PATIENT

Lilly Branch

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

15 years

WEIGHT

10.35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Cark Kelly

INVOICE

11928

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Presented today for relapse of UTI. Was treated at another hospital with antibiotics February 24 of this year. Polakyuria started about 2 weeks ago, hematuria started about 1 week ago. This patient was spayed at the age of 6 due to a pyometra. Had litters of puppies previous to that. Urine analysis and Sedi-view results sent. Started on oral Amoxi-Clav for 7-10 days and injections of Enro and Unasyn today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The ventral wall of the urinary bladder contains an approximately 1.8 cm thick by 3.0 cm long intramural, mildly heterogenous largely hypoechoic density/thickening. Adjacent to this is intraluminal mineral/sand debris contents. The remaining urinary bladder wall, trigone, and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.1 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 is size (4.26 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 (0.4 cm at caudal pole and the cranial pole is unable to be fully visualized/isolated for measurement in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.4 cm at cranial pole and 0.4 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.

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

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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.

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

Caudal to the left kidney is an approximately 0.6 cm x 0.8 cm in size hypoechoic density, and in the area of the uterine stump dorsal to the urinary bladder is an approximately 1.4 cm x 3.3 cm mildly heterogenous, irregular hypoechoic density/mass.

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The density caudal to the left kidney could represent a lymph node, although ovarian remnant can't be ruled out.
- The focal urinary bladder wall thickening could represent a benign inflammatory change such as chronic cystitis, although infiltrative uroepithelial neoplasia versus other neoplasia can't be ruled out without additional information.
- Similarly, the area of the uterine stump could represent a benign inflammatory change, especially in the face of an ovarian remnant Although infiltrative neoplasia of the stump is also a differential that can't be ruled out without additional information.

SECONDARY FINDINGS

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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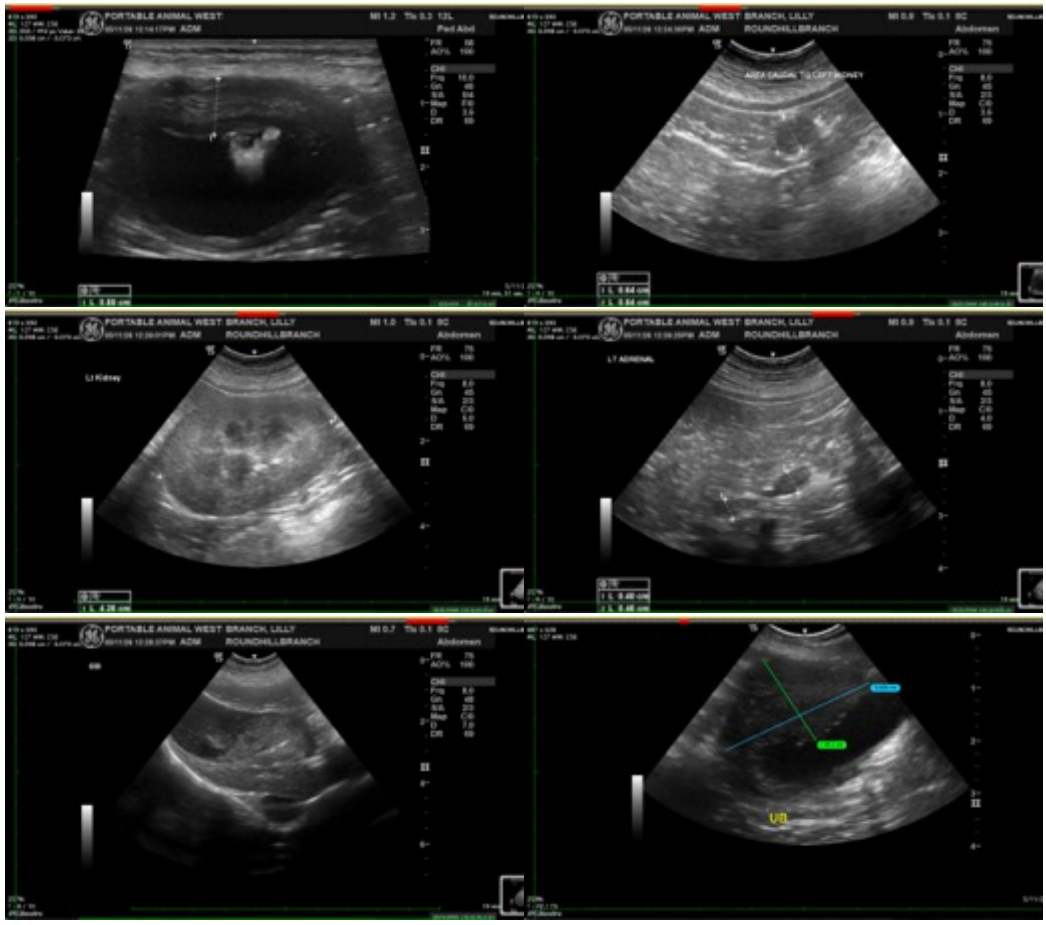
Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder/prostate cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling. In the meantime, empirical therapy with a broad-spectrum antibiotic (or ideally an antibiotic based on culture and sensitivity results) as well as an anti-inflammatory (unless otherwise contraindicated based on patient co-morbidities) may begin to help alleviate clinical signs.

Additionally, if not recently evaluated, a full general metabolic health screen is recommended to also include CBC, Chem Panel, and electrolytes.

Additional sampling/fine needle aspirates of the uterine stump area could be considered if patient's coagulation status is appropriate.

Additionally, and/or alternatively, pending results of above, cystoscopy for further evaluation of the uterine stump and the urinary bladder could be considered.

In the meantime, hormone testing could be considered to further investigate possible ovarian remnant.



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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