



PATIENT

Baci Nardi

SPECIES

Canine

BREED

Husky x

SEX

Spayed Female

AGE

5 Years 11 Months

WEIGHT

60.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

72215

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Hematuria, pollakuria, stranguria, hooded vulva w/ straining. Meds: none-> prev. on Clavamox (x2) and Enrofloxacin since Oct at another clinic.

Abnormal PE/Chem/CBC/UA Results: CBC HCT 62(H), Chem WNL. Urine: PH 8.5, RBC >50, Struvite crystals. rods>100, USG 1.038

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is completely empty at the beginning of the scan. The technician returned to the urinary bladder at the end of the scan, and it is slightly more distended with anechoic fluid, but still of course not fully distended, making full assessment of the urinary bladder wall unable to be performed without further distention. Having said that, especially at the end of the scan when the bladder is slightly more distended, the wall appears irregular, hyperechoic, and thick along the entire apical border, measuring approximately 1.2-1.3 cm thick. No definitive masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (7.11 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.14 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.36 cm at the cranial pole and 0.38 cm.

The right adrenal gland is normal in size (0.94 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall is concerning for chronic cystitis, potentially polypoid cystitis. Infiltrative neoplasia, however, such as uroepithelial neoplasia versus other, while thought less likely, can't be ruled out without additional information.
- Mildly reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Flat left adrenal gland – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A urine culture is recommended when it is possible to obtain a sterile urine sample, especially given patient's reported lack of improvement to long term antibiotics.

Pending results of above, submission of urine to look for BRAF gene mutation, which is associated with uroepithelial cancer, could also be considered.

Finally, when/if possible, reassessment of a fully distended urinary bladder is recommended.



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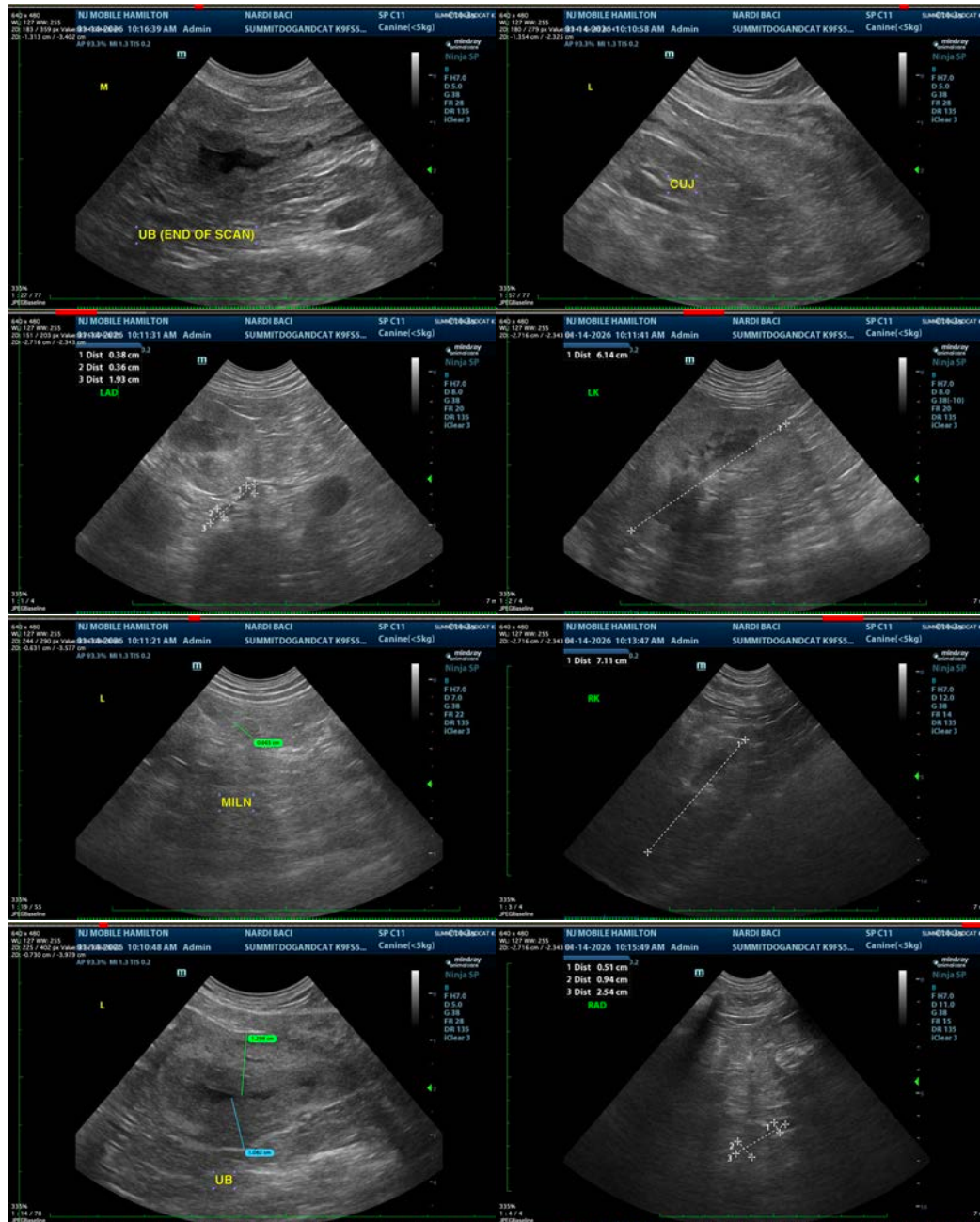
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Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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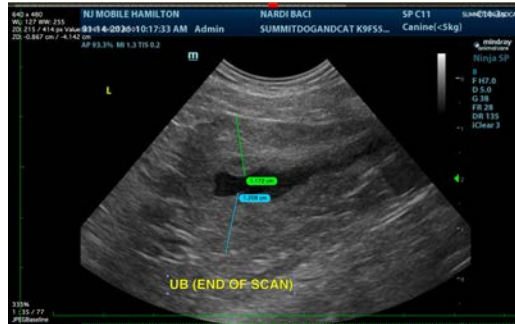
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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