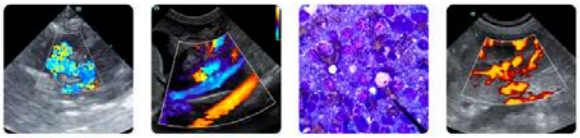


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Lenny Nye

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.8 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Visconti

INVOICE

75332

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Recurrent (resistant) UTIs - suspected uroliths as well, seen on previous radiographs as early as April 2024, but owners did not want to pursue cystotomy at that time. Patient currently eats Urinary s/o diet. Current Medications: None

Abnormal PE/Chem/CBC/UA Results: March/2026 bloodwork WNL Last UTI confirmed resolved May 6/2026 Radiographic Findings None current Primary Question to Be Answered in This Exam Would like to get an idea about kidney health and bladder health prior to exploring a cystotomy - could there be another bladder issue predisposing to recurrent UTI (ie neoplasia?). Also an approximate urolith count if present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with generally anechoic urine. The urinary bladder wall is of normal thickness with normal wall layering. There is a gravity dependent hyperechoic shadowing object within the lumen, most consistent with a urolith that measures approximately 1.0 cm in diameter. The urolith appears to be one solid stone, however a collection of multiple very small stones is possible.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left kidney measures 3.94 cm. Right kidney measures 3.6 cm.

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. Right measures 1.87 cm in length x 0.31 cm at the caudal pole and 0.77 cm at the cranial pole. Left measures 1.82 cm in length x 0.19 cm at the caudal pole and 0.33 cm at the cranial pole.

Spleen

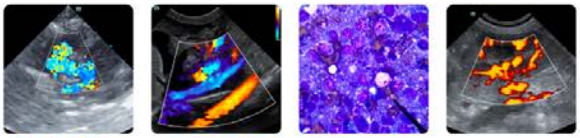
The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, 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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal



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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 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.

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 visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Cystolith – appears to be one 1.0 cm cystolith, though a collection of multiple small cystoliths remains possible.
- Bilateral nephrocalcinosis.
- Perivascular splenic myelolipoma – benign aging change.
- Very mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be tried if struvite stones are suspected with serial imaging used to monitor progress. As dissolution diet has been tried and cystoliths are still present, this may not be successful in this patient. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones. The cystolith appears to be a 1.0 cm cystolith, which is likely too large for urohydropropulsion. This could still be attempted if cystotomy is not desired, as there is a possibility that this is a collection of small stones that are conglomerating on ultrasound, making it appear as one larger stone. Surgical removal of stones should also be considered. Cystoscopic removal of stones, with or without lithotripsy may be considered if locally available. A flexible cystoscope is required for male dogs. Calcium oxalate, struvite, urate, and cystine stones are all susceptible to laser lithotripsy. Some dogs are not considered good candidates for laser lithotripsy including:

1. Male dogs less than 15 pounds: The endoscope may be too large to traverse the urethra.
2. Male dogs with more than two bladder stones greater than 5 mm in diameter (depending on the size of the dog)
3. Female dogs whose entire bladder is full of stones greater than 5 mm in diameter
4. Dogs with uncontrolled urinary tract infection: Once infection is controlled, lithotripsy can be considered.

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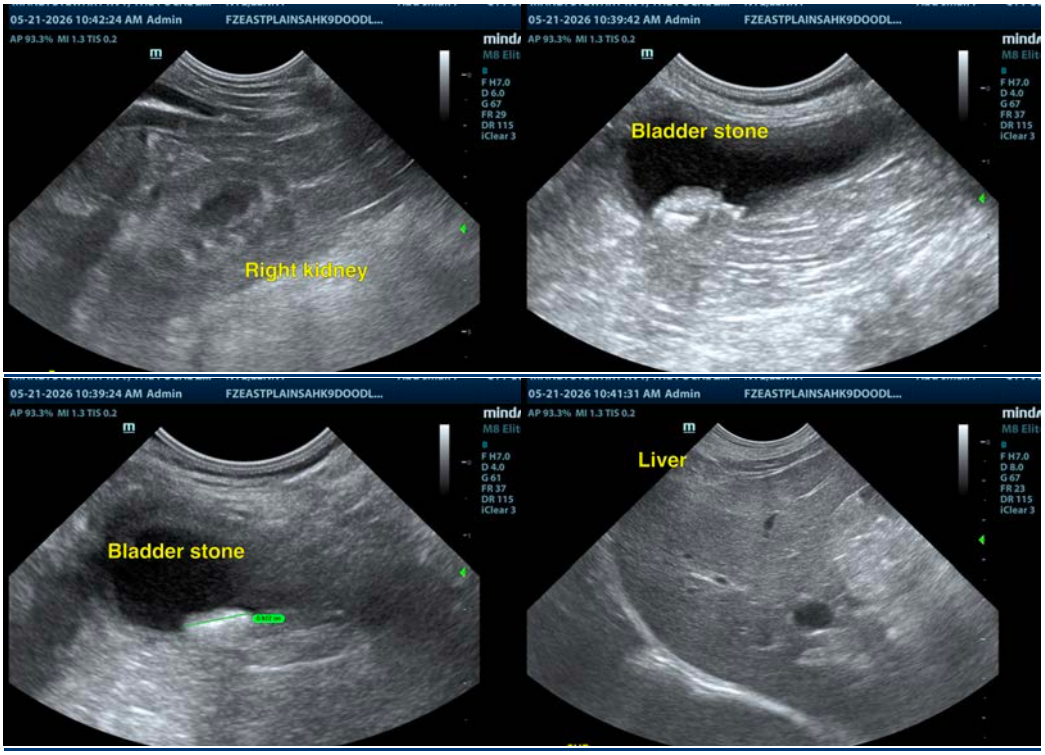
Renal changes are likely age related degenerative changes. Nephroliths may act as a nidus of infection and predispose to urinary tract infections. They can also cause sterile inflammation leading to renal hematuria. They have the potential to move into the ureters or bladder causing obstructive uropathy.

Splenic changes are a common age related change and hyperechoic areas are most consistent with benign myelolipoma, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Ursodiol could be given as a choleretic to help reduce debris accumulation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.



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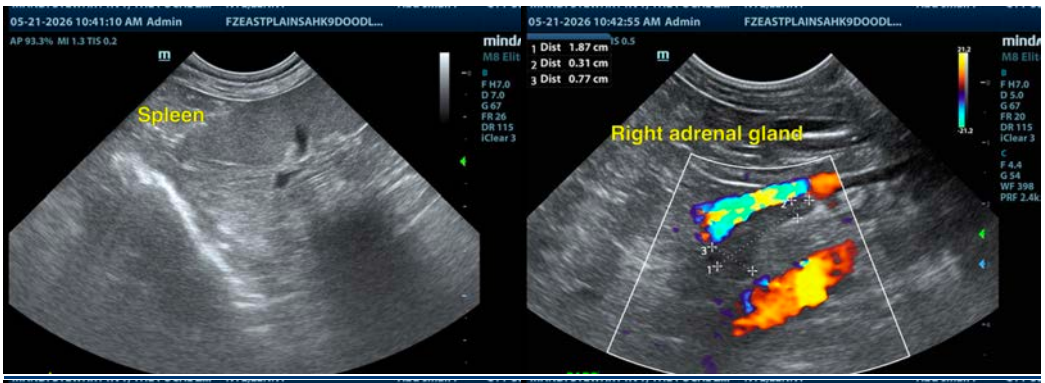

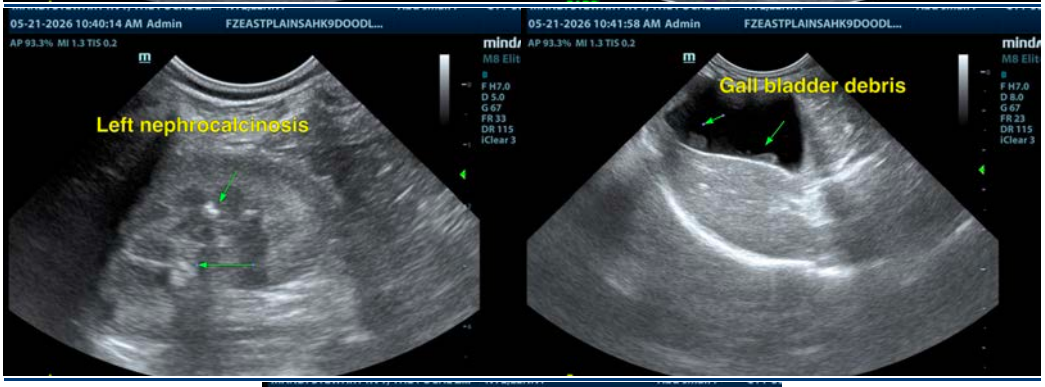

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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