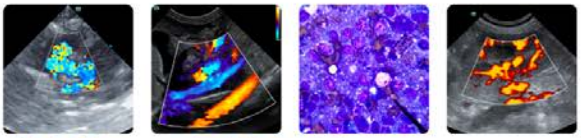

PATIENT

Lola Arias

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 7 Months

WEIGHT

Not Provided

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Nada

INVOICE

73310

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Recurent hematuria, no response to multiple antibiotics, vitals WNL, gum mass, skin tags, other wise wnl

Abnormal PE/Chem/CBC/UA Results: UA cocci-50 wbc-50 rbc>50 ca oxalate 4-10 prot-3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is empty, making full assessment of the urinary bladder wall for pathology difficult without further distention. In the empty state, the urinary bladder is diffusely thick and irregular in appearance. Especially near the end of the study, some anechoic luminal contents are present combined with a large amount of shadowing from mineral debris. Several mineral densities (suspect cystoliths) measure between 0.90 cm and 1.1 cm in size. other smaller mineral debris appears embedded within the wall. Mineralized tissue versus intraluminal mineral is considered less likely but can't be definitively ruled out.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.57 cm. Right kidney measured 4.62 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.98 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.58 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 unable to be visualized in these images.

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.

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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 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

- Suspect a large amount of urinary bladder mineral debris and large cystoliths. However, the empty urinary bladder inhibits assessment for wall pathology, and mineralized tissue or even a mass can't be definitively ruled out.

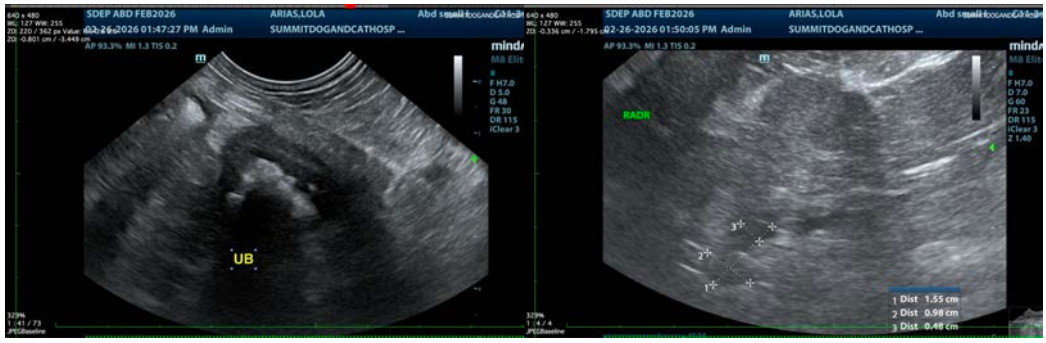
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated off antibiotics, a urine culture is recommended.

If possible, reassessment of a fully distended urinary bladder is recommended.

In the meantime, submission of urine to look for BRAF gene mutation is recommended.

Ultimately, if neoplasia is ruled out, then removal of the mineral via the least invasive way available may be indicated.



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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