

PATIENT

Sabrina BAS

SPECIES

Canine

BREED

American Bully

SEX

Spayed Female

AGE

4 Years

WEIGHT

24.5 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Snelgrove VC

REFERRING VET

Dr. Ioannou

INVOICE

35648

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Unclaimed stray Sept 27, ongoing bloody foul-smelling urine, testing showed infection, calcium oxalate crystals and struvite crystals, was started on Antibiotics. Recheck urine Oct 10 still large amount of Calcium Oxalate and struvite crystals, urine culture showed no growth, placed back on antibiotics. Rads Oct 24 showed no uroliths. Recheck urine Nov 6th showed casts and calcium oxalate crystals.

Abnormal PE/Chem/CBC/UA Results: Urea 12.6(3.2-11.0 Total Protein 84(55-75) Globulin 53(24-40) Freecatch urine - USG 1.037, pH 8.0, Protein 2+, Blood 3+, WBCS 75-100/hpf, Marked rods, calcium oxalate and triple phosphate crystals ++ Last urine Nov 6, 25 showed USG 1.025, pH 5.5, hyaline casts and finely granular casts, calcium oxalate crystals, debris.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. There is a minimal amount of suspended echogenic debris. The bladder wall apex is normal with normal wall thickness and no significant irregularities. The ureters are not visualized, which is considered a normal finding. The ureteral papillae appear normal. In the urinary bladder trigone, there is a possible or suspected mass lesion that is partially shadowing noted in some views, however, this is not consistently appreciated in all images. The proximal urethra appears patent with no overt evidence of obstruction.

The kidneys are normal in size. The cortices are mildly hyperechoic with a slight decrease in corticomedullary definition. There is mild dystrophic mineralization present with no evidence of obstruction. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are minimally irregular bilaterally. The left kidney measures 6.12 cm. The right kidney measures 6.55 cm.

Adrenal Glands

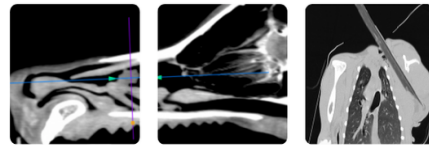
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.69 cm x 2.79 cm. The right adrenal gland measures 0.55 cm x 1.42 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 2.4 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



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lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach contains a mild to moderate amount of echogenic ingesta. The pylorus and pyloroduodenal junction are patent. There is no concern for a mechanical gastrointestinal obstruction. The small intestine is nondistended with normal peristaltic activity. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

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 or free fluid.

ULTRASONOGRAPHIC FINDINGS

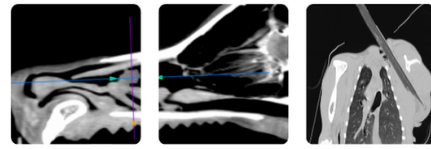
- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The hyperechoic mass effect in the urinary bladder trigone is not consistently visualized, however, given the history, there is a possibility as an underlying etiology of the recurrent urinary tract infections. Further evaluation of this region is recommended.
- 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.

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.

Further imaging and evaluation of the urinary bladder trigone is recommended. This can be done via ultrasonography or CT with angiography.

Additionally, cystoscopy may be indicated for further evaluation of the bladder and bladder wall, regardless of the underlying cause of the recurrent UTIs.



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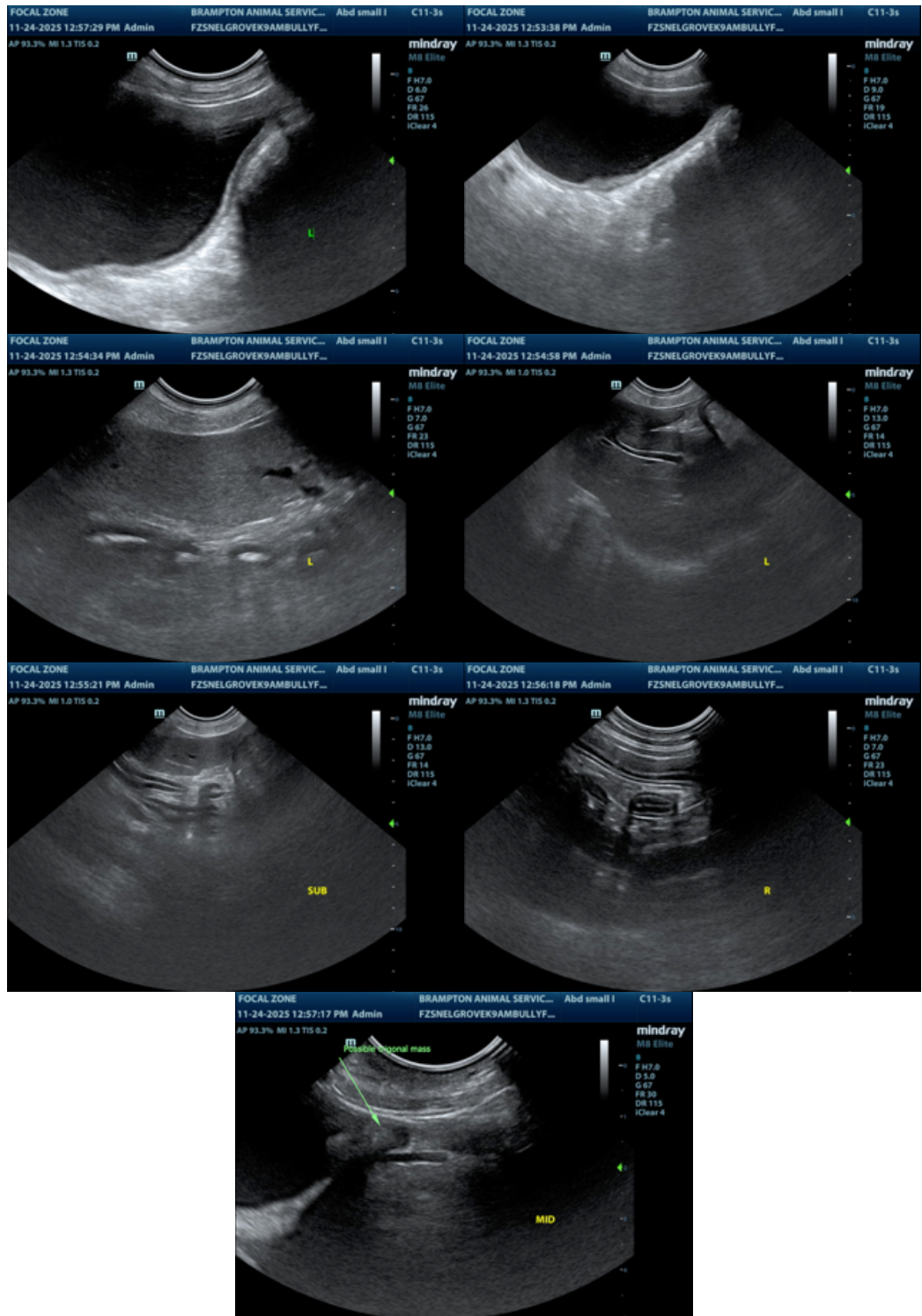
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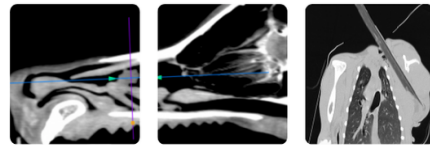
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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