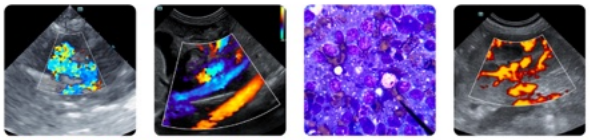


PATIENT

Agnes Pifer

SPECIES

Canine

BREED

Vizsla

SEX

Spayed female

AGE

11 years

WEIGHT

69 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Michelle Lindemulder, DVM

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Seneker

INVOICE

70152

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Inappropriate and frequent urination of a few months duration with no resolution on antibiotics and NSAIDs
Persistent hematuria on UA, culture and sensitivity negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The urinary bladder wall appears thin, smooth, and regular. The bladder lumen contains anechoic urine. The bladder neck and proximal urethra are unremarkable. There is no evidence of urolithiasis or sonographic features suggestive of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 5.80 × 3.62 cm, with a cortical thickness of 0.58 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is incompletely visualized, with the caudal pole not fully assessed; therefore, accurate measurements could not be obtained. The portions of the right kidney that are visualized appear normal in shape and echogenicity, with no evidence of pelvic dilation, nephrolithiasis, or architectural distortion.

Adrenal Glands

The left adrenal gland is partially visualized and measures approximately 0.51 cm. The right adrenal gland is not visualized.

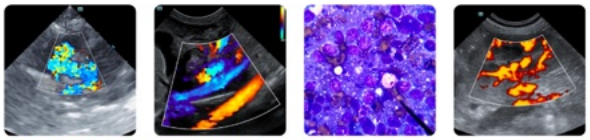
Spleen

The spleen measures approximately 1.63 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. A few small, well-defined hyperechoic foci are identified adjacent to the splenic hilum, the largest measuring approximately 0.62×0.65 cm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively mildly enlarged, with rounded margins and a smooth contour. The hepatic parenchyma is uniform and mildly hyperechoic relative to the falciform fat, and of similar echogenicity to the spleen, with a fine echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is thin, and the luminal contents are predominantly anechoic with a small amount of biliary sludge. There is no sonographic evidence of dilation of the cystic duct or common bile duct.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 2.72 mm and preserved wall layering. The pylorus measures approximately 5.73 mm. The duodenum measures approximately 3.68 mm. The jejunum measures approximately 3.21–4.05 mm. The ileum measures approximately 2.63 mm. Wall layering is preserved throughout the evaluated intestinal segments. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified. The colon measures approximately 0.89–1.04 mm, with formed fecal material present in the descending colon.

Pancreas

No sonographic evidence of pancreatitis is identified in the pancreatic regions evaluated.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Sonographically normal urinary bladder and proximal urethra.

SECONDARY FINDINGS

- Mild hepatomegaly with mildly increased hepatic echogenicity.
- Small hyperechoic splenic hilar foci, likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound examination does not reveal a definitive structural cause within the urinary bladder, kidneys, or proximal urethra. The urinary bladder wall is smooth and of normal thickness, with no sonographic evidence of urolithiasis, mural mass lesions, or inflammatory changes. The left kidney is unremarkable, and although the right kidney is incompletely visualized, no abnormalities are identified in the portions assessed.

The absence of sonographic abnormalities does not exclude clinically significant lower urinary tract disease, particularly in the context of persistent hematuria with repeatedly negative urine cultures. Early or superficial urothelial disease, trigonal or small ureteral pathology beyond the limits of ultrasonographic resolution, and nonbacterial inflammatory conditions may not produce detectable changes on routine ultrasound examination.

Incidental extracystic findings include mild hepatomegaly with mildly increased hepatic echogenicity, consistent with nonspecific hepatopathy or fatty change. The small, well-defined hyperechoic foci

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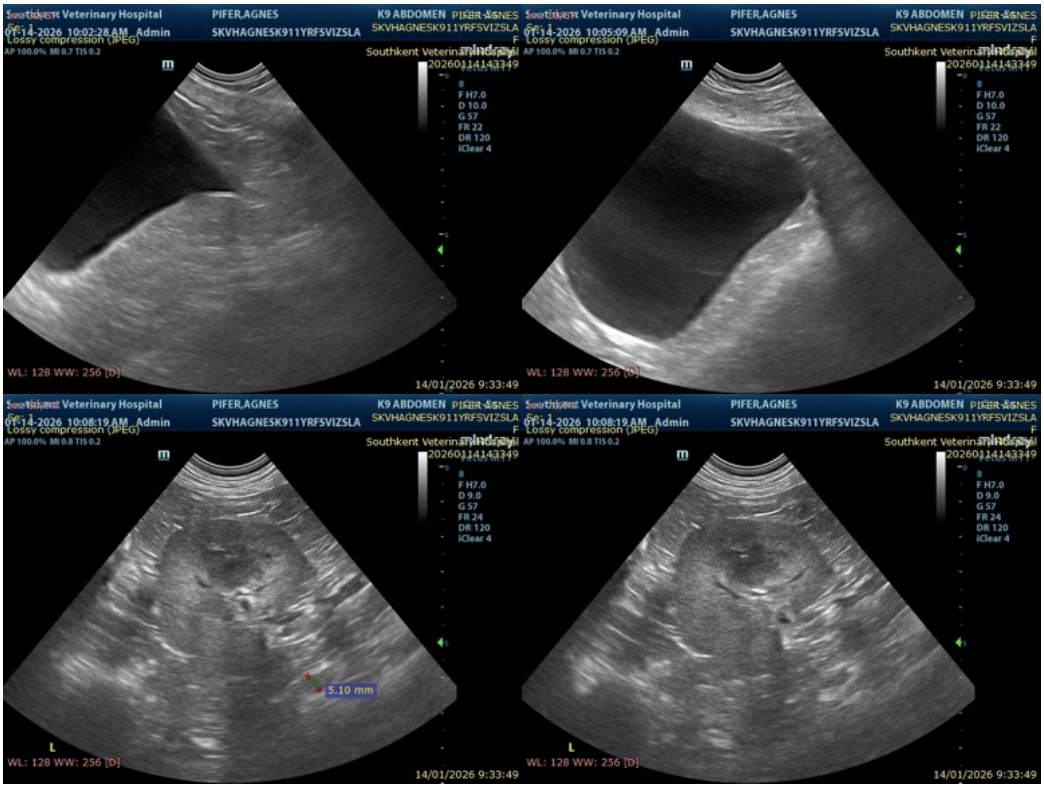
adjacent to the splenic hilum are identified and are most consistent with benign splenic myelolipomas, an incidental and clinically insignificant finding. These findings are not considered contributory to the patient's urinary clinical signs.

Recommendations

- Given the chronicity of clinical signs, repeatedly negative urine cultures, and lack of response to antimicrobial and anti-inflammatory therapy, cystoscopy offers the most direct and sensitive method for evaluation of the lower urinary tract. This will allow direct inspection of the bladder mucosa, trigone, urethra, and bladder neck, and enable targeted biopsy of any subtle, flat, or inflammatory lesions that may not be detectable on ultrasound.
- Initiate mucosal support with a glycosaminoglycan supplement for at least 6 weeks. Consider adjunctive gabapentin for bladder discomfort if clinically indicated. Pentosan polysulfate may be considered in refractory cases. These measures aim to enhance the protective urothelial barrier and reduce irritative signs, recognizing that they are supportive and not diagnostic replacements.



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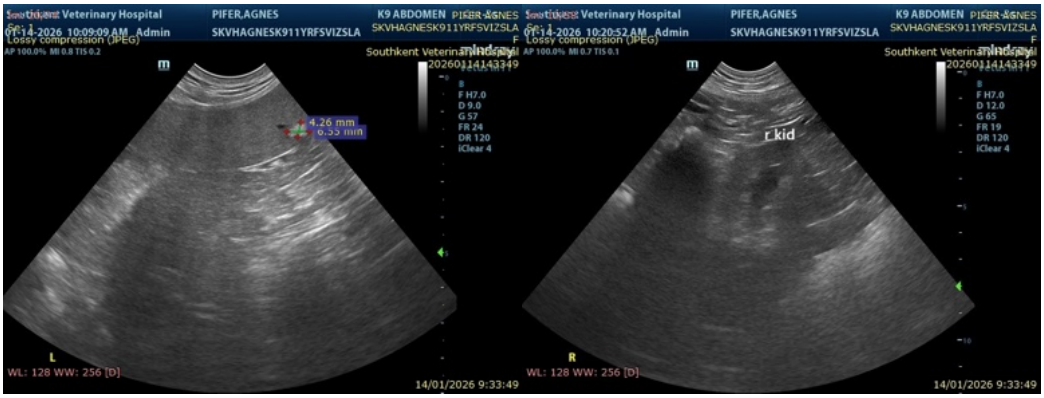

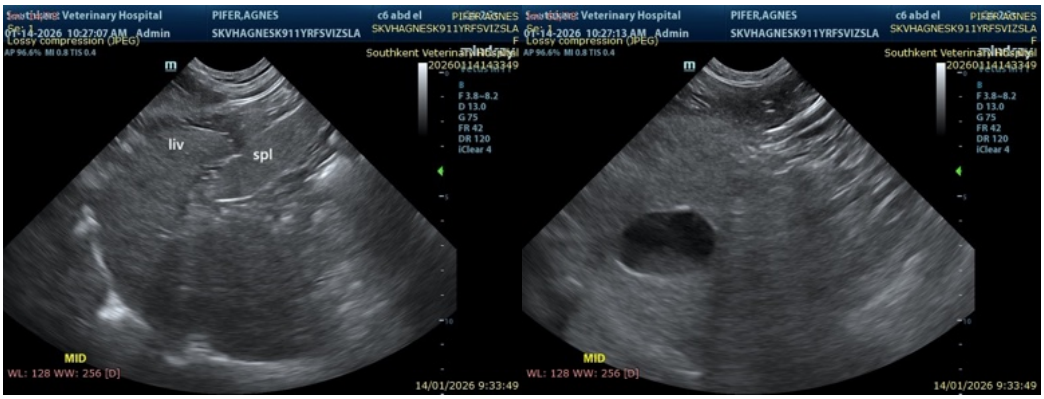

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com