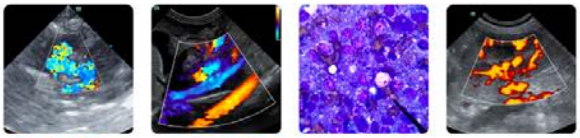

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Pippa Bevington

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Novel Vet Clinic

REFERRING VET

Dr. Knap

INVOICE

72757

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Difficulty urinating. Abdominal discomfort. Pocus revealed echogenic, shadowing effect in cranial aspect of the bladder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents as well as a very large amount of mineral/sand debris and multiple (too numerous to count) cystoliths, the largest of which measure approximately 1.0 cm in diameter. No masses are observed. No evidence of obstruction is present in these images at this time. The urinary bladder wall including the trigone and visible pelvic urethra are mildly thick, irregular, and hyperechoic, with the apical wall of the bladder measuring 0.45 cm thick.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. The left kidney is normal in size at 3.79 cm. The right kidney is normal in size at 3.78 cm. Pinpoint/punctate non-obstructive nephroliths are noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm at cranial pole and 0.39 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 mildly small 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.

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.

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

- Too numerous to count urinary bladder cystoliths, with a large amount of mineral/sand debris.
- Mild/subtle bilateral chronic kidney disease changes with punctate non-obstructive nephroliths bilaterally.
- Subjective, possibly mild microhepatica – This could be normal patient variant and should be interpreted in combination with radiographic evidence of liver size, lab work changes, potentially bile acid results, etc.

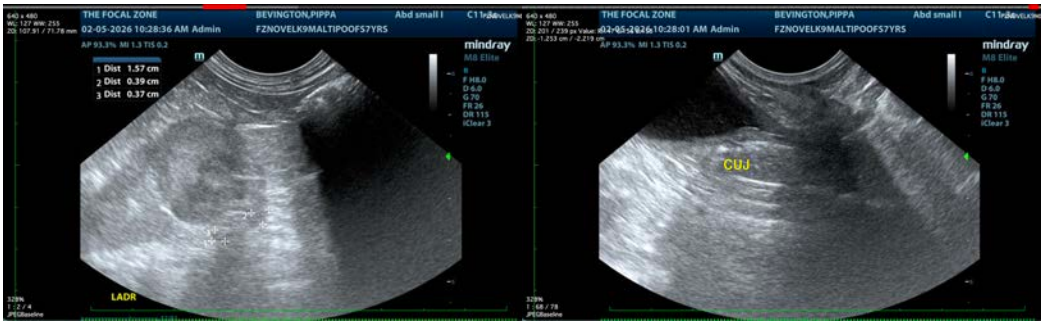
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A full general metabolic health screen is recommended, to also include CBC/Chem panel and electrolytes.

Especially if there is any concern that the urinary bladder mineral could be urate in origin and/or liver enzymes are abnormal, bile acids could be considered if patient's total bilirubin is not increased.

Ultimately, if stones are dissolvable, a dissolving process is recommended. If not, removal via the least invasive way available may ultimately be required to alleviate the reported stranguria.



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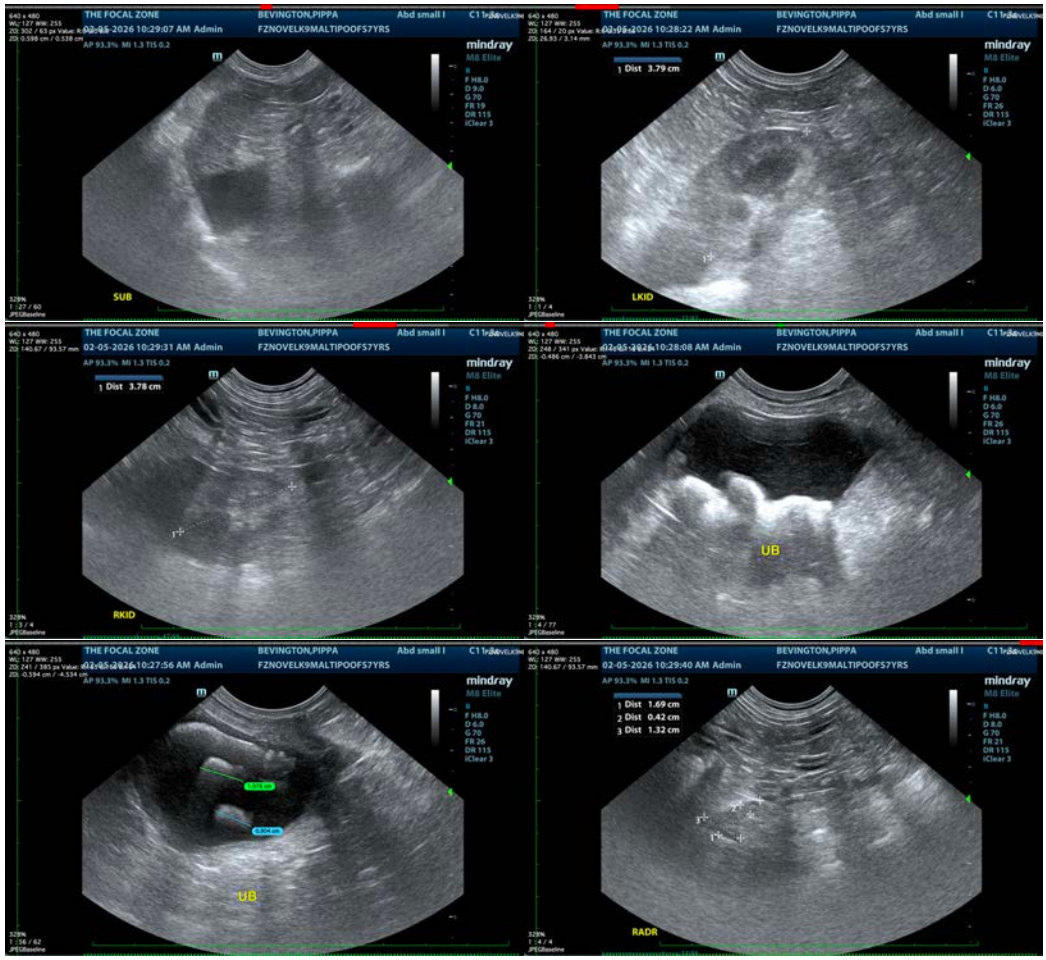

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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