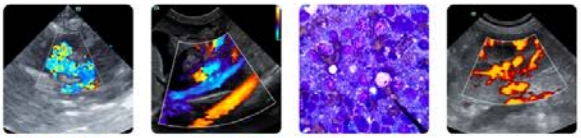

PATIENT

Lily Mainardi

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

12 Years 4 Months

WEIGHT

26 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Vetco Total Care (Clark)

REFERRING VET

Dr. Mohamed

INVOICE

71692

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Urine accidents/ distended abdomen, recurrent uti, crystals in urine.

Abnormal PE/Chem/CBC/UA Results: Elev. ALT, ALP, BUN UA ph-8.5 prot-2+ cocci+ ammonium phos crystals USG-1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a moderate to severe amount of suspended echogenic mobile debris. The bladder mucosa is slightly thickened and irregular. There is no significant urolithiasis. The trigone and pelvic urethra are unremarkable with no evidence of obstruction. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal.

The kidneys are normal in size. The cortices are hyperechoic with a decrease of corticomedullary junction definition. There is mild dystrophic mineralization present bilaterally. The cortex to medulla ratios are normal with no evidence of pyelectasia or pelvic dilation. Left kidney measures 6.56 cm. Right kidney measures 7.42 cm.

Adrenal Glands

Both adrenal glands measure at the upper limits of normal. Left measures 0.82 cm x 3.4 cm. Right measures 0.86 cm x 3.6 cm. The capsules are slightly prominent with no evidence of capsular expansion or vascular invasion noted. The phrenic vasculature and glandular echogenicity were normal.

Spleen

The spleen measures 2.49 cm at the hilus. It 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.

Liver

The liver is subjectively normal liver size, contour, and structure. The parenchymal echogenicity is hypoechoic to the spleen with a slightly increased heterogeneous or mottled parenchymal pattern. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile.

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 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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

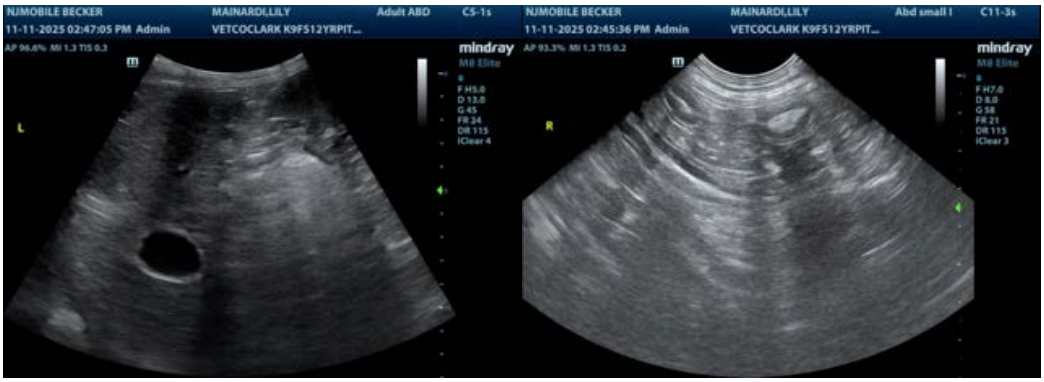
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.
- The adrenal glands are mildly enlarged with no evidence of focal capsular expansion or vascular invasion noted. The parenchyma is uniform and there is no overt suspicion of neoplasia. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.

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.

An ACTH stimulation test and low dose dexamethasone suppression test are indicated to evaluate for potential pituitary dependent hyperadrenocorticism.

Fine needle aspirates of the liver 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.



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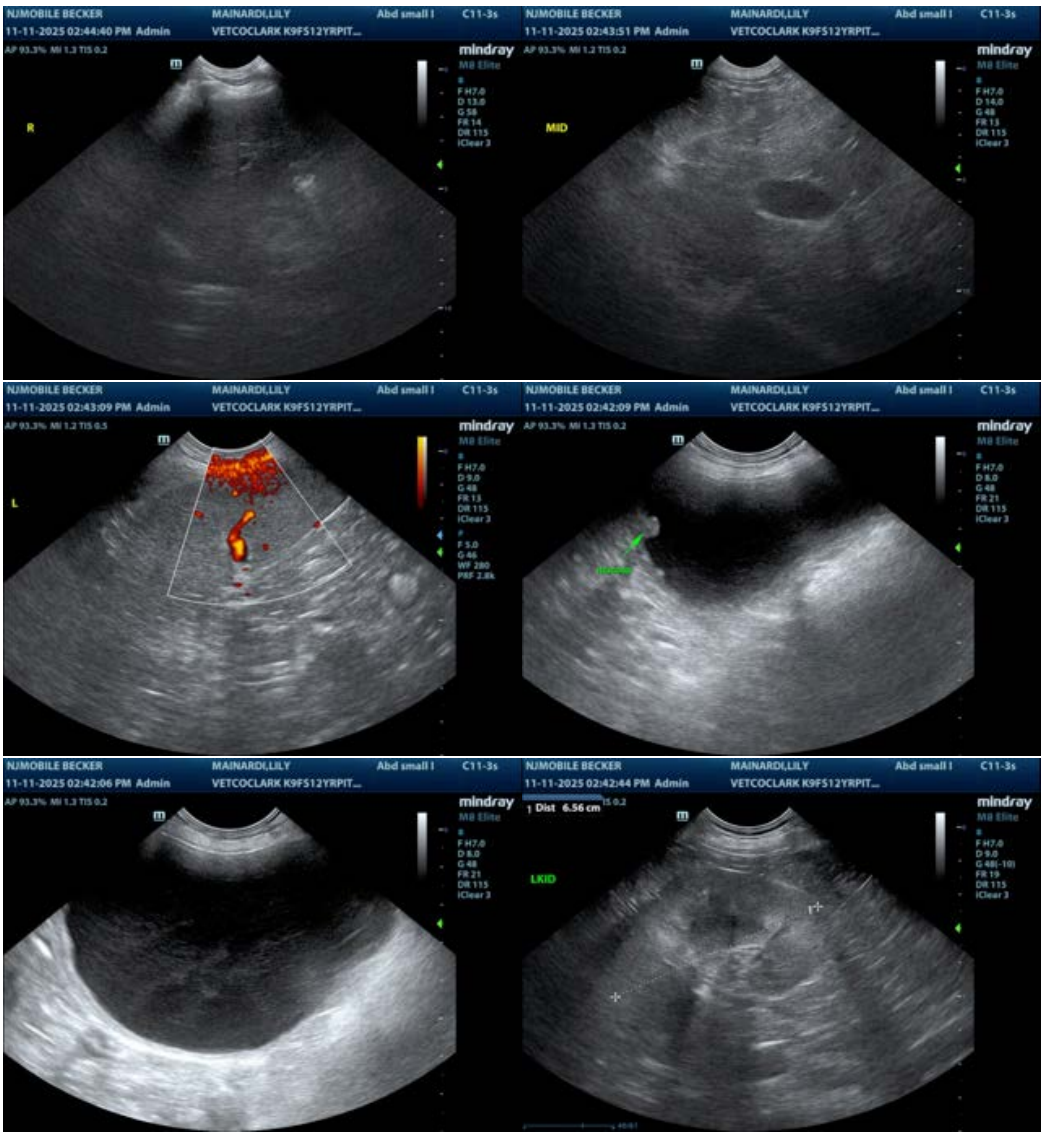

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com