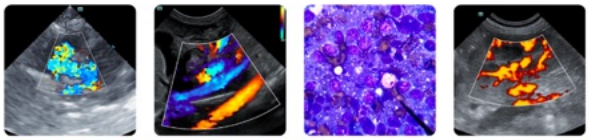


PATIENT

Murphy Farris

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

85 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Becky Barnard, LVT

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Lindemulder

INVOICE

75274

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Polyuria, inappropriate urination, lethargy of a few days duration
Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs - small intestines pushed very caudally, sitting on top of bladder U/A - hematuria CBC/Chem - nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 6.22×3.25 cm. Cortical thickness measures 0.53 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified.

No images or cine loops of the right kidney were provided for evaluation.

Adrenal Glands

The left adrenal gland is partially visualized and measures approximately 0.44 cm in dorsoventral dimension. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness measures 1.92 cm. The splenic parenchyma demonstrates normal echogenicity with mildly patchy heterogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

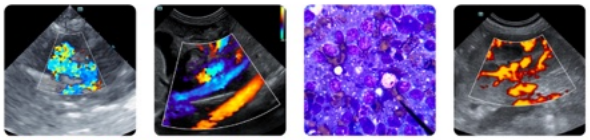
Liver

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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal Tract

The stomach is nearly empty with small amounts of residual ingesta. Gastric wall thickness measures 3.52 mm with preserved mural layering. The pyloric wall measures 6.69 mm. Jejunal wall thickness



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measures approximately 3.29–3.42 mm with preserved mural layering. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified. Colonic wall thickness measures 1.33 mm, with formed fecal material present within the descending colon.

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

- Mild diffuse patchy splenic heterogeneity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse patchy splenic heterogeneity is present without discrete splenic mass formation or evidence of aggressive infiltrative splenic disease. In older dogs, this appearance is commonly nonspecific and may reflect mild reactive change, benign nodular remodeling, congestion, or age-related parenchymal heterogeneity.

No sonographic evidence of a clinically significant abdominal mass, abdominal effusion, urinary tract obstruction, or overt neoplastic abdominal process is identified on the current examination. The previously described radiographic displacement of the small intestines is not associated with an identifiable focal abdominal mass lesion sonographically.

The urinary bladder and visualized left kidney are unremarkable despite the reported hematuria. It should be recognized that lower urinary tract inflammation, prostatourethral disease, or intermittent urinary tract bleeding may occur in the absence of marked ultrasonographic abnormalities. The right kidney could not be evaluated due to lack of submitted diagnostic imaging.
No sonographic explanation for the reported lethargy and inappropriate urination is definitively identified on the current examination.

Recommendations

- Correlation with urine sediment examination, urine culture, and clinical progression of hematuria/inappropriate urination is recommended.
- Consideration could be given to repeat focused urinary tract imaging if lower urinary tract signs persist or worsen, particularly including complete evaluation of the right kidney and prostate region.

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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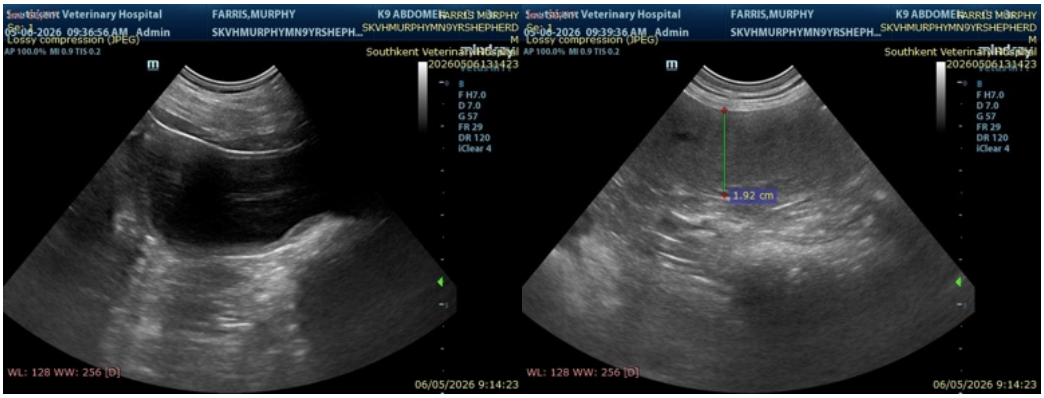

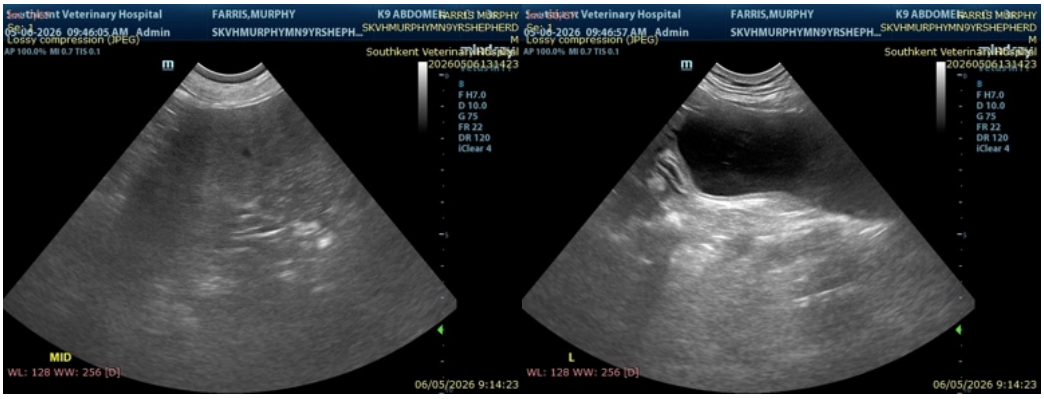

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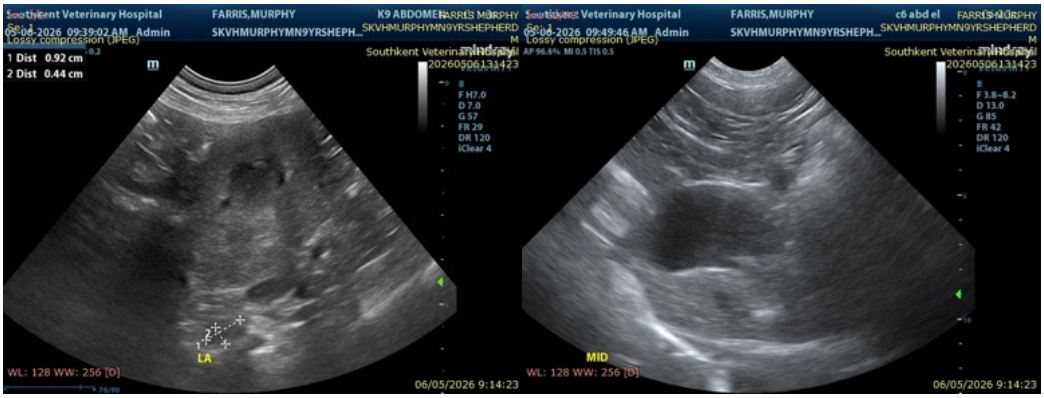

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com