

PATIENT

Rikki Whalen

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.66 kg

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Carl Kelly

INVOICE

36797

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Gross hematuria noticed once two weeks ago. no stranguria. Normal urinations in steady stream.
- UA/sedi-view today showed occult hematuria, not likely a UTI.
- History of bladder stones.
- No current RX.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. There is one approximately 0.93 cm in diameter mineral cystolith within the lumen of the bladder, settled along the dependent wall, as well as two punctate mineral densities, measuring 0.2 cm in size, within the intraprostatic urethral lumen. No masses or inflammatory changes are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

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 pyelectasia or infarcts observed. Punctate nonobstructive nephroliths are noted bilaterally. The left kidney measures 4.08 cm. The right kidney measures 4.24 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.49 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

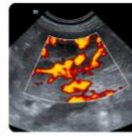
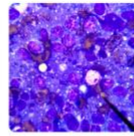
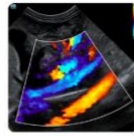
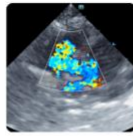
Right adrenal gland is normal in size (0.97 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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.



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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.

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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.

BREED

Chihuahua

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.

SEX

Neutered Male

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

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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.

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5.66 kg

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Roundhill AH

- At least one urinary bladder cystolith, as well as two punctate mineral densities within the intraprostatic urethra.
- Age-related kidney changes with punctate nonobstructive nephroliths noted bilaterally.
- Moderate 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.

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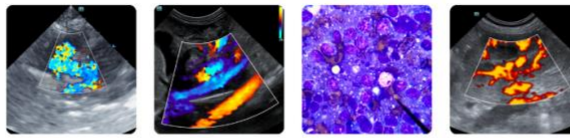
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis, and if indicated based on urinalysis results, urine culture is recommended. If protein is



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present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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If, based on urinalysis, culture, etc., results, the type of mineral cannot be predicted to help determine best treatments, then a heavily sedated/anesthetized urinary bladder/voiding urohydropropulsion could be considered with the goal of obtaining the urethroliths for analysis. Ultimately, however, if mineral is not a dissolvable content, removal of the cystolith via the least invasive way available, may be indicated.

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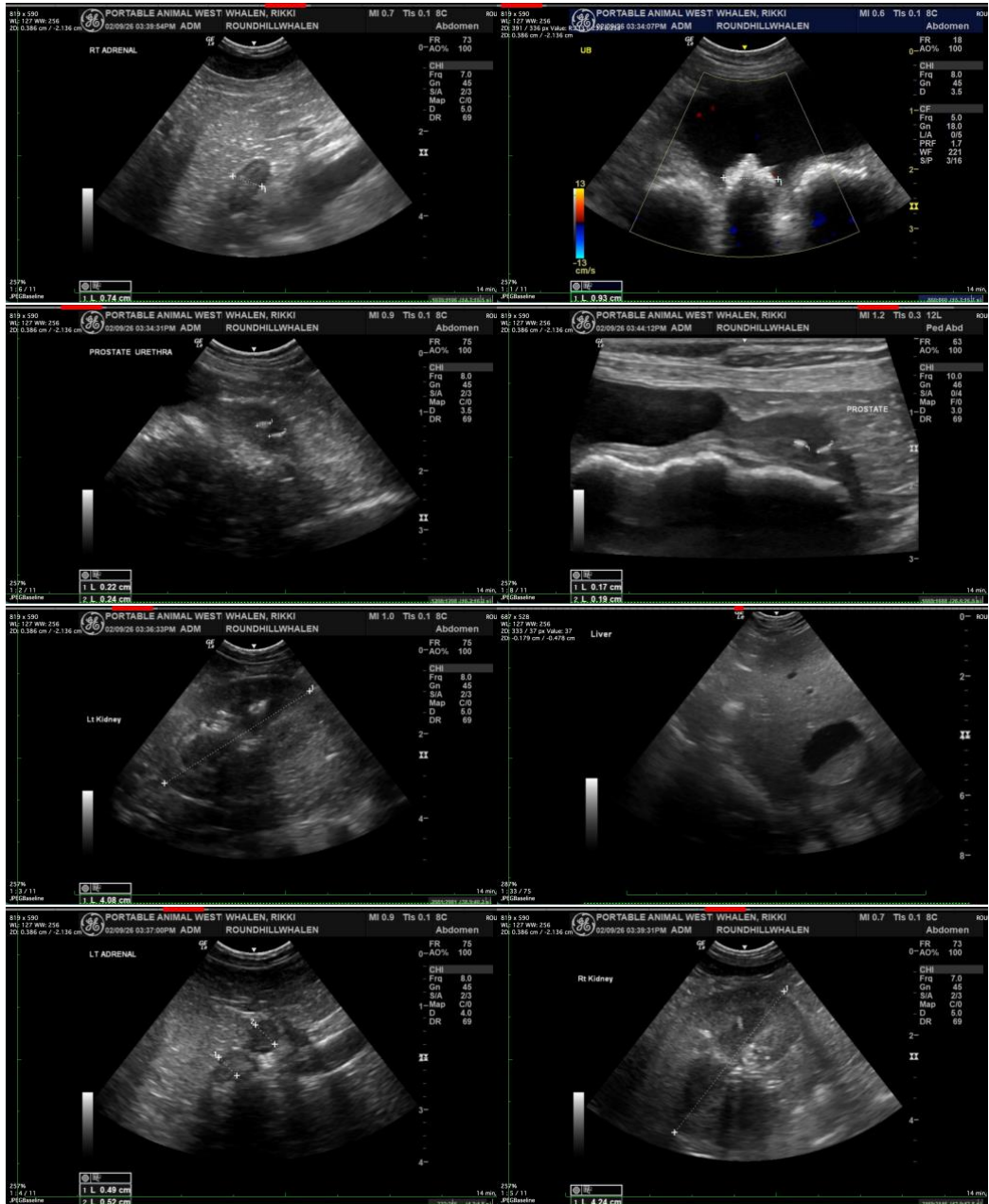
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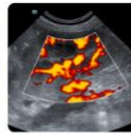
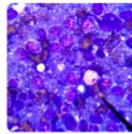
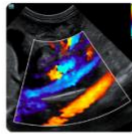
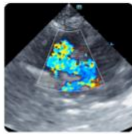
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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