



PATIENT

Monty Perantinos

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

15 Years

WEIGHT

8.98 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Webster

INVOICE

15495

DATE

04/27/26

PRESENTING CLINICAL SIGNS

History of recurrent hematuria and urinary tract infections. Wears diapers for urinary incontinence. The owner reports that Monty urinates frequently. Water intake is considered normal by the owner. Stools are currently normal, but there is a history of severe diarrhea following antibiotic use. The bladder was palpated and did not appear painful. There are some palpable lumpy structures in the cranial abdomen, which are non-painful. A kidney felt potentially irregular on palpation. Current Medications Probiotic

Abnormal PE/Chem/CBC/UA Results: See attached April 2nd - 14 day course of Clavaseptin was prescribed - f/u urine post antibiotics - no improvement with u/a and CaOx crystals along with struvite in this sample - resistant infection vs. stone/mass? April 27/26 - Urine collected via catheter today for urine c/s Radiographic Findings None Primary Question to Be Answered in This Exam Looking for reason for recurrent UTI's and incontinence

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains anechoic urine with some hyperechoic non-shadowing debris. There is an approximately 0.8 cm curvilinear object with complete acoustic dropout, most consistent with a cystolith, is visualized within the lumen. Near the cystolith, on the dorsal bladder wall, there is an irregular mass effect measuring 1.2 by 1.5 cm. The entire apical bladder wall is significantly thickened with an irregular mucosal surface

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 4.31 cm in length. The right kidney measured 4.36 cm in length.

Adrenal Glands

Both adrenal glands were 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 1.71 cm in length and 0.37 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.66 cm in length and 0.32 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The spleen contains a large solid mass measuring 4 by 5.9 cm.

Liver

The liver is subjectively normal in size. It has a slightly heterogeneous/coarse echotexture. There are multifocal, variably sized hypoechoic nodules throughout the parenchyma, the largest of which measures 1.4 by 1.6 cm. There are no specific masses seen.

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

Gastrointestinal



PATIENT	The stomach contains gas and fluid. 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.
Monty Perantinos	
SPECIES	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. 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.
Canine	
BREED	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.
Pug	
SEX	Pancreas
Neutered Male	The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.
AGE	Lymph Nodes
15 Years	No clinically significant lymphadenopathy or abnormalities noted.
WEIGHT	Free Abdomen
8.98 kg	No masses or free fluid were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Dr Brittany Sinclair, BVSc(hons), DACVECC	<ul style="list-style-type: none"> • Urinary bladder mass effect with cystolith and diffuse thickening of ventral bladder wall consistent with chronic cystitis. • Splenic mass. • Multifocal liver nodules. • Mild degenerative renal changes.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Amanda Stewart	The urinary bladder cystolith is the likely cause of plaqueuria and is likely a nidus of recurrent urinary tract infection. The mass effect in the urinary bladder is closely associated with the cystolith and may represent proliferative/inflammatory tissue from chronic inflammation. Neoplasia cannot be completely ruled out. The thickening of the ventral bladder wall is likely secondary to chronic infection/cystitis.
HOSPITAL NAME	Mass in the spleen is concerning for neoplasia which may be benign or malignant. Splenic aspirate is recommended to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology is recommended.
East Credit Veterinary Hospital	
REFERRING VET	While there are nodules in the liver, and they may represent metastatic neoplasia, they do not have the overt appearance of metastatic lesions. A recent study suggested that the presence of ultrasonographic liver nodules together with splenic mass does not predict hepatic metastasis and in this case, I would not be deterred from pursuing splenectomy. Liver biopsy at the time of surgery, with focus on any gross lesions, is recommended.
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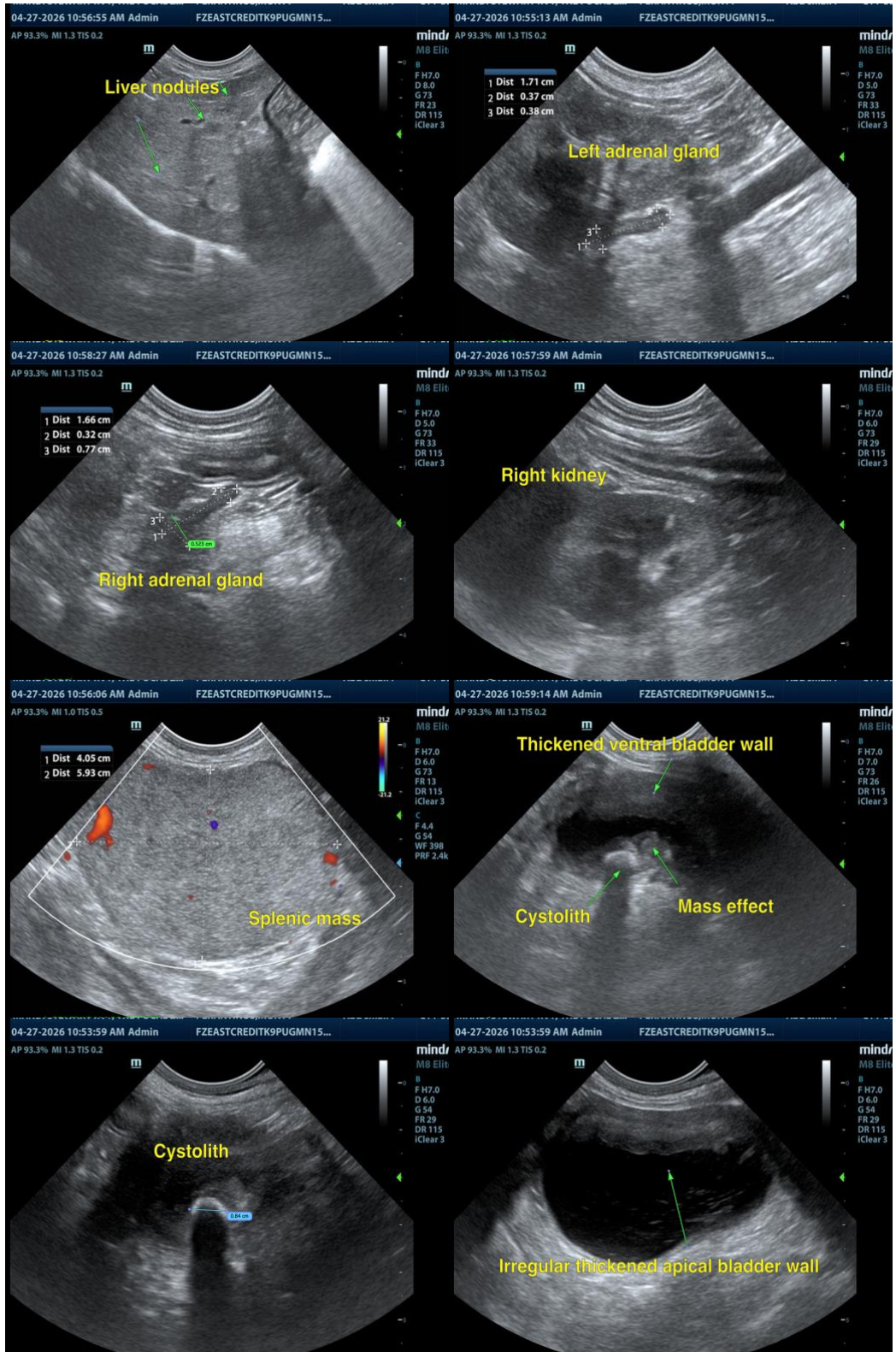
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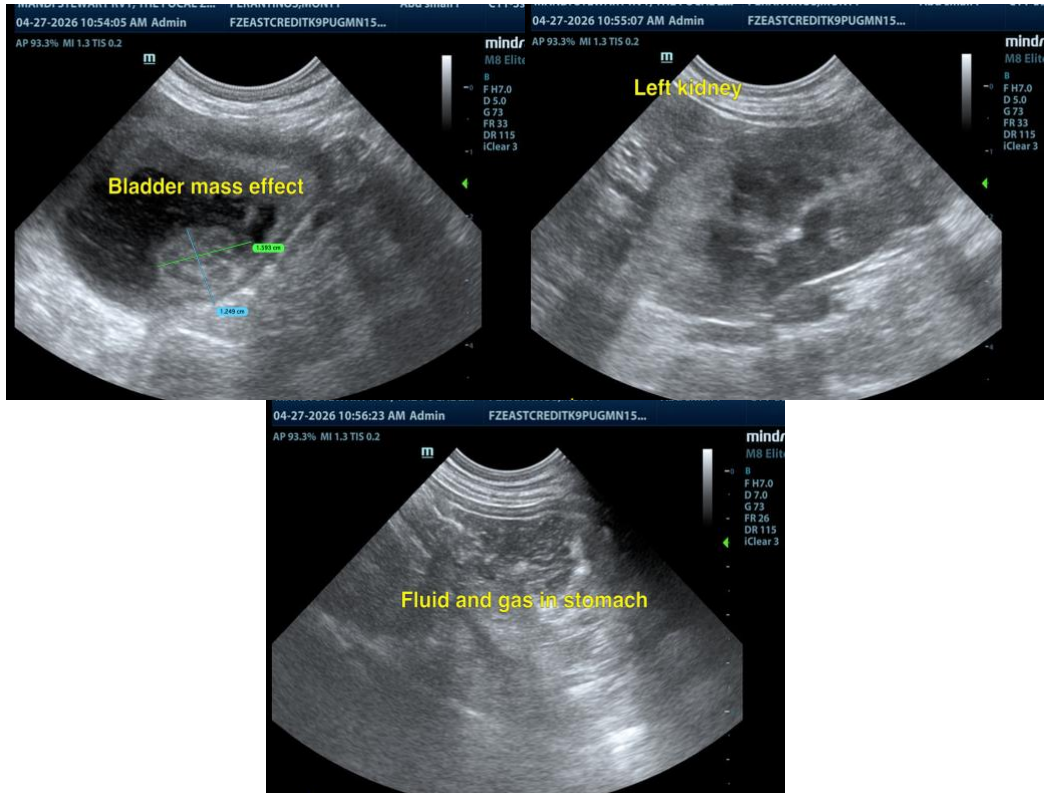
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com