



PATIENT

Jerry Coykendall

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

3 ½ years

WEIGHT

26 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Santore

INVOICE

77854

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: U/S performed due to inappropriate urination in the home, especially in his crate.
Abnormal PE/Chem/CBC/UA Results: 4/26/26: CBC/CHEM WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is underdistended, and the urinary bladder wall measures up to 3.49 mm in thickness. The wall appears smooth and regular; however, due to the degree of underdistension, wall thickness may be mildly overestimated. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No cystoliths or intraluminal sediment are identified.

The left kidney is normal in shape and size, measuring 4.68×2.70 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.99×2.88 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Prostate

The prostate measures 2.21×1.07 cm. The visualized parenchyma is small, homogeneous, and mildly hypoechoic, compatible with post-castration prostatic atrophy.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.52–0.60 cm at the cranial pole and 0.54–0.55 cm at the caudal pole, remaining within expected size limits for a dog of this size. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 1.45 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.



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The gallbladder is normally distended and contains a mild-to-moderate amount of dependent biliary sludge. The gallbladder wall is thin and smooth. No dilation of the cystic duct or common bile duct is identified.

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The stomach is empty and folded, with preserved wall layering and mural thickness measuring 3.39 mm. The pylorus measures 5.69 mm. The duodenal wall measures 3.08 mm, and the jejunal wall measures 2.55–2.86 mm, with preserved wall layering throughout the evaluated intestinal segments. The ileocecal junction is not confidently visualized. No evidence of gastrointestinal ileus, focal inflammatory change, obstructive foreign material, or mural mass lesion is identified. The colon measures 0.86 mm in wall thickness and contains formed fecal material within the descending segment.

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Pancreas

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

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Free Abdomen

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

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PRIMARY FINDINGS

- Mild urinary bladder wall thickening in an underdistended bladder, likely at least partially artifactual.
- Mild-to-moderate biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild apparent urinary bladder wall thickening is present; however, the bladder was underdistended during the examination, which can artifactually exaggerate mural thickness. No focal mural lesion, cystolithiasis, or ultrasonographic evidence of significant cystitis is identified on the current study. The kidneys, proximal urethra, and visualized lower urinary tract structures are otherwise sonographically unremarkable. No evidence of pyelonephritis, obstructive uropathy, nephrolithiasis, or structural renal disease is identified.

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The prostate is small and mildly hypochoic, compatible with expected post-castration involutional change.

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Mild-to-moderate biliary sludge is present and is considered an incidental finding in the absence of hepatobiliary biochemical abnormalities, gallbladder wall changes, or biliary ductal dilation.



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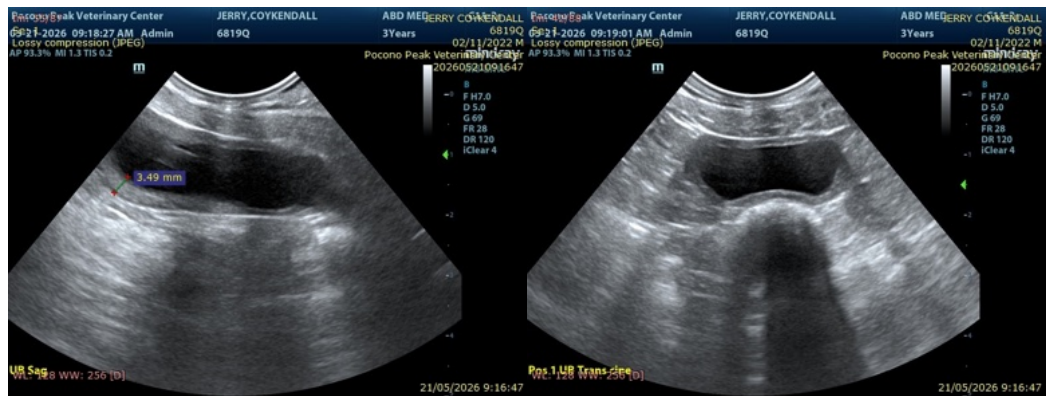
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Recommendations

- Correlation with complete urinalysis including urine specific gravity and sediment examination is recommended if not already performed.
- Urine culture may be considered if there is clinical suspicion for lower urinary tract infection.
- If urinary signs continue or worsen, repeat urinary bladder ultrasound with improved bladder distension may allow more definitive assessment of mural thickness and mucosal detail.
- Further clinical evaluation for behavioral or functional causes of inappropriate urination should also be considered given the absence of significant structural abnormalities on the current examination.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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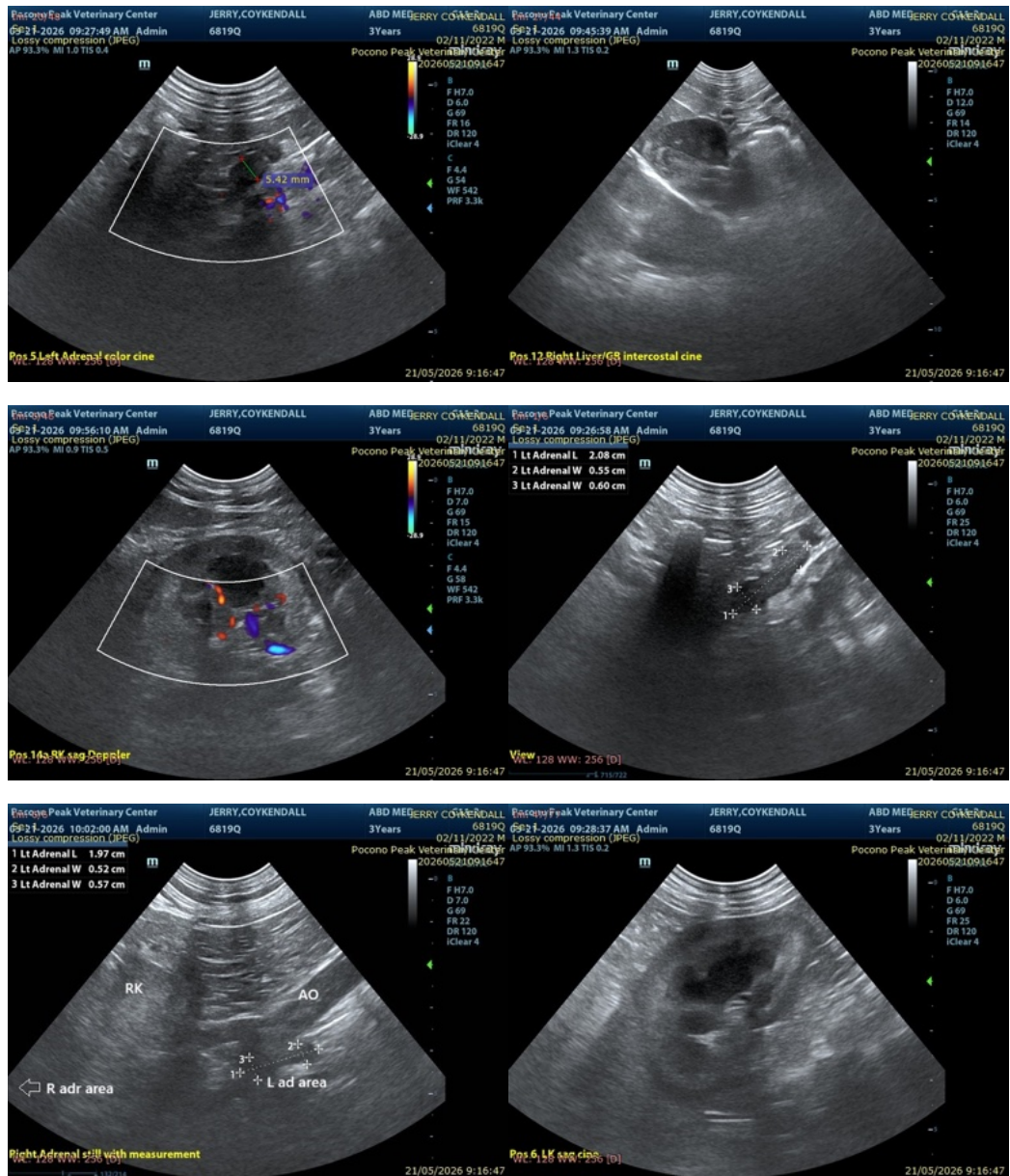
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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