



PATIENT

Callie Amick

PRESENTING CLINICAL SIGNS

P presented for ultrasound due to chronic UTI's, previous fast scan of bladder did not show stones, Rads unsure if small stone visible 1 rad attached.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

The urinary bladder is only mildly distended/empty. Visible contents are anechoic except for a 1.27 cm mineral density as well as some suspected mineral sand debris within the proximal urethra. The bladder wall is unable to be fully assessed for pathology without further distention but there are no definitive masses or evidence of obstruction observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. There is no visible evidence of ectopic ureters in these images, but ectopic ureters can't be definitively ruled out.

SEX

Spayed Female

AGE

2 Years

The right kidney is normal is size (4.11 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. A hyperechoic band parallel to the corticomedullary border is present.

WEIGHT

12.3 lbs

The left kidney is normal is size (3.77 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. A hyperechoic band parallel to the corticomedullary border is present.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

The right adrenal gland is normal in size (1.0 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kathleen Byrnes

The left adrenal gland is normal in size (0.31 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

HOSPITAL NAME

Wallburg Animal Hospital

The spleen is subjectively normal in size (1.0 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

REFERRING VET

Dr. Harris

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.

INVOICE

71982

DATE

11/20/25

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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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.

One discrete hypoechoic lymph node is noted medial to the spleen.

ULTRASONOGRAPHIC FINDINGS

- Mildly to moderately reactive mid abdominal/splenic lymph node – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Urinary bladder mineral/sand debris and at least one small cystolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

If not recently evaluated, 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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Heavily sedated/anesthetized voiding urohydropropulsion/urinary bladder flush could be considered to try and retrieve the mineral as well as the small cystolith both as a therapeutic procedure as well as diagnostic, with plans to submit the mineral for analysis.

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Ultimately, however, if clinical signs persist beyond management of the urinary tract infections, management and/or removal of the mineral, etc. further imaging including possibly cystoscopy may be warranted to further evaluate and sample the urinary bladder wall as well as assess ureters.

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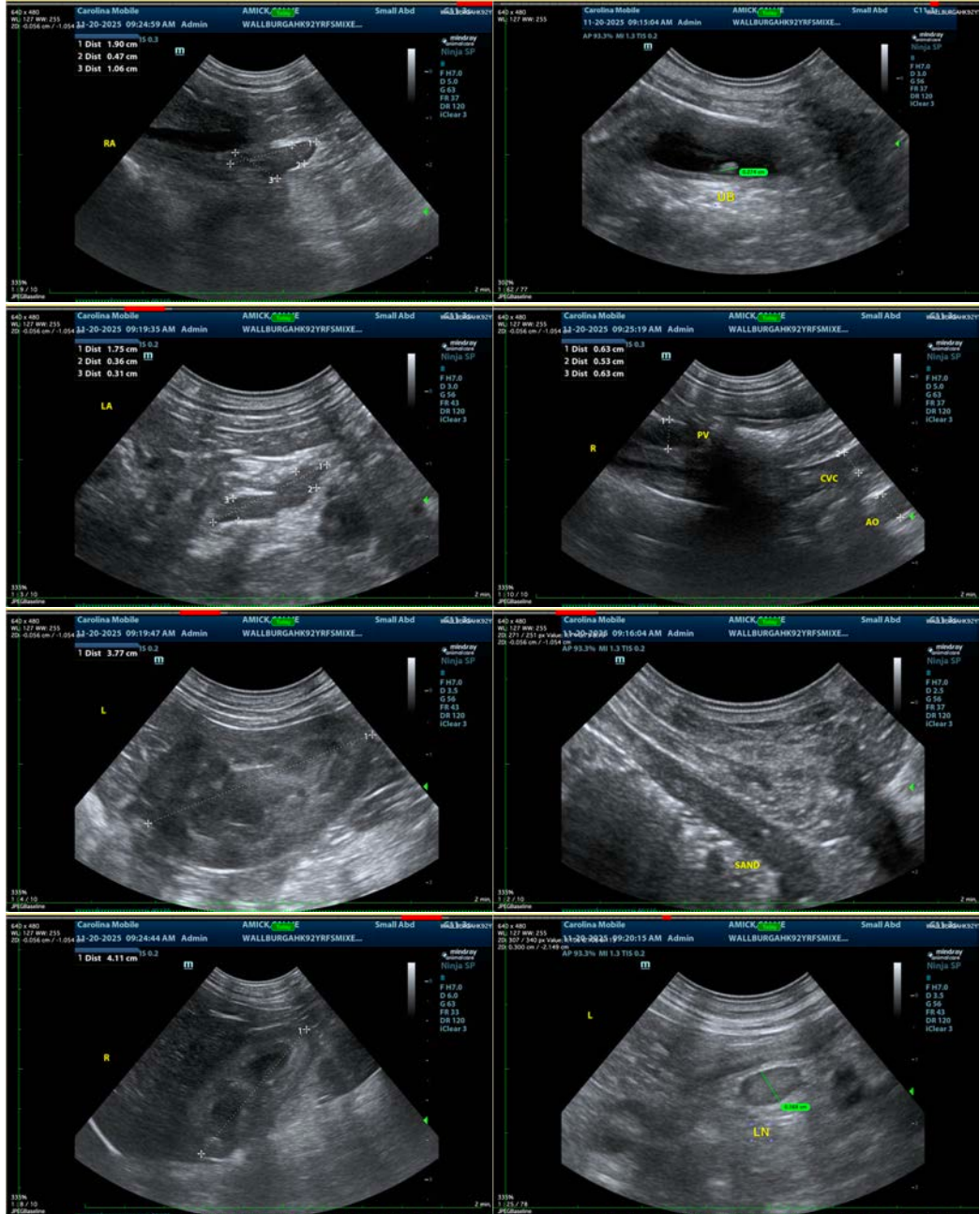
Dr. Harris

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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.

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Canine

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.

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info@sonopath.com

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