



PATIENT

Piper Bruckart

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

7 Months

WEIGHT

19 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Firefly Veterinary
Urgent Care

REFERRING VET

Casey Dignan, VMD

INVOICE

72593

DATE

1/29/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate inappropriate urination. O reports that patient will have urinary accidents in house every few hours in the evening - seem to coincide after eating and then drinking a lot of water. Is able to hold urine overnight, and during the day while sleeping. Is small volume in house typically - she will then go outside and void a large amount. Seems to posture normally, however occasionally they have witnessed her dribble urine while standing, not posturing, seemingly unaware of fact that she is urinating.

Adopted from KY. Giardia positive in October 2025; treated and cleared. Seemingly fine until 12/15/25 brought to rDVM for concern of inappropriate urination that had begun in November. Noted to have a recessed vulva - IH UA well concentrated, no overt infection - treated w/ 1 week clavamox. 12/23/2025 patient spayed. Patient has not undergone a heat cycle.

O reports no change to urinary issues after spay. O perceives that urinary issues improve, but do not resolve, on antibiotics.

Abnormal PE/Chem/CBC/UA Results: - IH UA (12/15/2025): USG 1.042, WBC 9/hpf, RBC 2/hpf, no crystals or bacteria detected - CBC (12/23/2025): not available for review, reportedly NSF - Chem 10 (12/23/2025): BG 111, creat 0.8, BUN 18, alb 2.8, glob 2.9, ALT 31, ALP 200, Na 145, Cl 111, K 4.5 (all WNL) - IH UA (12/23/2025): not available for review; reportedly NSF - UC: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

**In several early clips there is a very subtle, tiny anechoic tubular structure dorsal to the urinary bladder that appears to enter, but given the empty seat of the urinary bladder it is difficult to determine where this structure empties, and a very proximal urethral entrance can't be definitively ruled out.*

The right kidney is normal is size (6.07 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 (5.84 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 right adrenal gland is normal in size (1.0 cm at cranial pole and 0.70 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



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Spleen

The spleen is subjectively normal in size (1.7 cm thick 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 mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Normal ureters are not always visible via ultrasound. Therefore, the lack of visible normal ureteral jets is not uncommon. Having said that, in these images as described above, normal anatomy is possible, but an ectopic ureter cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a urine culture is recommended.



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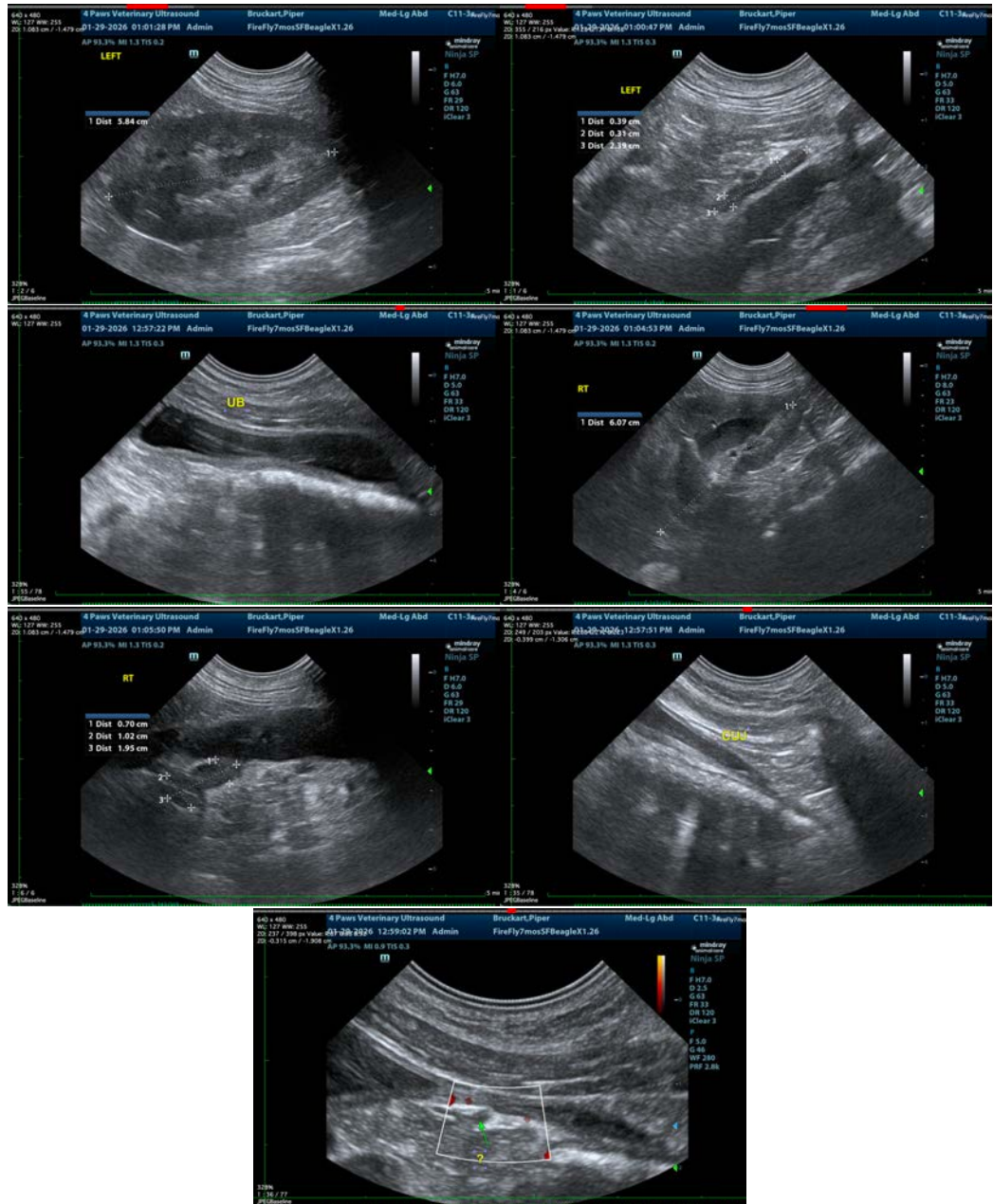
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Advanced imaging such as cystoscopy could be considered for further evaluation +/- correction, if indicated, of the ureters/ureteral openings, etc.





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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