



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lucy Minich
SPECIES Canine
BREED Pug

Lucy presented for evaluation of bowel obstruction/ fecal and urinary incontinence. The foster owner has had her for close to 2 months. The owner reports that since she has had Lucy, she has had issues with defecation and urination. She states that "a little smaller than golf ball" sized feces will just fall out of her 2-3 times a day. She does not posture to defecate. She also constantly drizzles urine all day. She has only been seen to posture to urinate once. When she gets excited in the morning, her kennel is soaking wet. Appetite is reported as excellent. Drinking habits are normal. Activity level is high and energy is great. She does not seem to be in any pain or discomfort. No blood has been seen in the urine or feces. Previous medications included Lactulose and Metamucil, which were discontinued about a week ago and did not seem to help.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

SEX FS
The descending colon and rectum are moderately distended with fecal material. No focal obstructive lesion, mural thickening, intraluminal foreign material, stricture, mass or evidence of mechanical obstruction is identified.

AGE 6yr
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

INTERPRETED BY Ther ureters are bilaterally visible and follow normal anatomical course with no evidence of ectopic ureter insertion. The ureteral jets present within normal limits. The urinary bladder is unremarkable on this examination.

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

The lumbosacral spine and included vertebral column appear within normal limits. No evidence of lumbosacral stenosis, vertebral malformation, traumatic change, compressive osseous lesion or other structural abnormalities identified.

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Both coxofemoral joints present moderate signs of dysplasia and osteoarthritis.

A small single cholelith is seen within the gallbladder. Evidence of gallbladder or common bile duct obstruction is not noted.

REFERRING VET

Dr Parkinson

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate fecal distension of the descending colon and rectum without evidence of mechanical obstruction.
- No CT evidence of ectopic ureters or other structural urinary tract abnormality
- No CT evidence of lumbosacral or sacral coccygeal malformation, stenosis or traumatic abnormality
- Moderate bilateral coxofemoral osteoarthrosis secondary to hip dysplasia
- Single non-obstructive cholelith

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Lucy Minich

The findings support functional rather than obstructive fecal retention / incontinence. The absence of mechanical obstruction, ectopic ureters or significant lumbosacral structural abnormality is able to exclude several major anatomical causes for the reported clinical signs. Differential considerations for the combined urinary and fecal incontinence include neurologic dysfunction, congenital or acquired sphincter dysfunction, functional anal rectal disorders or chronic colonic dysmotility.

SPECIES

Canine

A neurologic examination with particular attention to tail tone, perineal reflexes, anal tone and sacral nerve function can be performed if not done already. MRI of the lumbosacral spine may be considered if neurologic dysfunction remains a concern

BREED

Pug

SEX

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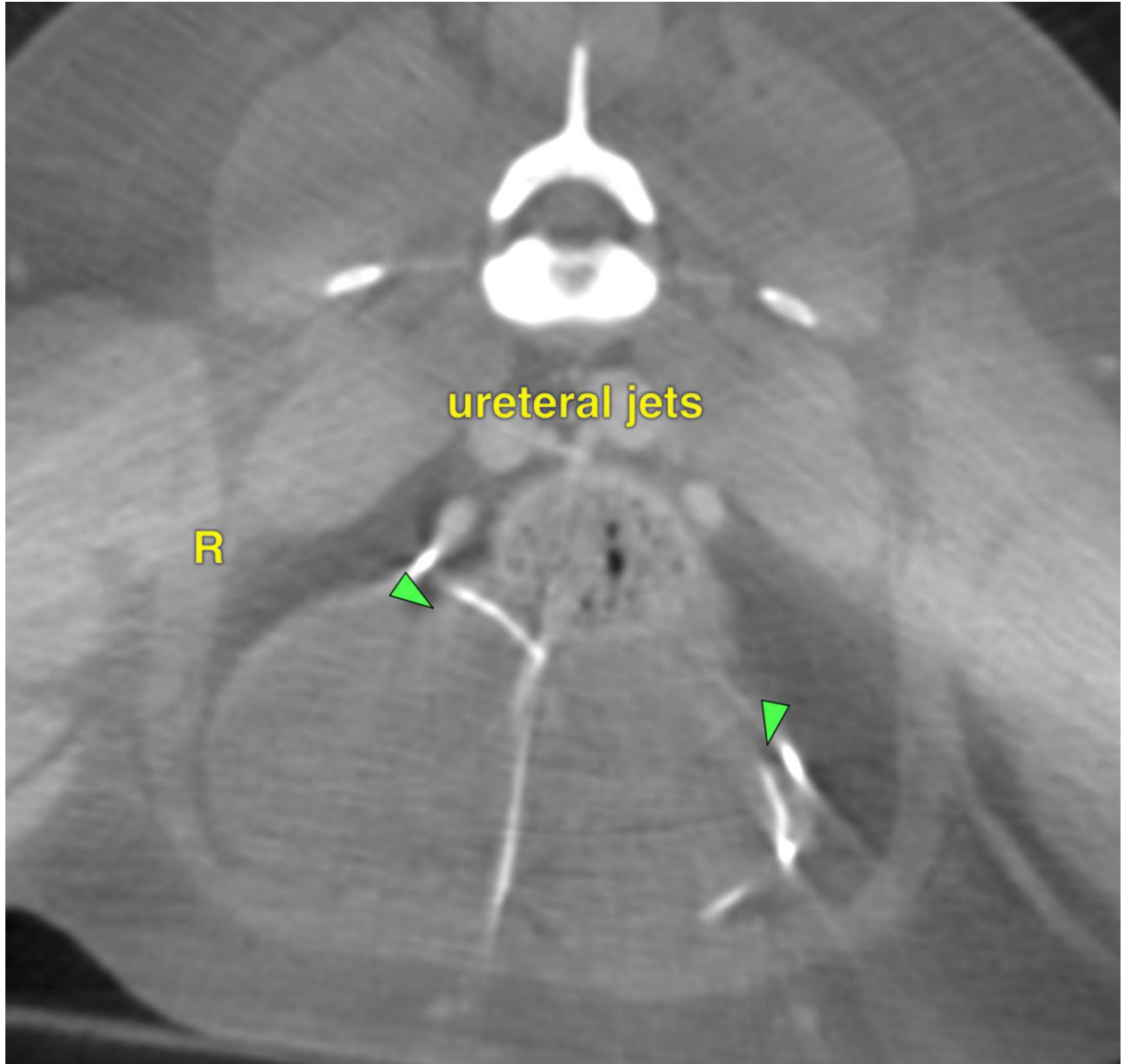
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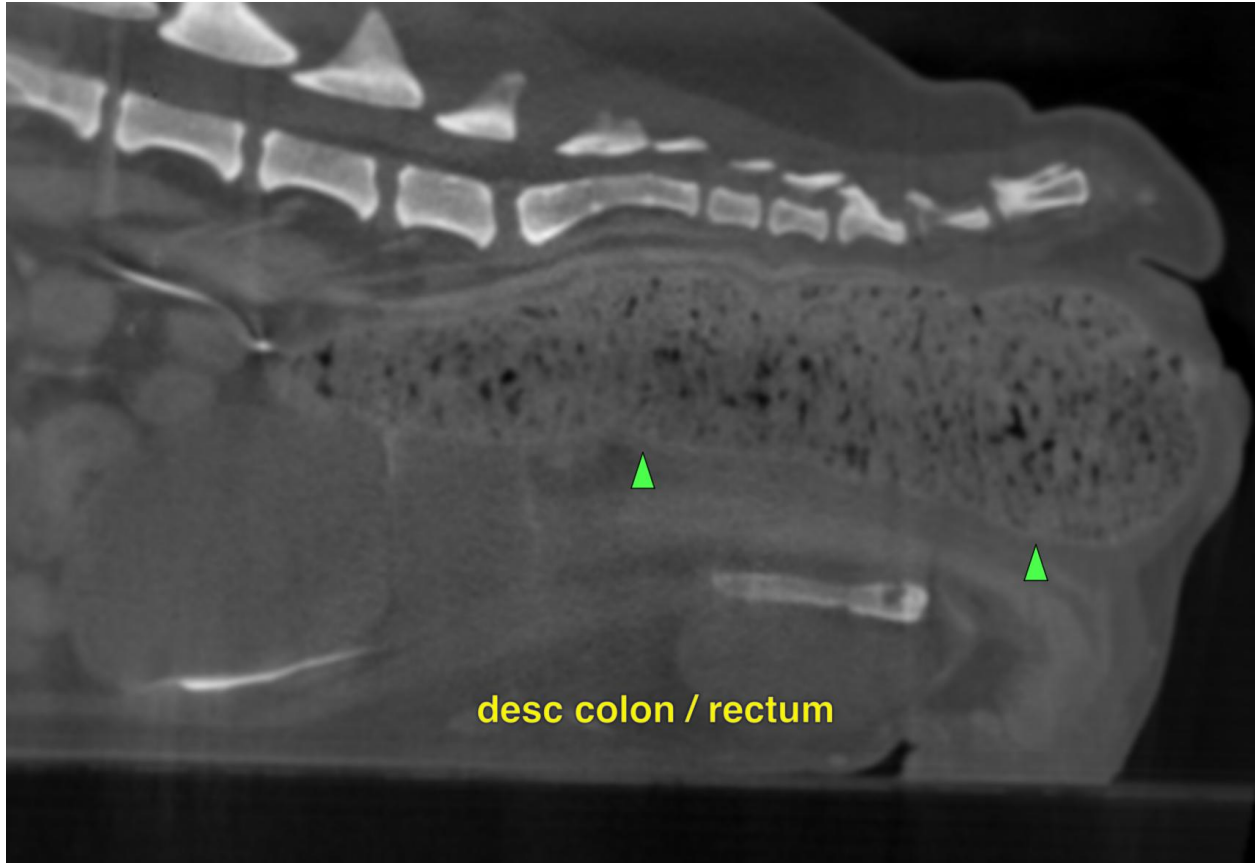
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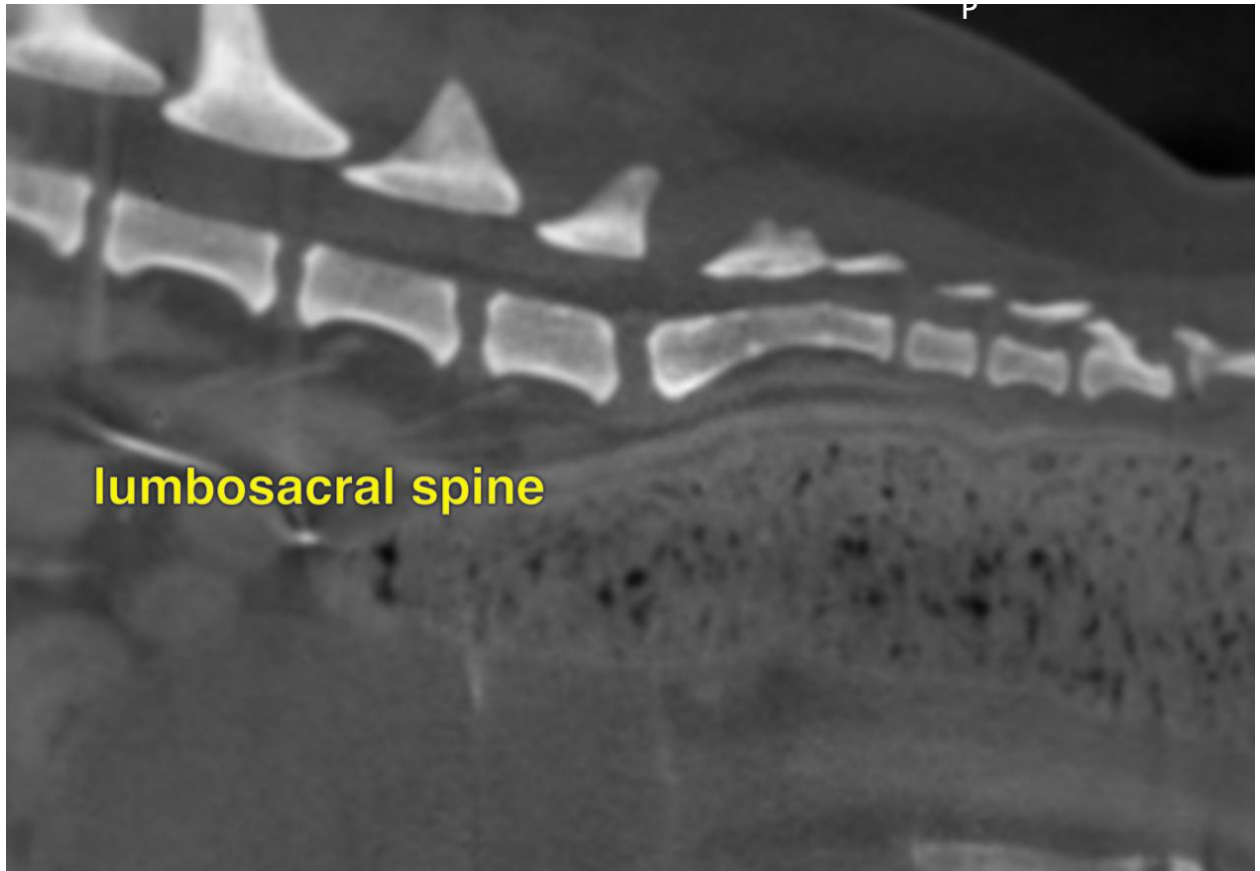
Dr Parkinson

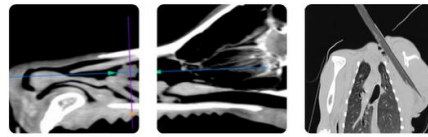
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PATIENT

Lucy Minich **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.**

SPECIES

Canine 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.

BREED

Pug **Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI**
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com

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