

PATIENT

Maya Simendinger

SPECIES

Canine

BREED

Corgi Mix

SEX

FS

AGE

2017

WEIGHT

36.1

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal
Hospital

REFERRING VET

Dr. Meyer

INVOICE

10812

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

PU/PD, panting, history of urinary tract infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.43 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (5.4 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 in size (5.0 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 (0.6 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the left adrenal gland is examined without evident adrenal gland pathology.

Spleen

Spleen is subjectively large in size (2.1 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

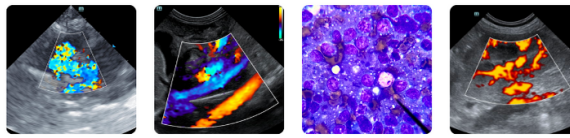
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

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.



PATIENT

Maya Simendinger

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

SPECIES

Canine

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.

BREED

Corgi Mix

Free Abdomen

SEX

FS

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

There is no apparent pathologic lymphadenopathy noted in these images.

AGE

2017

ULTRASONOGRAPHIC FINDINGS

WEIGHT

36.1

- Mild Splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mild chronic cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are mild/subtle without a definitive diagnosis for patient's reported clinical signs. If not recently evaluated, 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 ration is recommended.

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal
Hospital

REFERRING VET

Dr. Meyer

Additionally, a routine general metabolic health screen is recommended to include CBC, chemistry panel, and electrolytes.

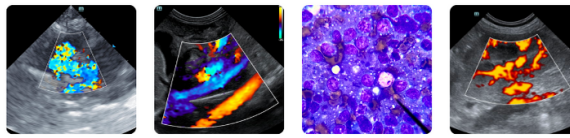
INVOICE

10812

Largely unremarkable adrenal glands don't rule out emerging adrenal disease such as hyperadrenocorticism. Therefore, if another cause for PU/PD, panting, UTIs, etc., isn't found, hormone testing could be considered beginning with a low dose dexamethasone suppression test. Additionally, if not recently evaluated, a blood pressure is recommended.

DATE

11/25/2025



PATIENT

Maya Simendinger

SPECIES

Canine

BREED

Corgi Mix

SEX

FS

AGE

2017

WEIGHT

36.1

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal
 Hospital

REFERRING VET

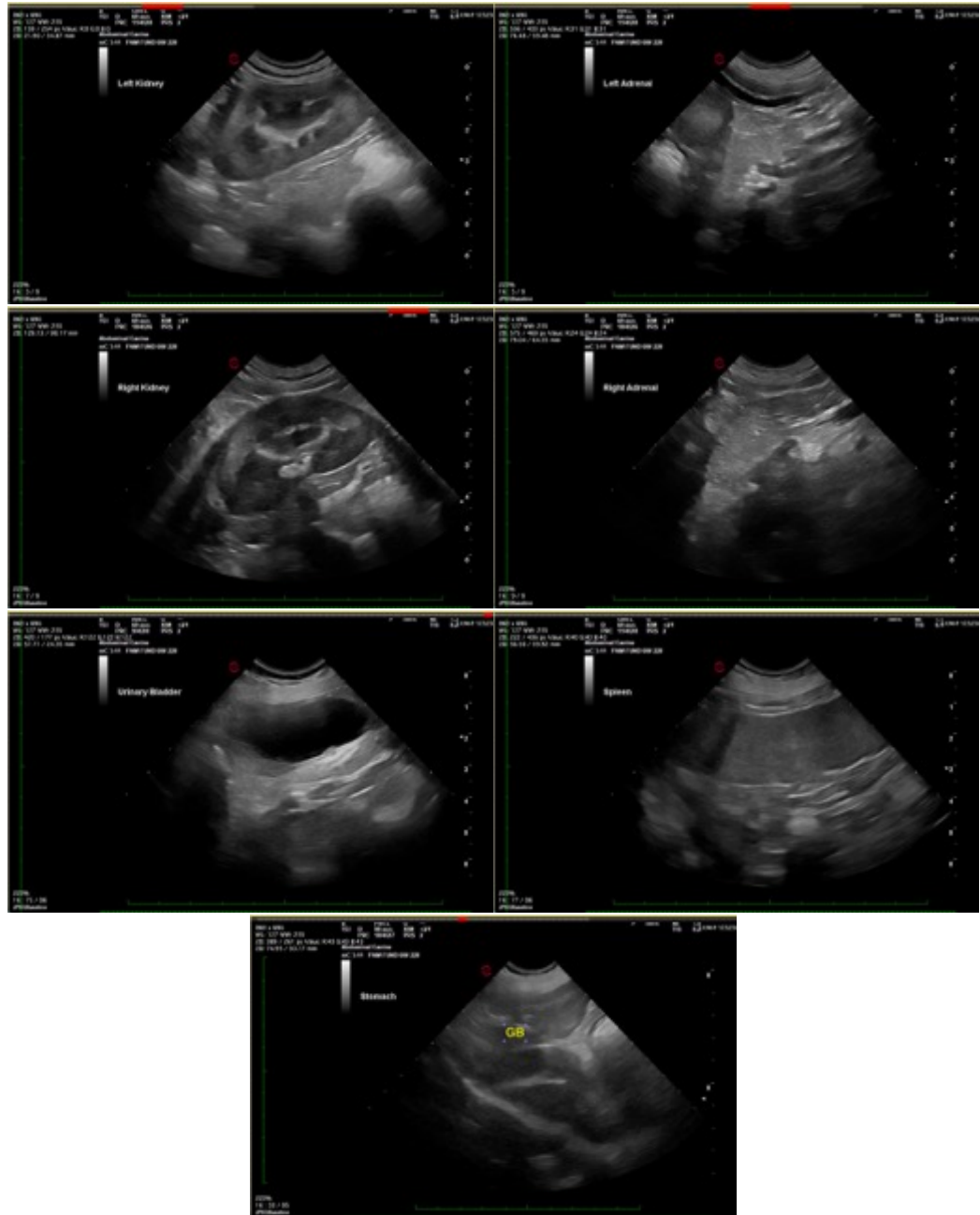
Dr. Meyer

INVOICE

10812

DATE

11/25/2025



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