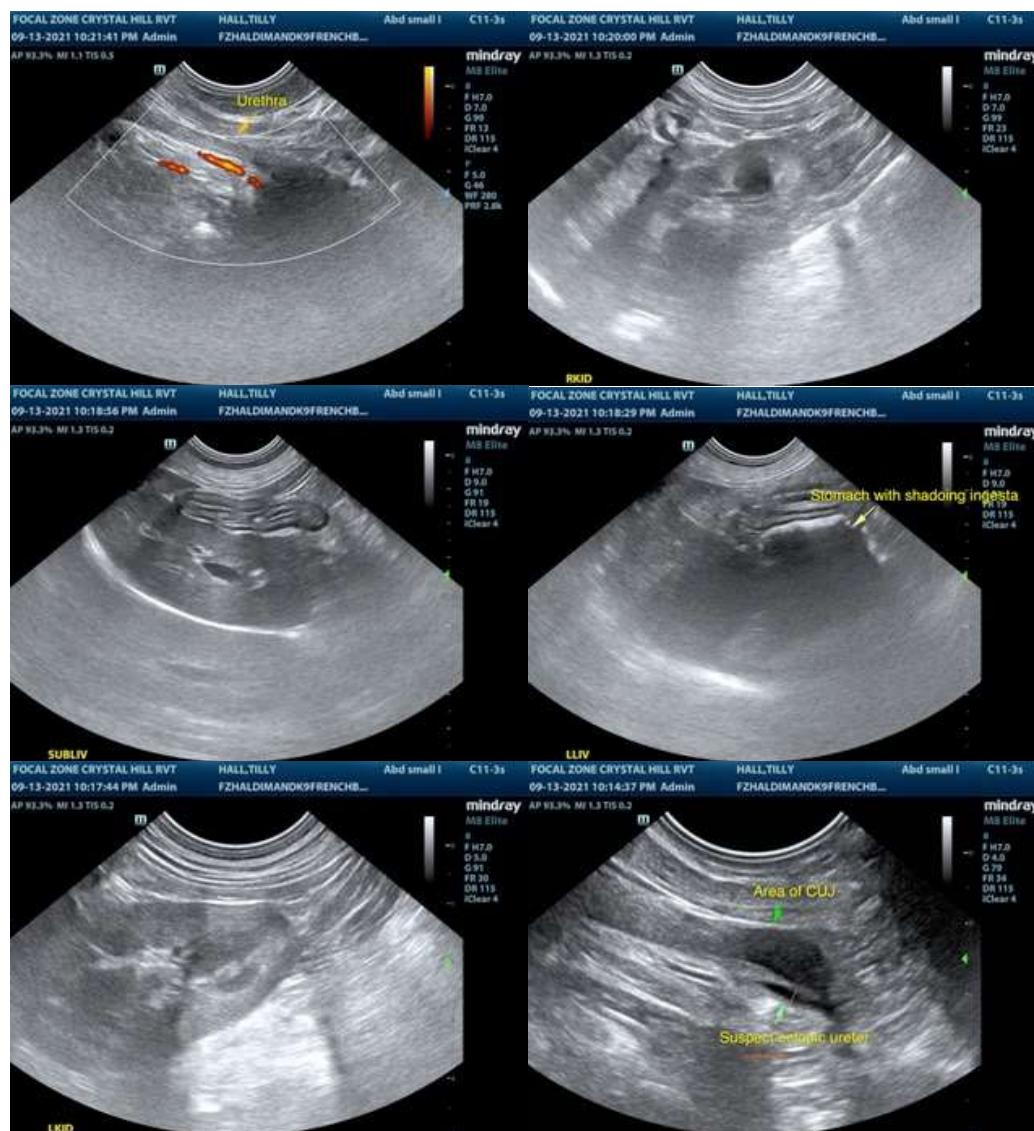
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PATIENT

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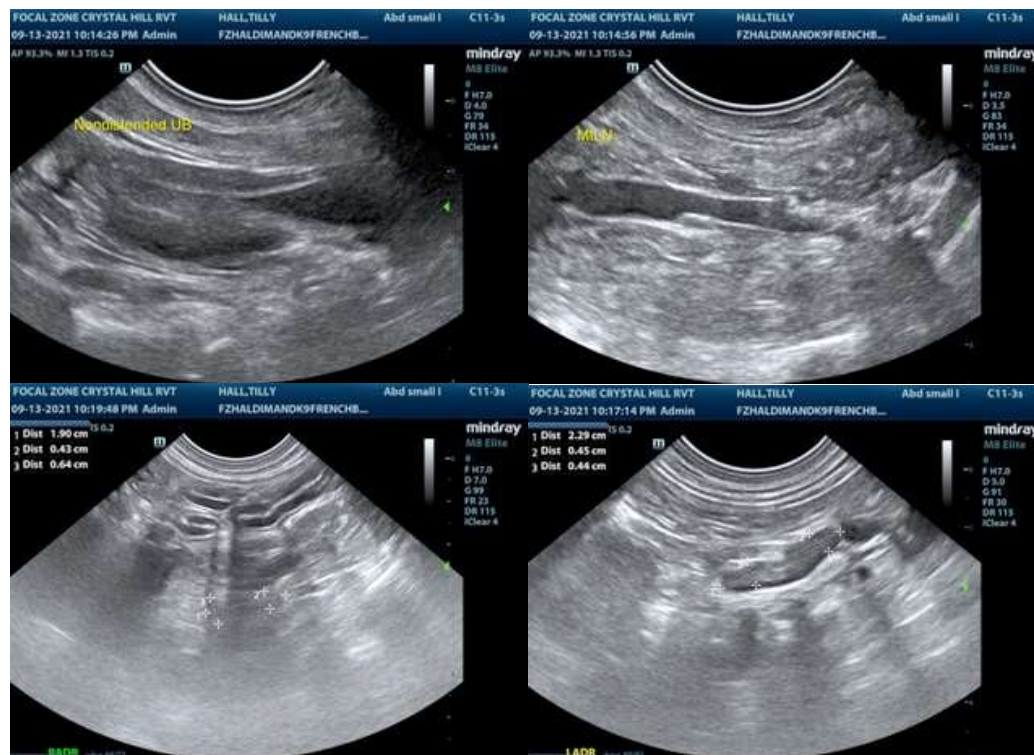
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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