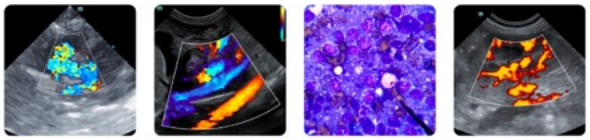


PATIENT

Mya Sullivan

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

8 years

WEIGHT

26.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Hughes

INVOICE

68924

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Recurrent UTI due to bladder stones; RDVM would like to rule out bladder mass and other pathology HISTORY AND CLINICAL SIGNS: Owner notes she has always had a "huge belly" since adoption. Her appetite is intermittent; sometimes she will not eat for two days, but she remains active. Vomiting is occasional Occasionally bleeds frank blood from her rectum MEDICATIONS: 5.4mg Apoquel q12-24hr
Abnormal PE/Chem/CBC/UA Results: BUN 25.5mg/dL TGs = 274mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical ventral to concentric wall thickening measuring up to 0.92 cm. Multiple calculi were noted. The largest of which measured 1.5 cm. Urethral calculi was also noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** was relatively normal in size and contour with non-obstructive corticomedullary mineralization. The cortical parenchyma was fairly unremarkable. The patient is functioning on the left renal function. The left kidney measured 5.7 cm.

The **right kidney** was dystrophic with a pelvic calculus that measured 0.7 cm. Degenerative changes were significant. The right kidney was subnormal in size and measured 1.89 cm.

Adrenal Glands

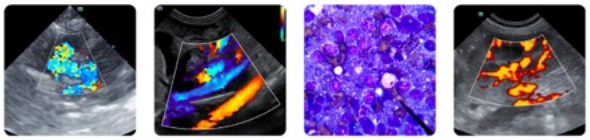
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.96 x 0.64 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 0.57 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder revealed a minor amount of coalesced bile. This is not overtly pathological. There was no overt distension.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colonic wall was slightly thickened measuring up to 0.37 cm, yet there was no loss of mural detail.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Bladder and urethral sand with chronic cystitis bladder pattern.

Benign hepatopathy.

End stage, dystrophic right kidney with nephrolithiasis.

Mild, degenerative left renal changes with calculi.

Minor colonic thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot completely rule out transitional cell carcinoma. However, this is not suspected. BRAF testing and cytospin of a free catch urine sample is recommended to assess for pathological cells. The primary issue in this patient is the urinary bladder and urethra. Cystotomy, stone analysis and bladder wall biopsy are all indicated. Fecal test is indicated in this patient.

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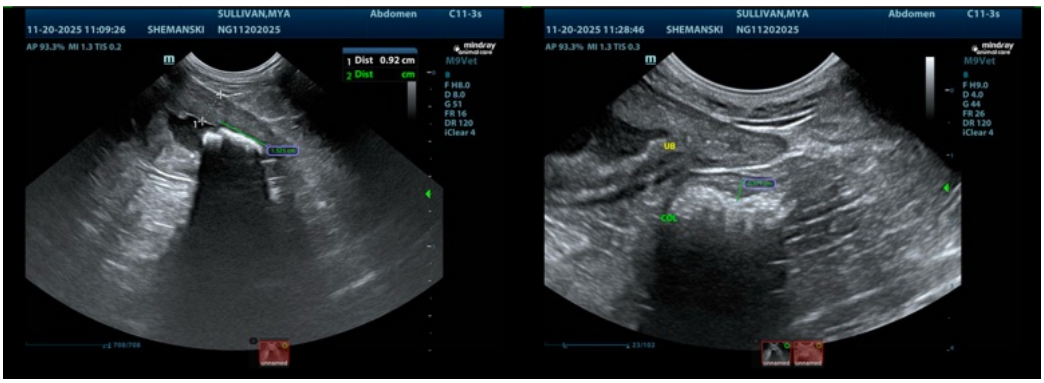

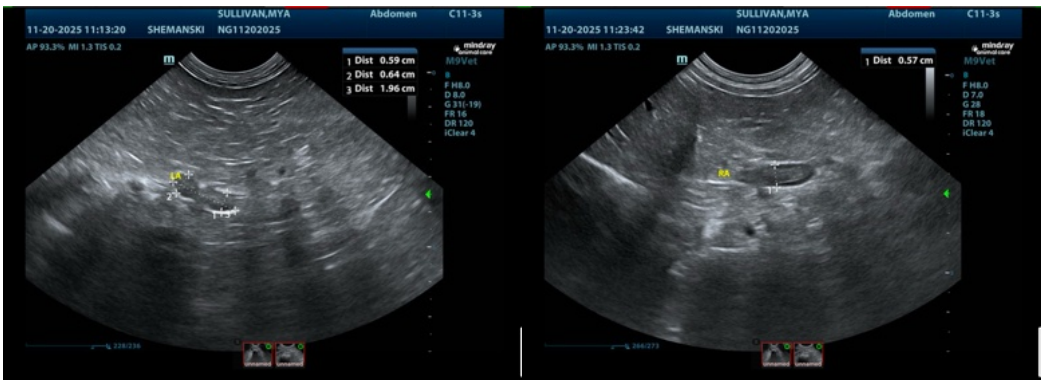

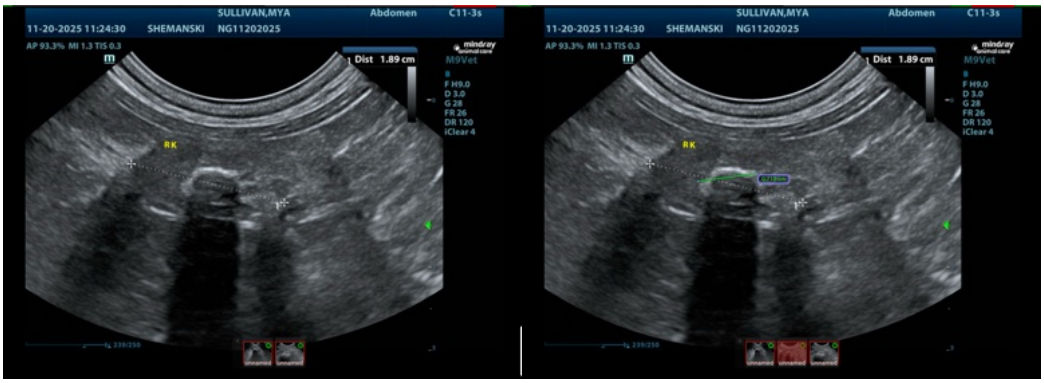

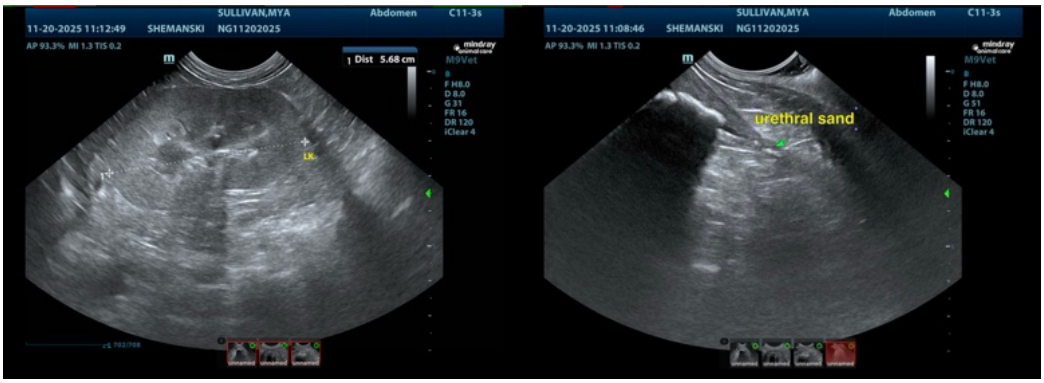

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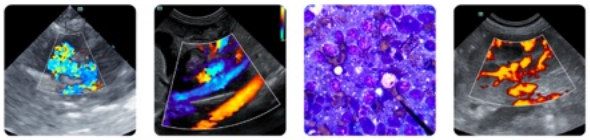

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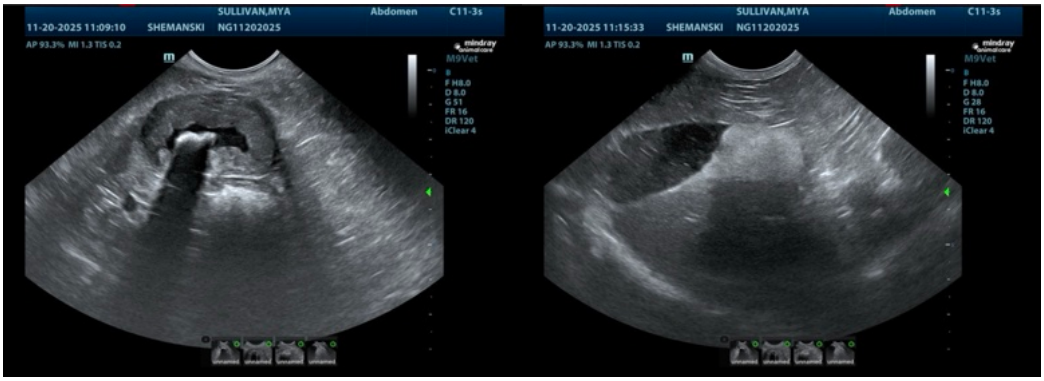

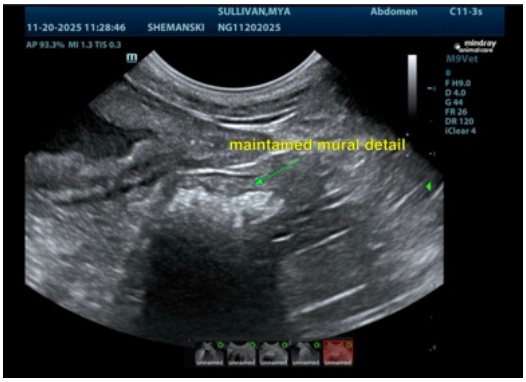

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com