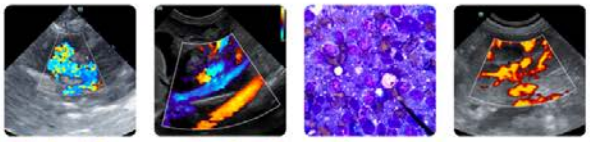


PATIENT

Arlo O'Donoghue

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Male

AGE

9 Months

WEIGHT

68 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Peter Langer, DVM

HOSPITAL NAME

North Hampton Animal Hospital

REFERRING VET

Christina Rocco, DVM

INVOICE

74977

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Recurrent hematuria. No pollakiuria or dysuria noted.

Abnormal PE/Chem/CBC/UA Results: Recurrent hematuria and bacteriuria that resolves with abx. Most recent normal UA was 4/21/26 which was WNL and O notes hematuria 4/23/26. Most recent labs attached. PE unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Additionally noted that some scant mineral/sand debris can't be ruled out. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is largely normal in appearance for a young intact dog, measuring 2.5 cm wide in the sagittal view.

The right kidney is normal is size (7.1 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 (7.7 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 (0.36 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.38 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

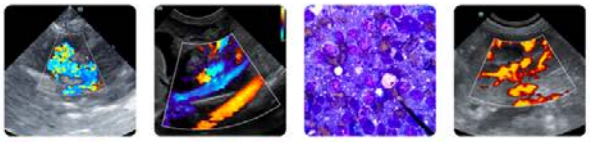
Spleen

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.

Both testicles are visualized without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

- Moderate amount of echogenic urinary bladder debris with some mineral/sand debris unable to be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's recurrence of clinical signs since the last reported normal urinalysis, recheck 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.

Following report, recommendations are to treat the suspected urinary tract infection based on culture and sensitivity results, potentially as a complicated urinary tract infection, potentially even with some concurrent prostatitis, which includes a urine culture 7-10 days after starting treatment to ensure no chance in resistance pattern, secondary organism, etc., as well as a final culture a week to 10 days after finishing antibiotics to ensure the infection has fully cleared. This will help further differentiate a persistent infection from something longer term like prostatitis or pyelonephritis from truly recurrent infections.

Ultimately, if clinical signs persist, advanced imaging including potentially cystoscopy may be necessary for a definitive diagnosis and/or to further guide medical management.

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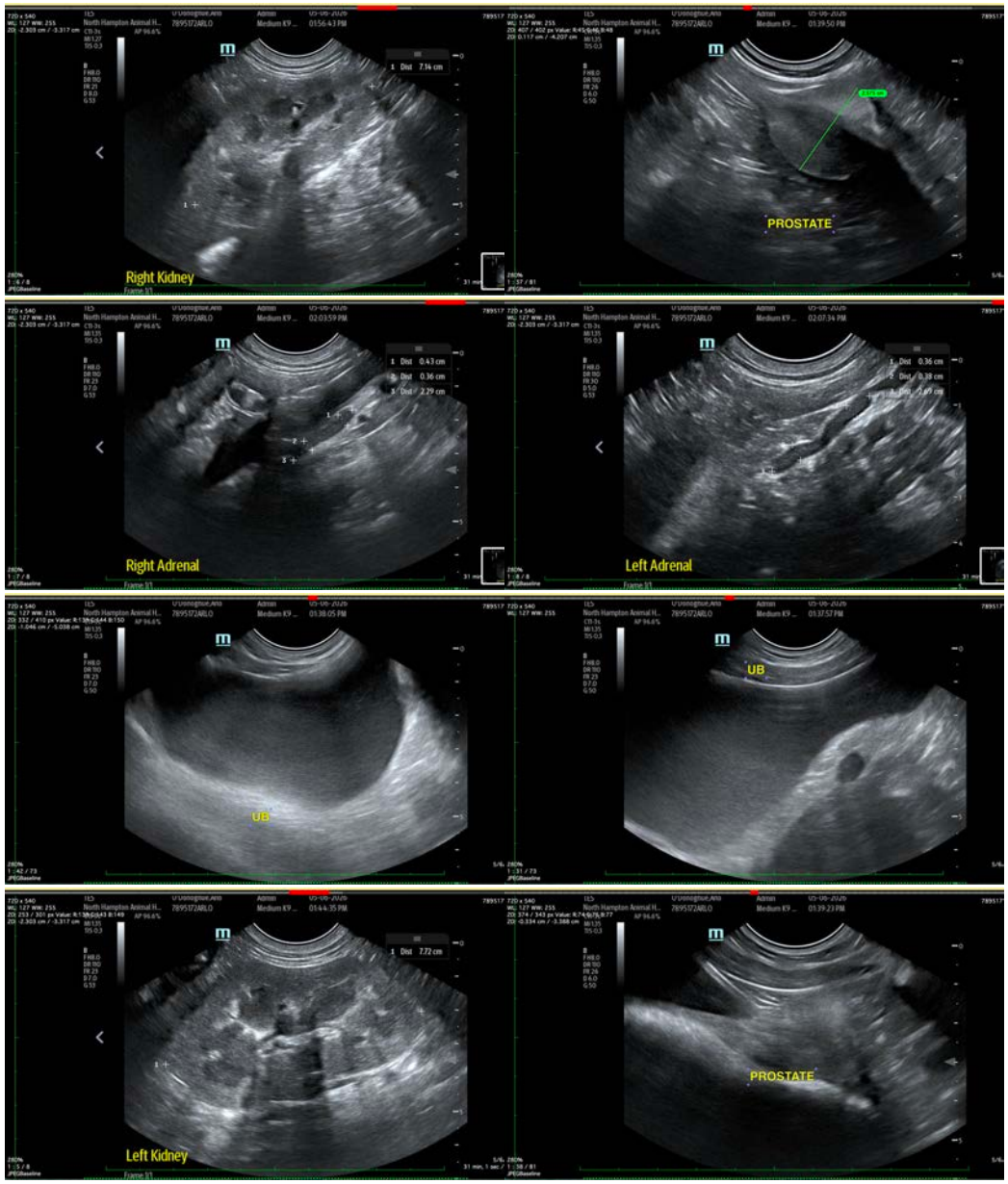

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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