

PATIENT PRESENTING CLINICAL SIGNS

History: Leaking urine

Urine specific gravity 1.025, pH 8.5, protein trace, negative glucose and blood. No bacteria.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab

Urinary System

The urinary bladder was normal in size and tone with anechoic urine. There was no evidence of sediment or calculi. Dilated ureter was noted dorsal to the urinary bladder, which appeared to pass the trigone and extend into the area of the cystourethral junction or proximal urethra. The dilated ureter measured 0.42 cm and contained anechoic urine.

SEX

Female

There was no evidence of pathology in the area of the aortic trifurcation.

AGE

11 weeks

Normal size and margination was 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. The left kidney measured 5.5 cm in length. The right kidney measured 5.8 cm in length with mild pelvis dilation measuring 0.32 cm.

WEIGHT

16 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – 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 – cm width at the caudal pole and – cm width at the cranial pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

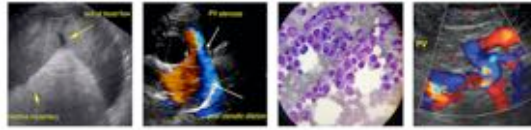
Liver

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

INVOICE

DATE



PATIENT *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. The gastric body wall measured 0.25 cm. The duodenal wall measured 0.3 cm.

SPECIES

Canine
 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.

BREED

Lab

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Female

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 was evident.

AGE

11 weeks

Free Abdomen

Intermittent reactive mesenteric lymphadenopathy was noted. An example measured 0.64 cm. Small pockets of scant peritoneal effusion were also present and considered normal for patient's age.

WEIGHT

16 Pounds

ULTRASONOGRAPHIC FINDINGS

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Minor right kidney pyelectasia.

Dilated ureter at the level of the urinary bladder-probable ectopic ureter.

Intermittent, reactive mesenteric lymphadenopathy- incidental and likely a normal variant for the patient's age.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

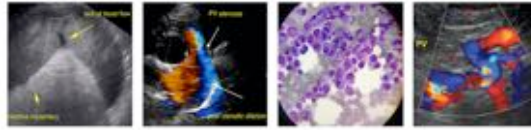
The dilated ureter at the level of the urinary bladder appeared to bypass the trigone and enter either into the proximal urethra or non-specifically into the area of the cystourethral junction. This finding is strongly suggestive of an ectopic ureter. There is a potential for ureteritis or less likely right kidney pyelonephritis. Urine culture and sensitivity is recommended if not recently done. A referral for further assessment and potential correction via surgery or interventional radiology is recommended.

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PATIENT

SPECIES

Canine

BREED

Lab

SEX

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AGE

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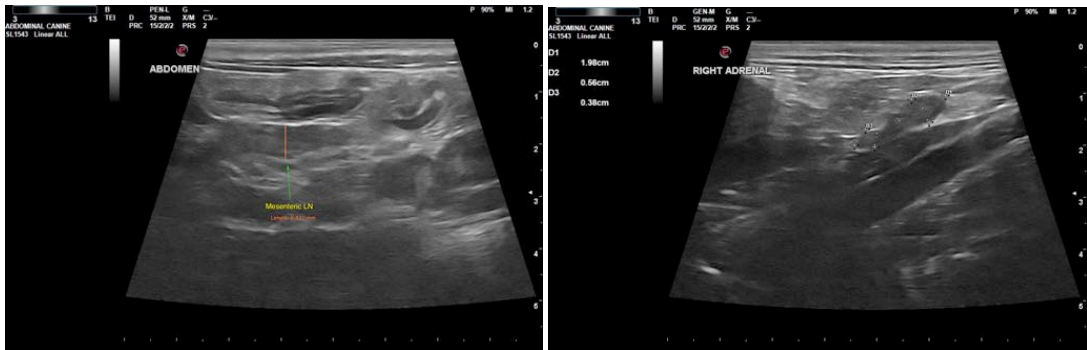
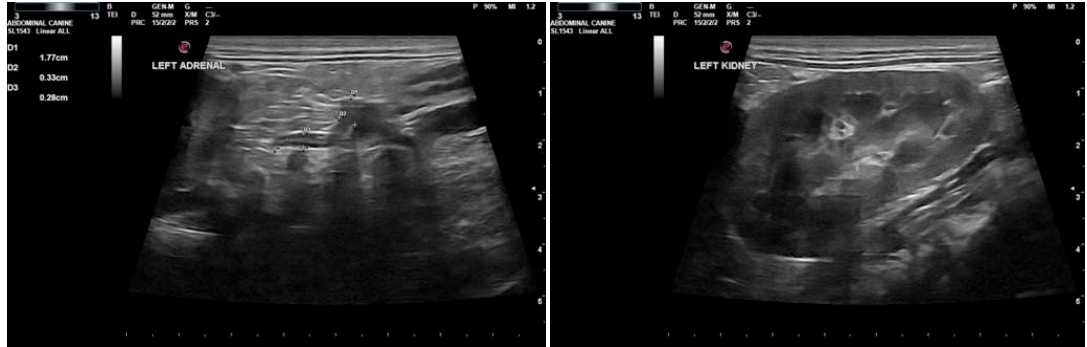
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.