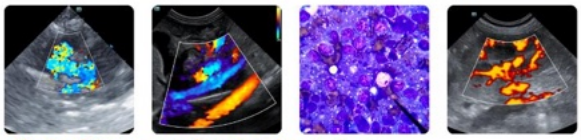


DATE

6/8/26

PATIENT

Brad Wiedorfer

SPECIES

Canine

BREED

Chihuahua

SEX

Male, neutered

AGE

9/1/2013

WEIGHT

11.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Pet Hospital Columbia

REFERRING VET

Dr. O'Byrne

INVOICE

13596

PRESENTING CLINICAL SIGNS

Patient History: Brad presented with PU/PD signs at home and we ran CBC + CHEM on 4/22/26 with the only abnormality being BUN 32 (Creatinine was 0.9 and USG was 1.050). We then performed a full urinalysis and found 2+ transitional cells within the urine with no bacteria present. Patient has not been straining to urinate or
having blood in the urine and is otherwise healthy at home. Owner wanted to be safe and ensure there were no masses in bladder or no other abnormalities on an ultrasound as he is getting older.

Current Medications: None.
Labwork Results: Labwork attached, reported as: BUN- 32. Urinalysis- 2+ transitional cells with no bacteria present
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 1.1 cm cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.50 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.85 cm at cranial pole) (0.44 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in width (1.17 cm in width at the level of the hilus) with an elongated contour. There is appropriate echogenicity and echotexture. Ill-defined meylolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver
The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. 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.

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

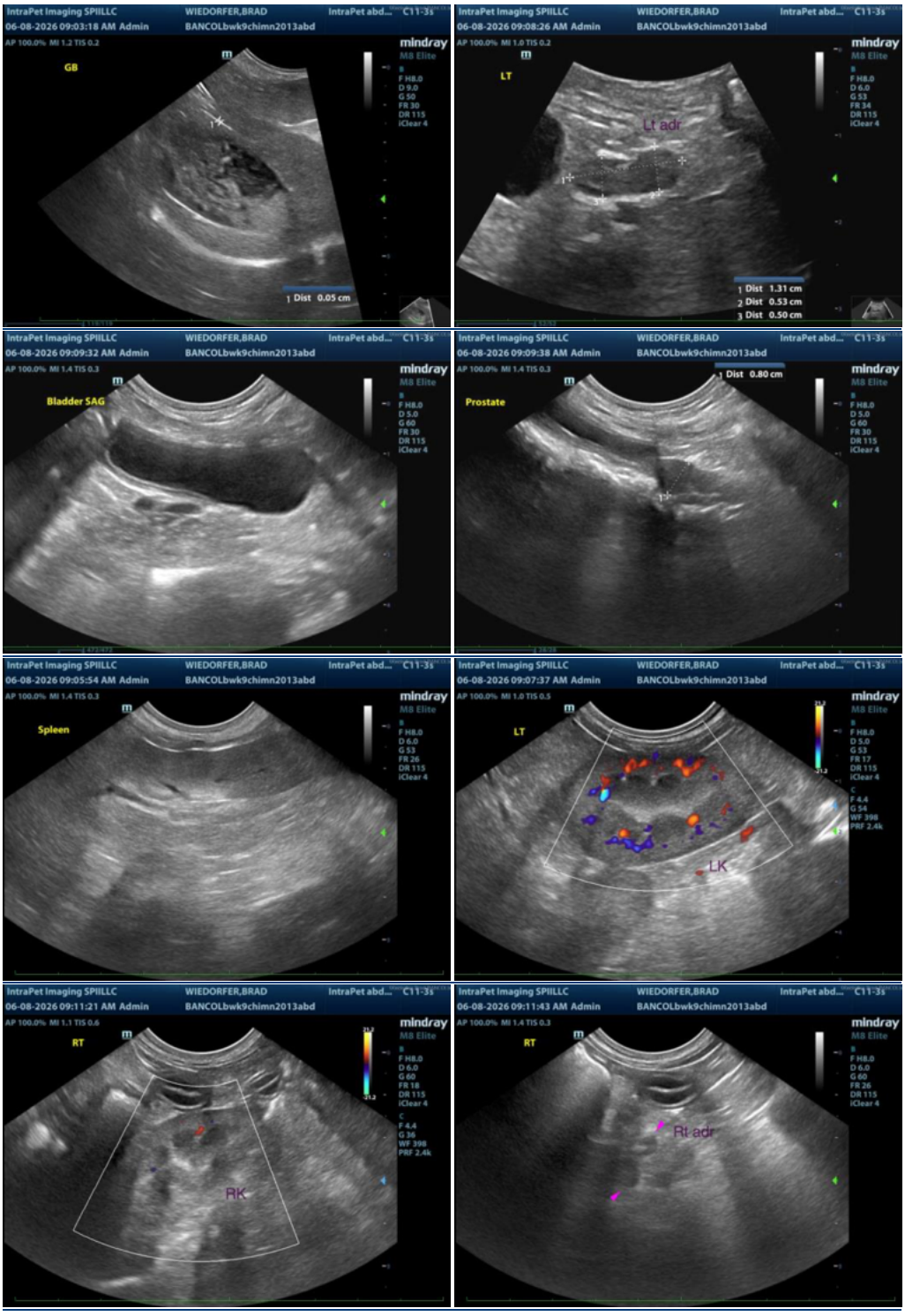
Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS
- Borderline left adrenomegaly
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Elongated spleen, the significance of which is unclear

*If the reported urine specific gravity (1.050) is accurate, true polyuria/polydipsia cannot be present. However, this should be verified with a repeat first morning urine specific gravity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of transitional cells within the urine, consider sending a urinalysis to a diagnostic lab for verification. If present, a urine BRAF test should be considered to further evaluate for emerging lower urinary tract neoplasia.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RT
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mindray
M8 Elite

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