



PATIENT

Juni Gonzalez

SPECIES

Canine

BREED

Karelian Bear Dog

SEX

FS

AGE

4

WEIGHT

25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

12786ag

DATE

01/24/2023

PRESENTING CLINICAL SIGNS

Presented for ultrasound evaluation of the bladder and potential ectopic ureter. Has had a lifelong history of urinary leakage. This was going on prior to ovariohysterectomy. There was no response to stilbestrol trial. Essentially wakes up in a pool of urine. Will leak urine periodically from getting up or lying down. Sometimes will leak while walking. Has had a series of urinary tract infections in the past. Currently eating, drinking and defecating normally. There is no stranguria and appears to have a normal urine stream.

Abnormal PE/Chem/CBC/UA Results: Normal PE. No bloodwork or U/A performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was initially subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Overtly normal bladder size and tone following infusion with LRS. The visualized ureter entering the area of the ureteral papilla in the subjective normal location possibly caudally displaced. Possible decreased proximal urethra tone to a depth of 3 cm was present. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the left kidney. 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 6.4 cm in length.

The right kidney exhibited overall normal size and an indistinct corticomedullary border. Mild pyelectasia was present. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.36 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 0.36 cm width at the caudal pole and 0.25 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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

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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 was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern
- Possible caudally positioned ureteral papilla
- Mild dystrophic right kidney with minor pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive ectopic ureter was not obviously visualized however given the patient history and possible caudally displaced ureteral papilla a small ectopic ureter which may be difficult to visualize sonographically at times may be present. Further clarification with gold standard CT with contrast or endoscopy is strongly recommended. A recheck urine C/S on a sterile urine sample is suggested if current clinical signs of UTI is suggested.

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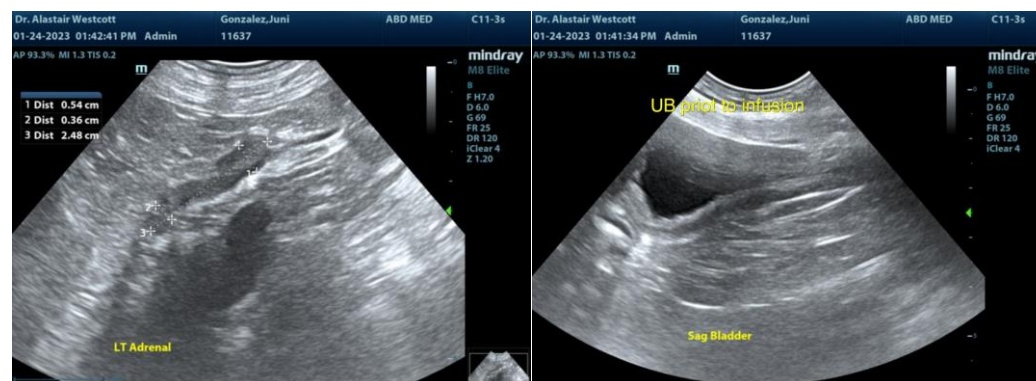
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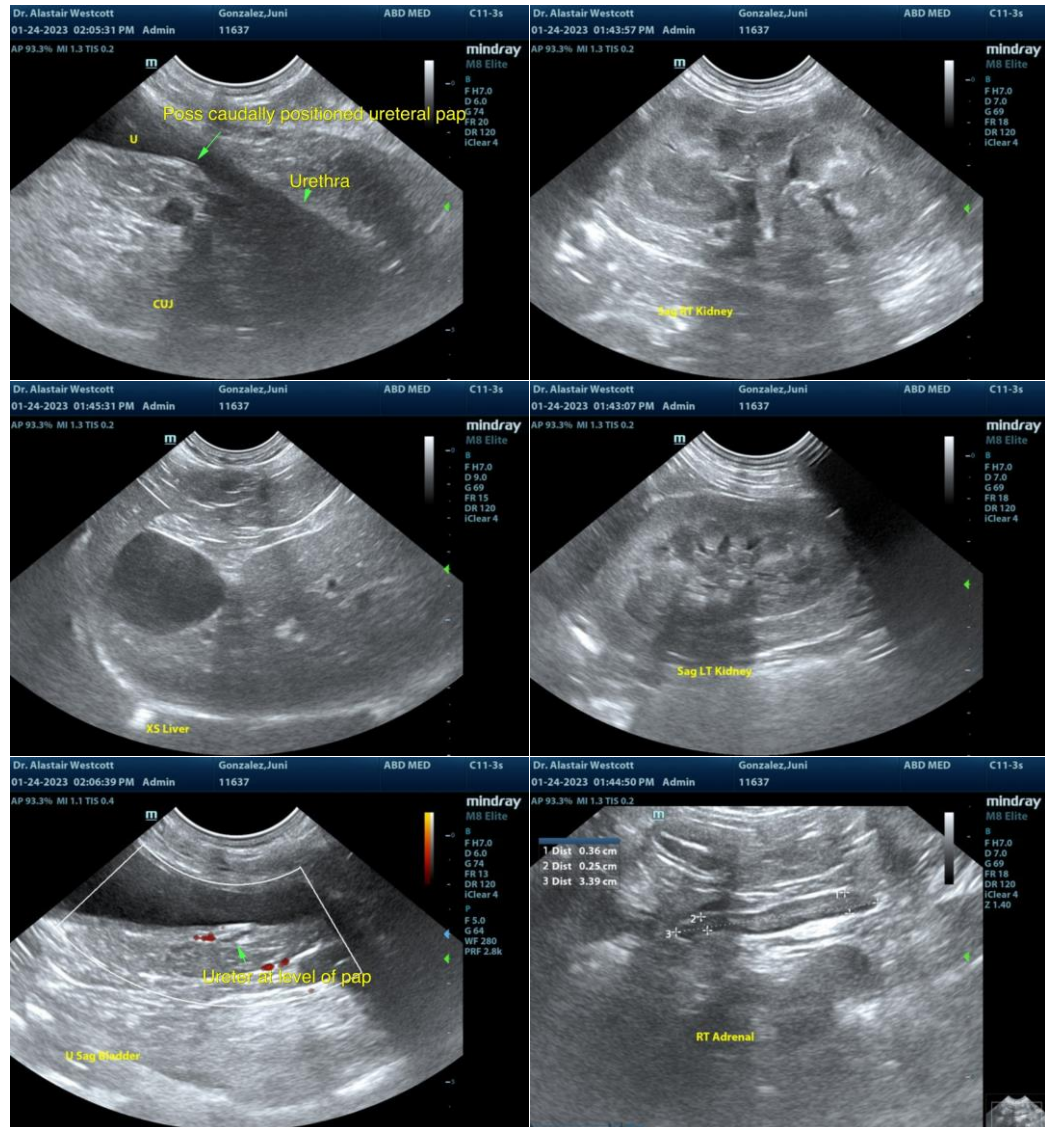
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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