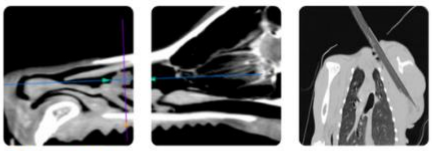


PATIENT

Abby Cleary

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

37 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Upper Canada Animal Hospital

REFERRING VET

Dr. Baskin

INVOICE

13847

DATE

02/17/26

PRESENTING CLINICAL SIGNS

- Presented for fracture of tibia
- while hospitalized with us noted dark opaque colored urine
- cause of fracture was owner falling on patient so suspected trauma to bladder as well
- Has been on Acetaminophen 500mg BID, Gabapentin 600mg TID, Baytril SID, Trazodone TID, Cephalexin BID, Metacam 30kg dose SID

Abnormal PE/Chem/CBC/UA Results: Please see attached radiograph, bloodwork, and urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. The ventral urinary bladder wall from apex to bladder neck is diffusely thickened with hazing of wall layering. There is echogenic debris which appears adhered to the ventral bladder wall. There are no specific masses or uroliths visualized. There is no surrounding free fluid.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.93 cm in length. The right kidney measured 6.83 cm in length.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.65 cm in length and 0.66 cm at the caudal pole and 0.57 cm at the cranial pole.

The right adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The right adrenal gland measured 2.2 cm in length and 0.78 cm in thickness.

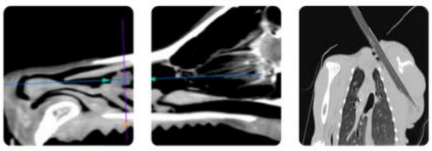
Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened ventral urinary bladder wall with adherent debris consistent with blood clots.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall changes together with history and reported pigmenturia is consistent with urinary bladder trauma with likely intraluminal hemorrhage causing the appearance of the debris. Given musculoskeletal trauma, myoglobinuria remains a possibility. There is no evidence of urinary bladder rupture. However, this cannot be completely ruled out with ultrasound alone as free fluid is not always present with urinary bladder rupture. A cystogram using contrast should be considered to fully assess the integrity of the urinary bladder wall.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

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

Teleradiology
Educational Teleconsultation Services™

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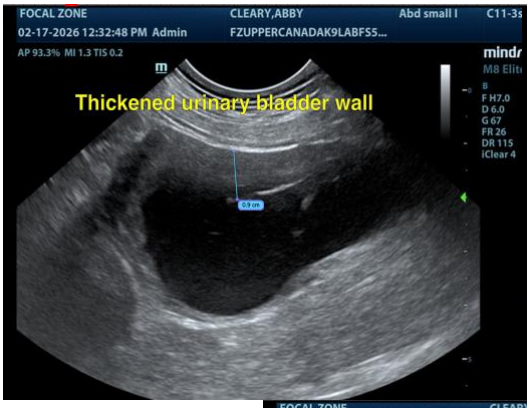

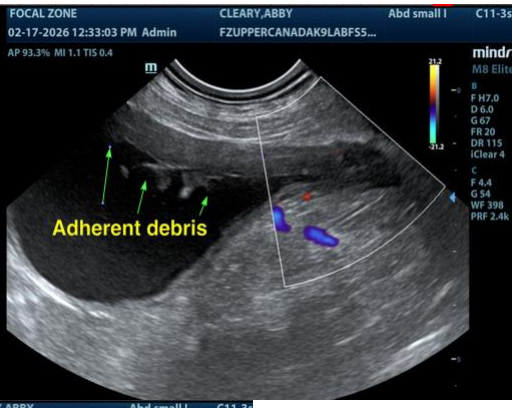

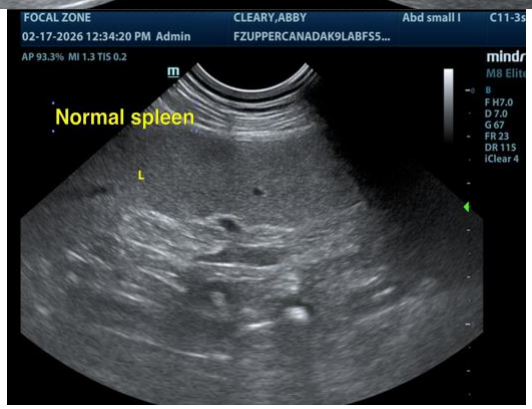

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com