



PATIENT

Elsa Fletcher

SPECIES

Canine

BREED

Doberman Pinscher

SEX

F(S)

AGE

14 months

WEIGHT

91

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Teresa Bessler

INVOICE

14885

DATE

9-15-22

PRESENTING CLINICAL SIGNS

Patient presented 9/1/22 for leaking urine. Dog was spayed at 9 months of age. Owner reports her leaking urine before her spay and got worse after the spay. Put on PROIN 50mg 1 BID and owner reports it immediately helped. Digital vaginal exam: doughnut band of tissue and can see urine pooling.

Abnormal PE/Chem/CBC/UA Results: UA=WNL, CBC/CHEM 17=WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited overtly 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.

No evidence of pathology was noted in the area of the uterine remnant.

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. The left kidney measured 7.4 cm in length. The right kidney measured 7.5 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 0.55 cm width at the caudal pole and 0.62 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.



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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.

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.

Free Abdomen

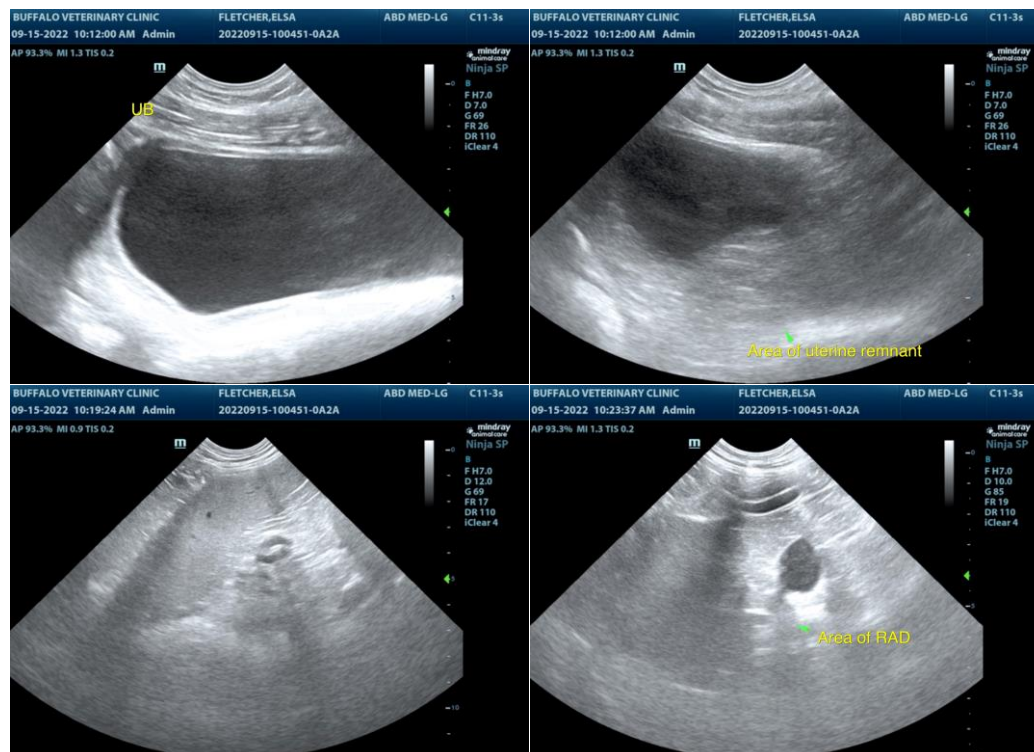
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Overtly normal urinary bladder and visualized proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of congenital abnormalities such as urachal remnant, overt ectopic ureter, renal dysplasia, or evidence of inflammatory lower urinary tract criteria. A small ectopic ureter may be difficult to definitively diagnose with ultrasound alone, so technically cannot be definitively excluded yet no obvious evidence of ectopic ureter i.e., left or right pyelectasia, dilation of the proximal urethra, or evidence of urinary bladder sediment. If continued incontinence or strong suspicion of a vaginal vault or non-visualized congenital abnormality, cystoscopy may be considered.





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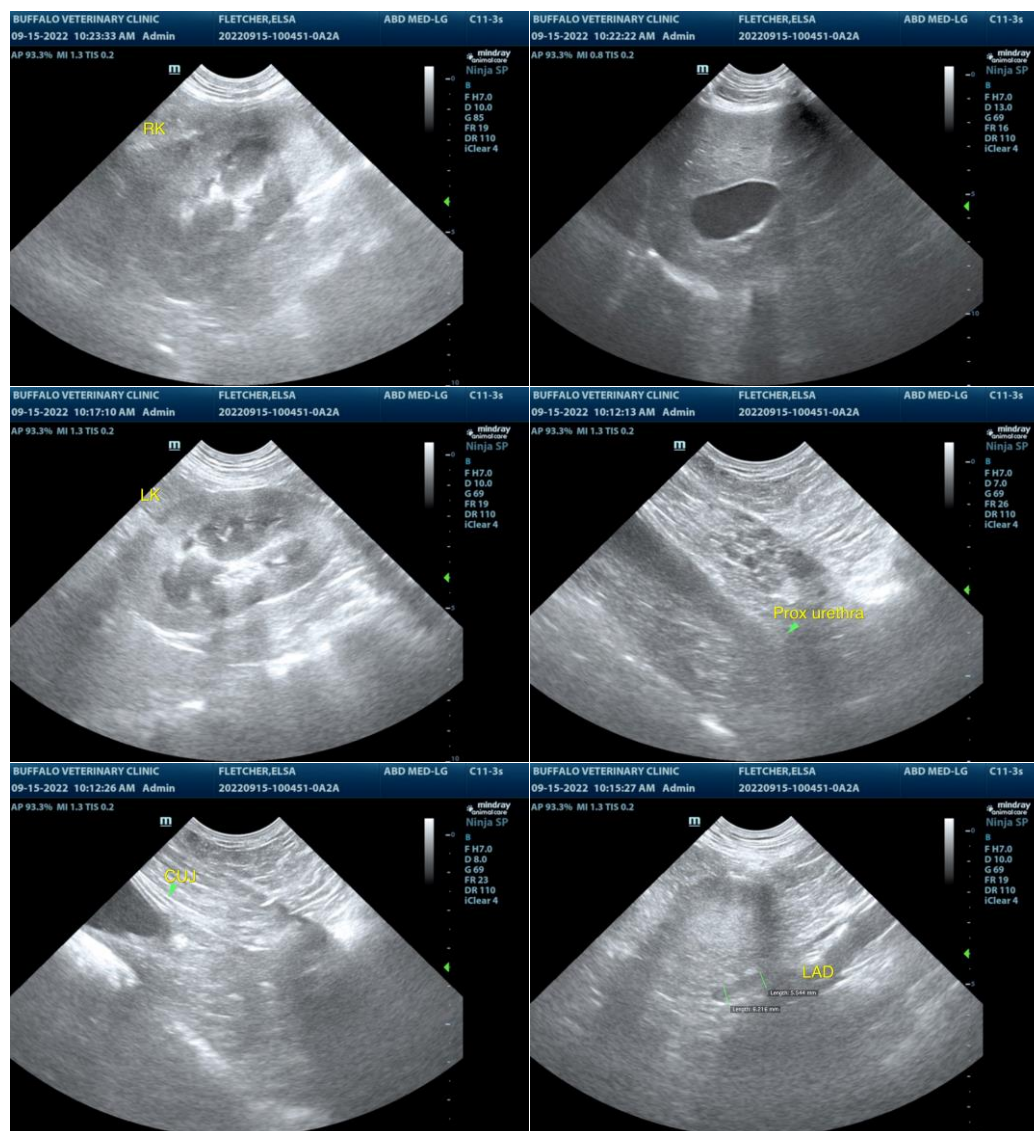
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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