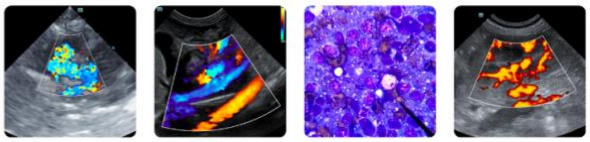

PATIENT

Jane Knab

SPECIES

Canine

BREED

Black&Tan Coonhound

SEX

Female Spayed

AGE

14

WEIGHT

50 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Jeremiah Gabriel

INVOICE

23089

DATE

5-31-26

PRESENTING CLINICAL SIGNS

History: Peeing drips only. Was given antibiotic and still not helping.
Abnormal PE/Chem/CBC/UA Results: MIC nor bacteria growth and UA protein +1 and RBCs high GGT and amylase

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall in the region of the apex is normal in thickness with a normal layering pattern. In the region of the cystourethral junction, the wall is variably thickened (up to 0.34 cm) and irregular. A small amount of suspended echogenic debris is observed within the lumen. No distinct cystic calculi are observed. The mesentery adjacent to the cystourethral junction is mildly hyperechoic.

The left kidney is normal in size (6.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.77 cm in the longitudinal plane). There is possible proximal hydroureter. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is enlarged (0.99 cm in width) with normal glandular echogenicity and detail. Surrounding vasculature appears normal.

No images provided of the right adrenal gland.

Spleen

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.44 cm hyperechoic nodule is observed at the mid- to caudal aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly- to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall thickening at the region of the cystourethral junction could be consistent with focal cystitis or emerging neoplasia (i.e., transitional cell carcinoma). Mild adjacent to retroperitonitis is present.
- Minor bilateral age-related renal changes with moderate right pyelectasia +/- proximal hydroureter. These findings could be consistent with pyelonephritis, ureteral obstruction, other.

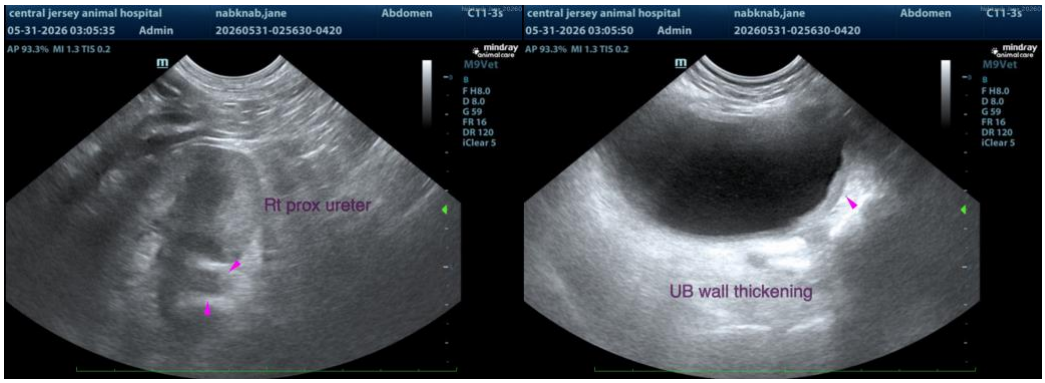
Secondary Findings

- Left adrenomegaly. The right adrenal gland is not definitively visualized.
- The hyperechoic splenic nodule likely represents a benign myelolipoma.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

• A rectal examination is recommended to palpate the urethra for thickening.

• Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. Depending on the results, a cystoscopy with urinary bladder and urethral biopsies may be indicated.



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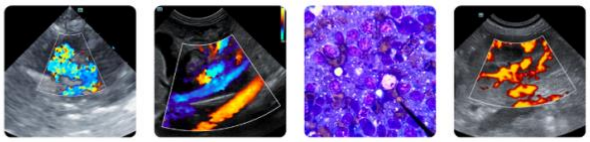

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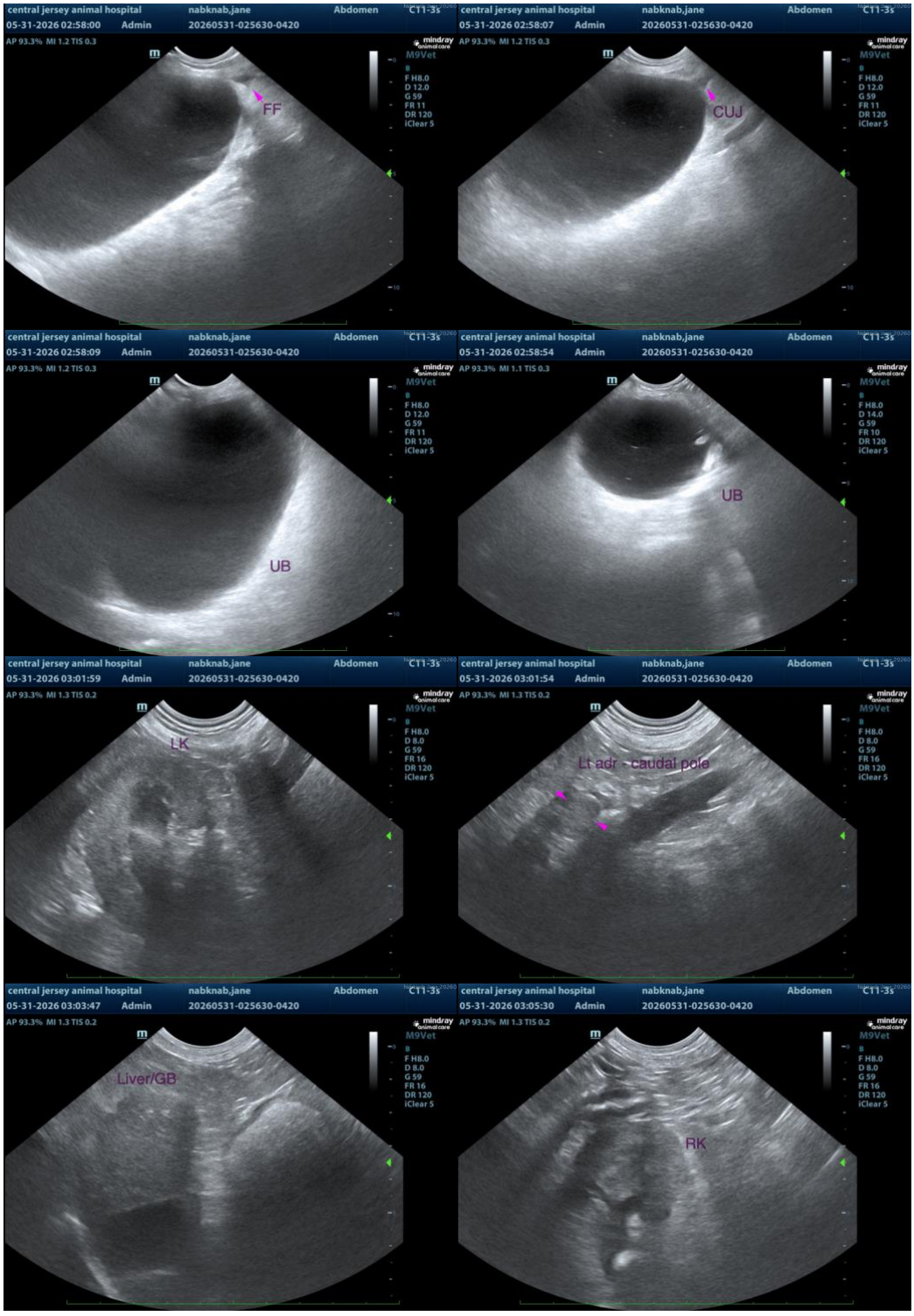

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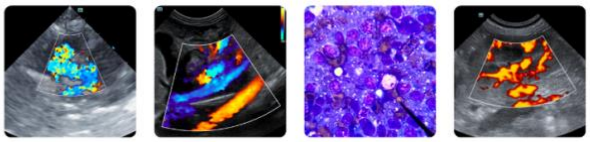

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com