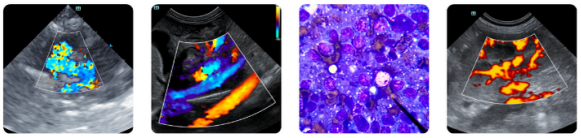

PATIENT

Bella Kroupa

SPECIES

Canine

BREED

Husky Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

33.9 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Tyagi

INVOICE

11034

DATE

1/5/2026

PRESENTING CLINICAL SIGNS

Hematuria. Multi drug resistant UTI. Pollakiuria. No current meds.

Abnormal PE/Chem/CBC/UA Results: Cystatin B 117, Chem otherwise WNL CBC- WNL U/A- hematuria and bacteriuria (cocci) USG 1.015.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with echogenic shadowing mineralized debris within the apex. There is also mildly hypoechoic, apparently mobile sediment in the distal aspect of the bladder apex nearing the trigone. This sediment or debris may communicate with the mucosal wall, however this isn't definitively noted on this study. The urinary bladder wall is mildly thickened with irregular mucosal changes consistent with cystitis. The trigone and proximal urethra appear patent with no evidence of obstruction.

The kidneys are overtly normal with mild dystrophic mineralization. There is no significant pyelectasis or pelvic dilation. The left kidney measures 6.94 cm and the right kidney measures 7.08 cm.

Adrenal Glands

Both adrenal glands are 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. Left adrenal measures 0.59 cm x 3.35 cm. The right adrenal measuers 0.71 cm x 3.22 cm.

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 1.7 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

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 ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no

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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 lymphadenopathy, and there is no free fluid noted.

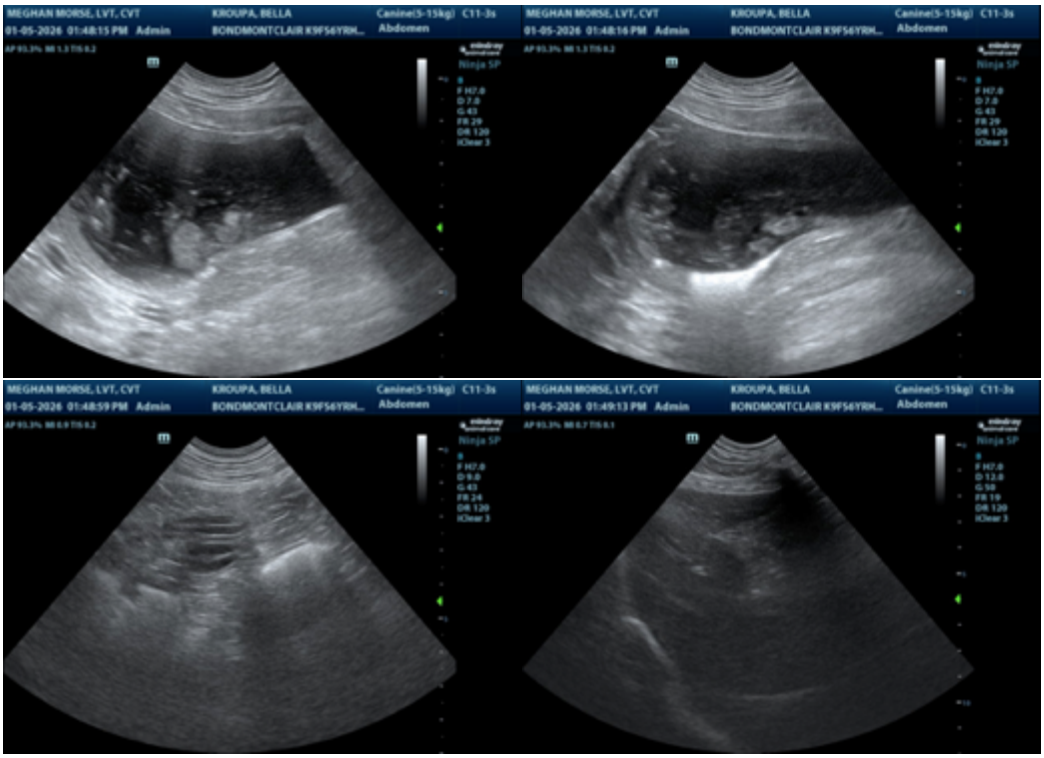
ULTRASONOGRAPHIC FINDINGS

- There is a moderate amount of urinary bladder debris with some echogenic shadowing mineralized content consistent with urolithiasis. There are irregularities to the urinary bladder mucosa, as well as other hypoechoic sediment that may represent urinary bladder mass. However, given the history of hematuria, a urinary bladder thrombus is also considered a likely possibility. There is no evidence of urethral obstruction noted at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Ultimately, a cystotomy or cystoscopy may need to be considered given the presence of the urinary bladder sediment and mineralized debris. This would also allow for culture of the urolith.



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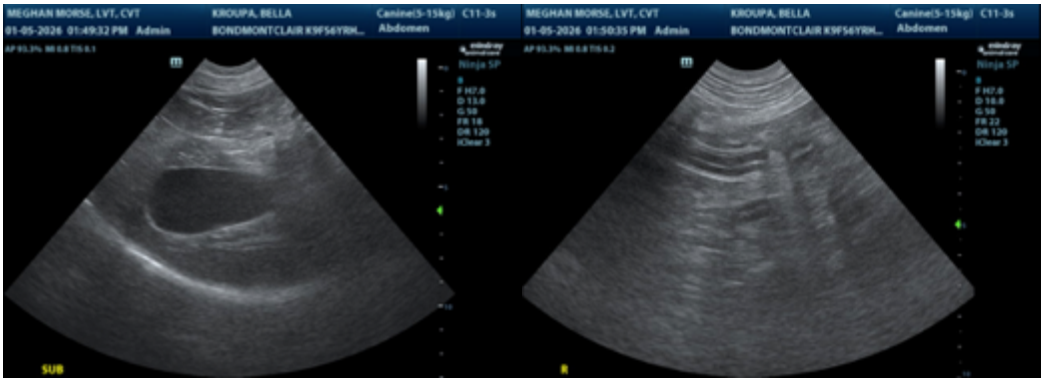

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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