



**PATIENT**

Quinn Medina

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

67 pounds

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Banfield PH  
 Bridgewater

**REFERRING VET**

Dr. Verma

**INVOICE**

13378

**DATE**

01/23/26

**PRESENTING CLINICAL SIGNS**

- PT having urinary clinical signs, next diagnostic step to assess kidney
- Urine culture-no bacterial growth detected. Increased urination and straining.

Abnormal PE/Chem/CBC/UA Results: UA prot-1+ blood 21-50 BUN-47 Crea-30

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic urine. There's a mild amount of suspended echogenic debris. The bladder mucosa is mildly thickened with irregular hyperechoic tissue near the bladder trigone. There's a minimal amount of a shadowing artifact, however, there's also concern for potential mass lesion within the urinary bladder wall near the cystoureteral junction and trigone. The visible urethra appears patent. The distal ureters are not visualized.

The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullary definition. The capsules are irregular bilaterally. There's moderate to severe pyelectasis with proximal ureteral dilation that appears to taper after several centimeters. There's mineralization within the renal pelvises with hard shadowing artifact. There's no overt mineralization within the visualized proximal ureters, however, a bilateral ureteral obstruction can't be definitively excluded. The left kidney measures 6.38 cm. The right kidney measures 7.12 cm.

**Adrenal Glands**

The left adrenal gland is visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.51 cm x 2.36 cm.

The right adrenal gland is not discretely visualized.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures XX cm at the hilus.

**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

**Gastrointestinal**



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The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

**Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

**Free Abdomen**

There is no significant lymphadenopathy or free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- The irregular hypoechoic urinary bladder wall and urinary bladder trigone with shadowing mineralization is concerning for a potential urinary bladder mass. Accumulation of bladder debris and urolithiasis can't be definitively excluded.
- The kidneys are severely dilated with evidence of chronic renal changes. There's severe pyelectasis with evidence of nephrolithiasis and concern for potential bilateral ureteral obstruction given the degree of hydronephrosis present.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspirates of the distal urinary bladder wall with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Consider an abdominal CT with contrast angiography to further evaluate the renal changes and potential for ureteral stones given the degree of proximal ureteral dilation.





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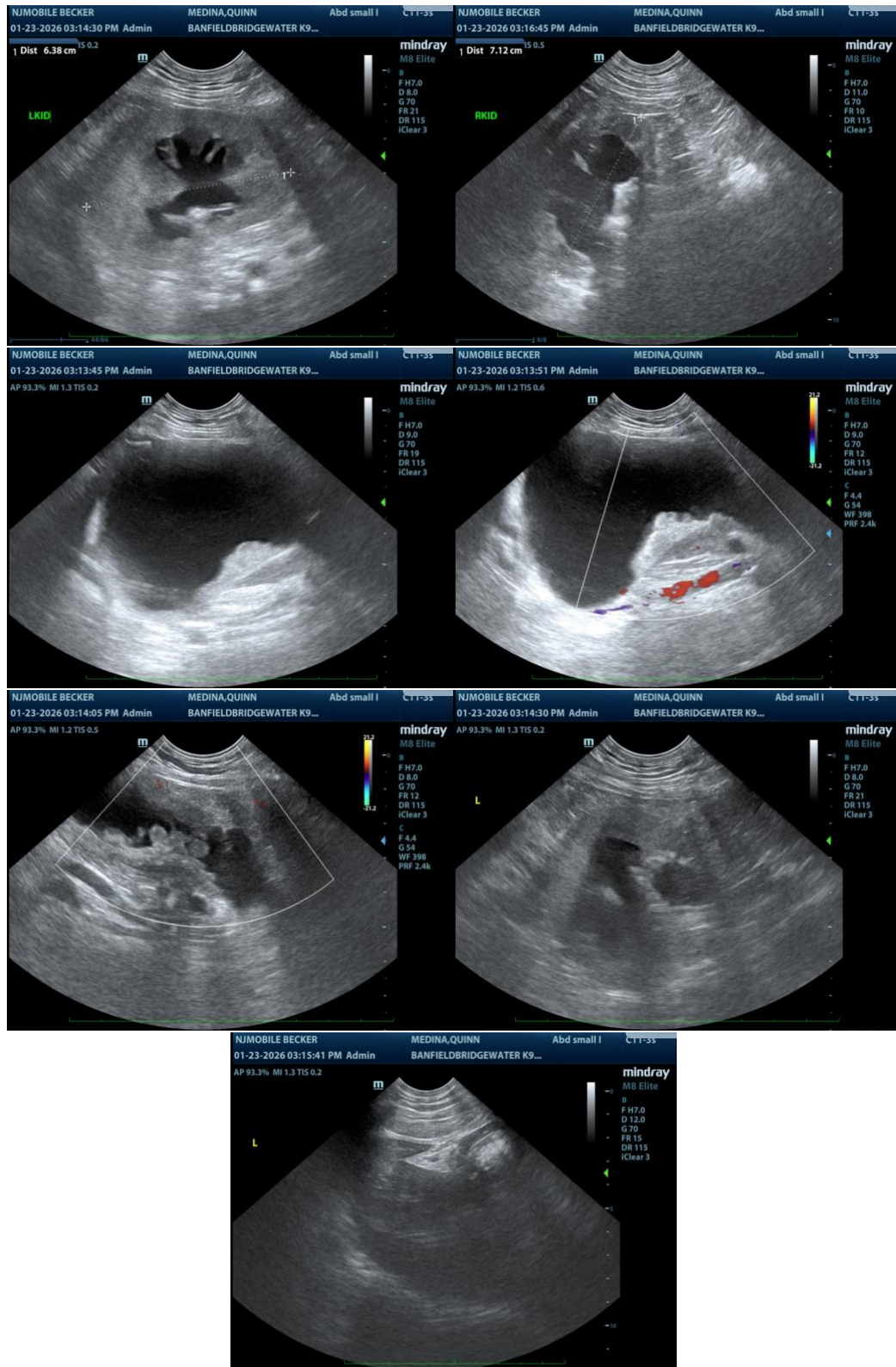
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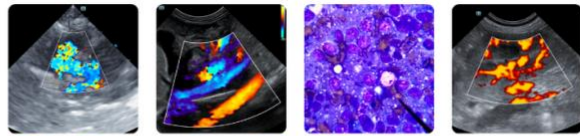
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)