



PATIENT

Stubby MacDonald

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

16 Years

WEIGHT

2.9 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Ancaster

REFERRING VET

Dr. David-Steele

INVOICE

72546

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Abdominal: A firm structure was palpated behind the rib cage, raising suspicion for an enlarged liver. The patient exhibited sensitivity and tenderness upon palpation of the caudal abdomen in the area of the urinary bladder. The remainder of the abdomen was palpated without a significant pain response.

Caudal Abdominal Pain - DDx: Cystitis (bacterial or sterile), urolithiasis, bladder neoplasia. The patient showed a pain response upon palpation over the bladder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.47 cm. Right kidney is normal in size at 3.66 cm.

Adrenal Glands

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The right adrenal gland measures 0.89 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measures 0.48 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

The spleen is subjectively normal in size (1.3 cm at the hilus) 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

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

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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.

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Free Abdomen

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

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There is no apparent pathologic lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- Moderate amount of echogenic urinary bladder debris.
- Mild chronic kidney disease changes.

INTERPRETED BY
Beth Johnson, DVM
DACVIM

SECONDARY FINDINGS

- Mild age related adrenal heterogeneity.

IMAGING PERFORMED BY
Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported clinical signs, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

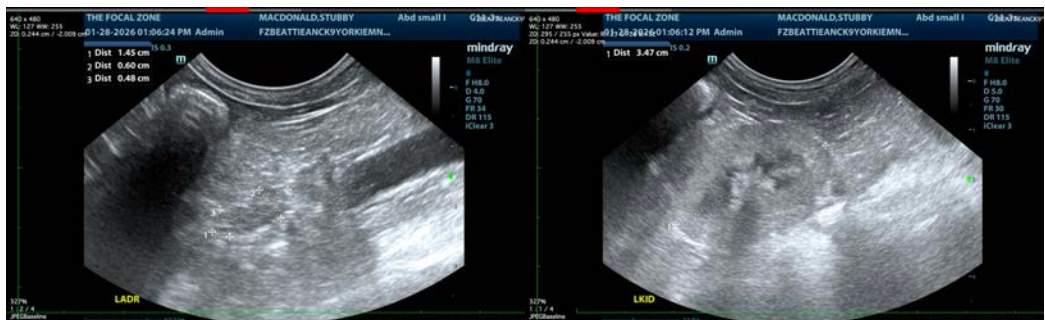
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Additionally, if not recently evaluated, a full general metabolic health screen is recommended to also include CBC/Chem panel and electrolytes.

REFERRING VET
Dr. David-Steele

There is not a definitive ultrasonographically visible intrabdominal explanation for patient's reported caudal abdominal pain present in these images at this time. Further evaluation for possible referred spinal and/or other neurologic or orthopedic pain could be considered, or advanced imaging pursued.

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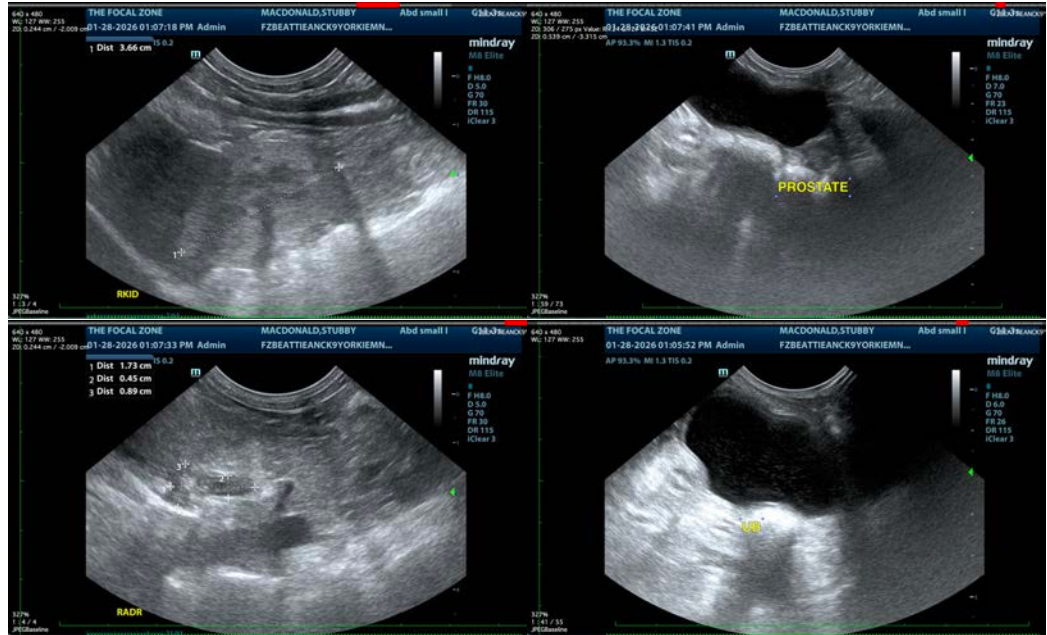
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 info@sonopath.com