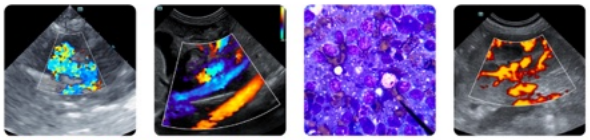


PATIENT

Snowball Jones

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered male

AGE

11 years

WEIGHT

16.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Carney

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Carney

INVOICE

74947

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Few weeks of dribbling urine.
Abnormal PE/Chem/CBC/UA Results: U/A WNL, ALT slightly elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. A small amount of mineral sediment is present. The bladder neck and proximal urethra appear normal. No large calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney measures 4.21×3.18 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The right kidney measures 4.19×2.60 cm, with a cortical thickness of 0.37 cm in the sagittal plane. Both kidneys are normal in shape and size for a dog of this body weight (expected length approximately 3.5–5.0 cm). The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. A few small punctate hyperechoic foci are identified within the collecting system, consistent with early nephrolith formation or mineral sediment. No acoustic shadowing, pyelectasia, or hydronephrosis is observed.

Prostate

The prostate measures 2.07×1.18 cm, is small and hypoechoic, consistent with expected post-castration atrophy.

Adrenal Glands

Not visualized.

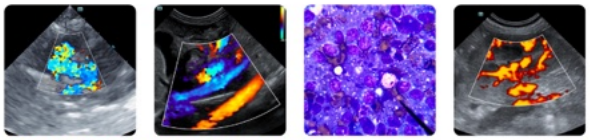
Spleen

Splenic thickness is 1.16 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.90 mm and preserved layering (within normal limits). The pylorus measures 4.05 mm, within normal limits. The duodenum measures 3.80 mm and the jejunum 3.70 mm, both within normal limits, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified. The colon measures 1.41 mm, within normal limits, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Small amount of mineral sediment within the urinary bladder
- Early nephrolithiasis/mineral sediment within the right renal collecting system

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound identifies mild but definite urinary tract abnormalities, including a small amount of mineral sediment within the urinary bladder and early mineralization within the right renal collecting system. While these findings are relatively subtle, they indicate active mineral precipitation within the urinary tract, which may contribute to lower urinary tract irritation. In this context, even low-grade irritation may be sufficient to cause or exacerbate clinical signs such as urinary dribbling, particularly in small breed dogs.

There is no evidence of large uroliths, obstruction, or secondary changes such as bladder wall thickening or pyelectasia. However, the absence of these findings does not exclude functional or irritative lower urinary tract disease.

The prostate is appropriately small for a neutered male, and no structural abnormalities are identified at the level of the bladder neck or proximal urethra.

Overall, the findings support the presence of a mild lower urinary tract mineral-associated process, which may be contributing to clinical signs. A purely functional disorder such as urethral sphincter mechanism incompetence remains a differential diagnosis, but the presence of urinary sediment suggests that a component of urinary tract irritation should be considered clinically relevant.

Recommendations

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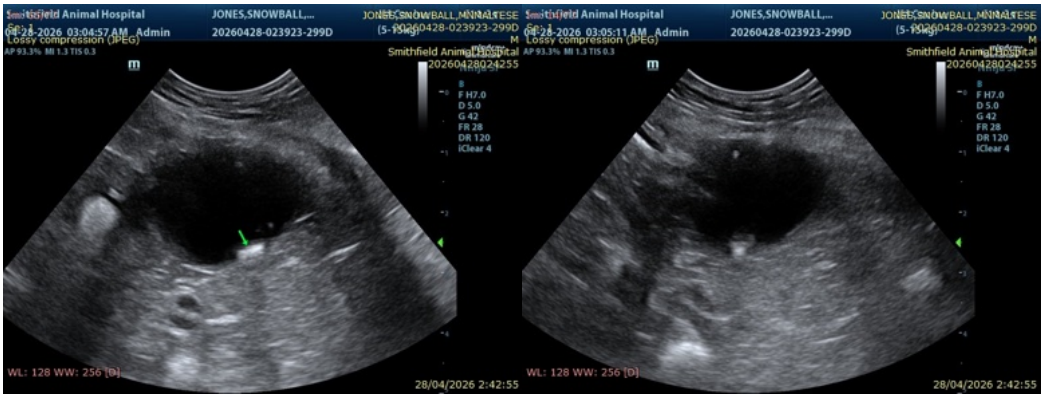
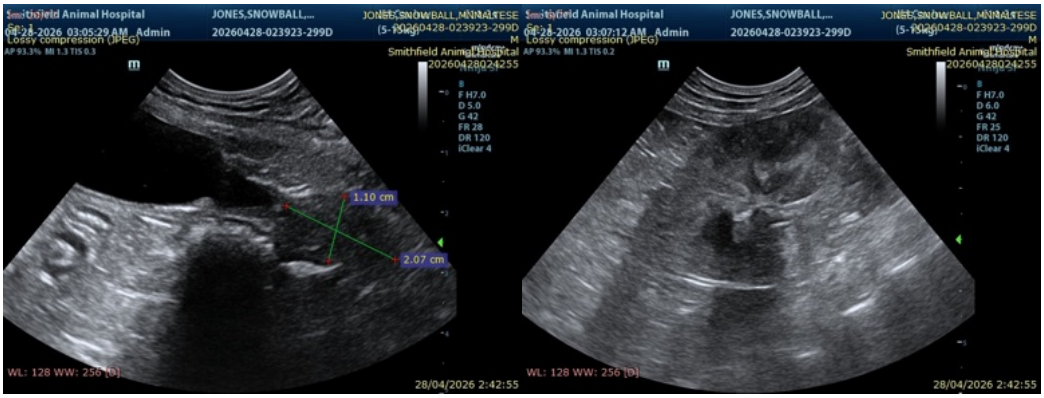
- Further evaluation of urine composition (including sediment exam and consideration of crystalluria type, if not already performed) is recommended to better characterize the mineral component.

- Urine culture may be considered, as mineral sediment can predispose to or coexist with subclinical infection.
- Dietary and hydration management aimed at reducing urinary mineral precipitation should be considered, depending on urine characteristics.
- Monitoring of renal mineralization is advised, as progression to clinically significant nephrolithiasis is possible over time.
- If clinical signs persist despite addressing urinary factors, urethral sphincter mechanism incompetence (USMI) remains a reasonable concurrent or alternative diagnosis.





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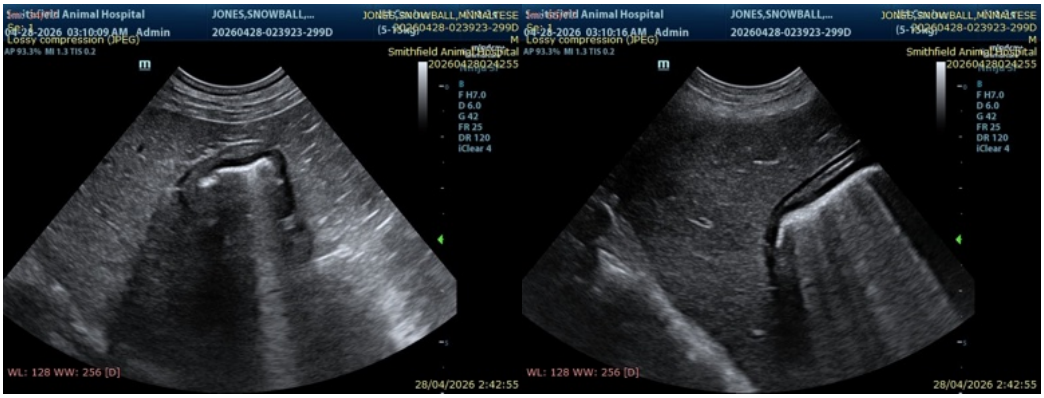

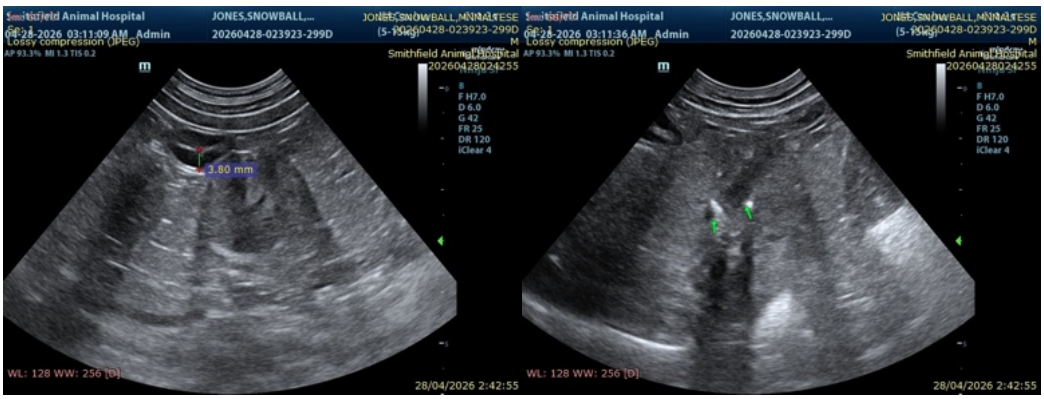

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com