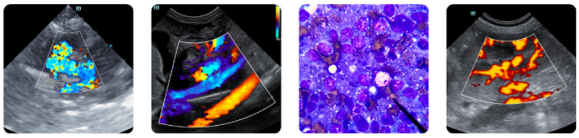


SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Pepper Bailey

SPECIES

Canine

BREED

Shep X

SEX

FS

AGE

8 years

WEIGHT

32 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Edwards VS

REFERRING VET

Dr. Edwards

INVOICE

11991

DATE

5/21/2026

PRESENTING CLINICAL SIGNS

Chronic anorexia from last month. force feeding. kidney disease stage-2. mammary tumor. constipated but responded to the medications and passed feces last week. first time ate on her own yesterday after the IV fluids. history of emergency pyometra surgery and O is wondering if its stump pyometra causing this other than the above-mentioned problems.

Current Medications: cerenia, Semintra, GI powder, Detoxafen kidney supplement, Aventi kidney, Phosphate binder, IV fluids, mirtazapine, clavaseptin.

Abnormal PE/Chem/CBC/UA Results: Neutrophilia,lymphocytosis, . kidney values are in increasing trend. SDMA-62(0-14), creat-1158(44-159), urea41.3(2.5-9.6), P-4.03(0.81-2.20) rest wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. The trigone is diffusely thick measuring between 1.2 cm and 1.5 cm thick with mildly heterogenous, irregular mucosa. There is echogenic mass like tissue extending into the proximal urethra as far as the urethra can be visualized in these images. No cystoliths are observed.

A thin rim of left and right renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. Left measures 10.58 cm. and the right measures 10.57 cm.

Adrenal Glands

The right adrenal gland is plump/swollen in size (2.1 cm at the cranial pole and 1.2 cm at the caudal pole.) Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.75 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

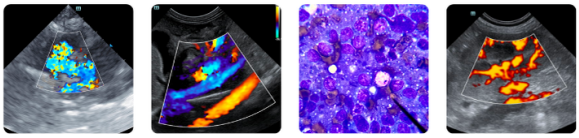
Spleen

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 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.



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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.

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

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Bilateral hydronephrosis is likely at least partial to full ureteral obstruction caused by an infiltrative process involving the ureteral papillae and trigone area of the urinary bladder. Both benign inflammatory etiologies as well as infiltrative neoplastic disease in the trigone area are differentials.

- The mild right adrenomegaly should be interpreted in combination with clinical history as well as results of the urinary tract evaluation/workup as emerging adrenal disease versus normal patient variant are both possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A blood pressure is recommended if not recently evaluated.

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.

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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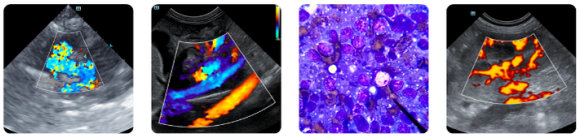

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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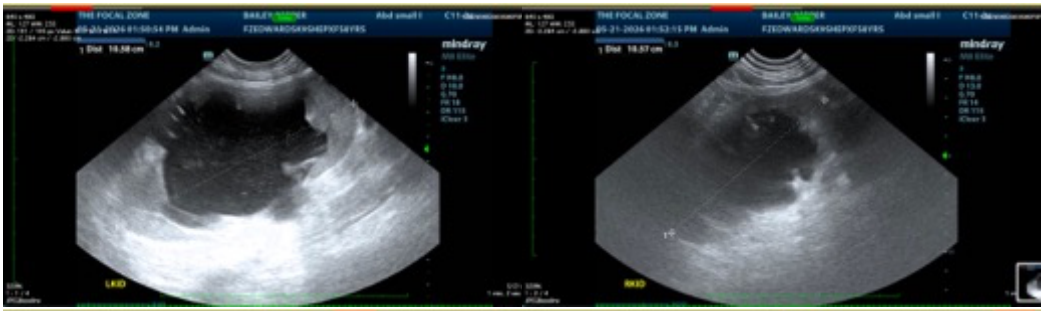

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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