



## PATIENT

Poppy Richards

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Intact Female

## AGE

20 Weeks

## WEIGHT

40.6 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Ackmann

## HOSPITAL NAME

Buffalo Veterinary  
Clinic

## REFERRING VET

Dr. Ackmann

## INVOICE

13764

## DATE

02/13/26

## PRESENTING CLINICAL SIGNS

- Chronic urinary issues since 1/5/26: accidents in house (was doing very well with potty training), squatting more often, increased frequency, and longer to urinate.
- Responded well to Clavamox initially at beginning of this month but rapid recurrence as she started more frequent urinations 1/29/26.

Abnormal PE/Chem/CBC/UA Results: In house UA: significant WBC and RBC, no bacteria, unclassified crystals (<1 /HPF). -Ultrasound: markedly thickened bladder wall but no evidence of stones. -

Cystocentesis: found a blood clot present in the sample. -Hooded vulva -Urinary Culture: no growth

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The lower **urinary tract** in this patient was fully imaged at high resolution. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared empty/normal. Both ureteral papilla were identified. A positive jet was noted in the left ureteral papilla. No overt ectopic ureters were present in this patient. Cannot completely rule out a very small ectopic ureter, however, all of the usual positions for ectopic ureters were imaged.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.4 cm in length. The right kidney measured 7.1 cm in length.

### 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 0.40 cm width. The right adrenal gland measured 0.60 cm width.

### Spleen

The **spleen** presented with subtle micronodular changes consistent with hyperplasia. The spleen was normal in size and contour. The spleen was folded upon itself cranially.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### ***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.

### ***Free Abdomen***

Juvenile mesenteric **lymph nodes** were present measuring up to 2.0 cm 0.50 cm.

## ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy.
- Subtle splenic micronodular changes.
- Positive jet in left ureteral papilla.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the persistent presence of elevated white count, I recommend longer treatment for underlying UTI over a 3-4 week period and reassessment of the clinical signs as resistance or lack of complete clearing may be an issue in this patient. If clinical signs persist, recheck sonogram is warranted and/or CT with contrast if ectopic ureters are persistently considered a differential. Very small ectopic ureters tend to grow in size as the patient increases in age.



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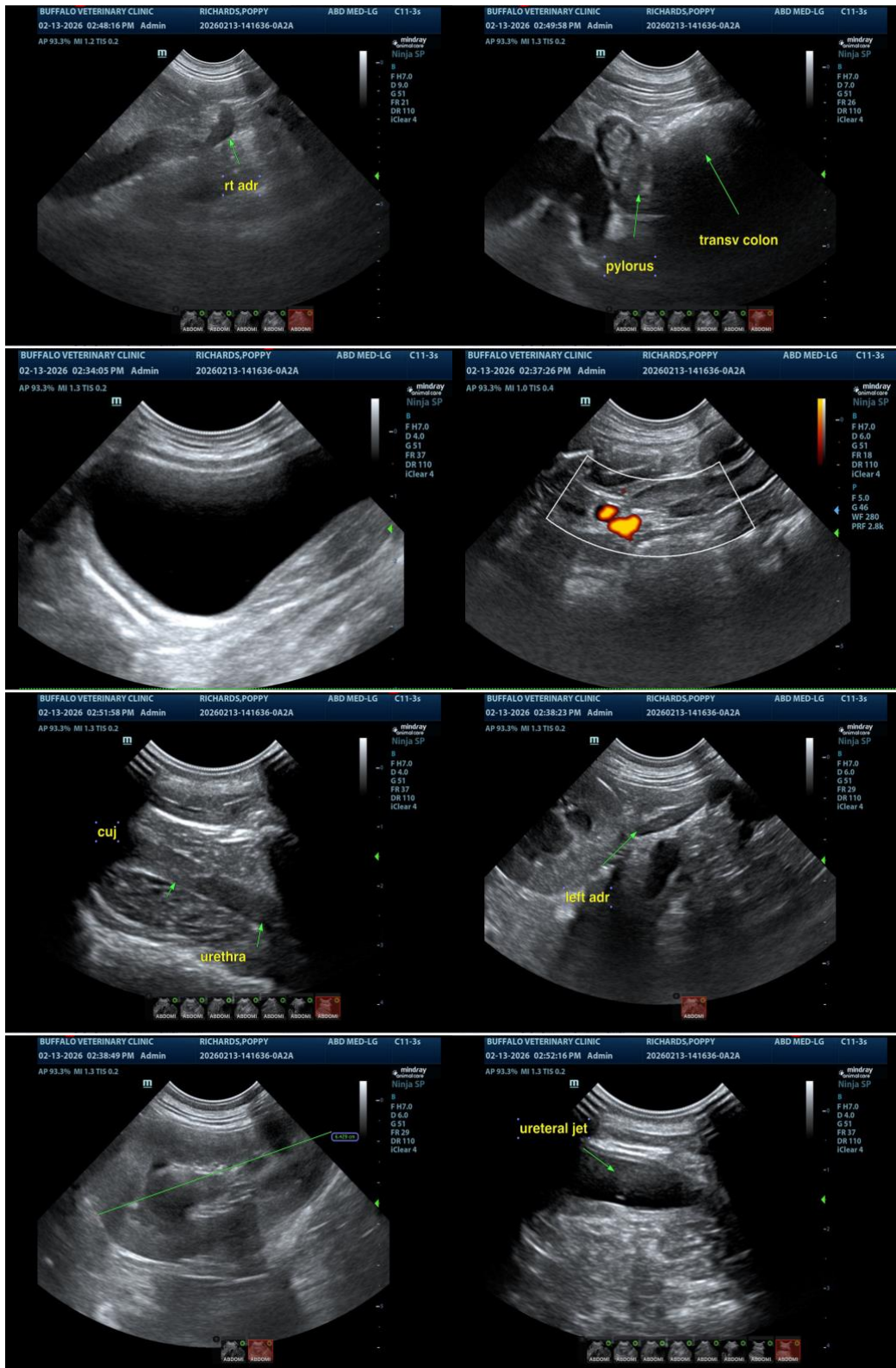
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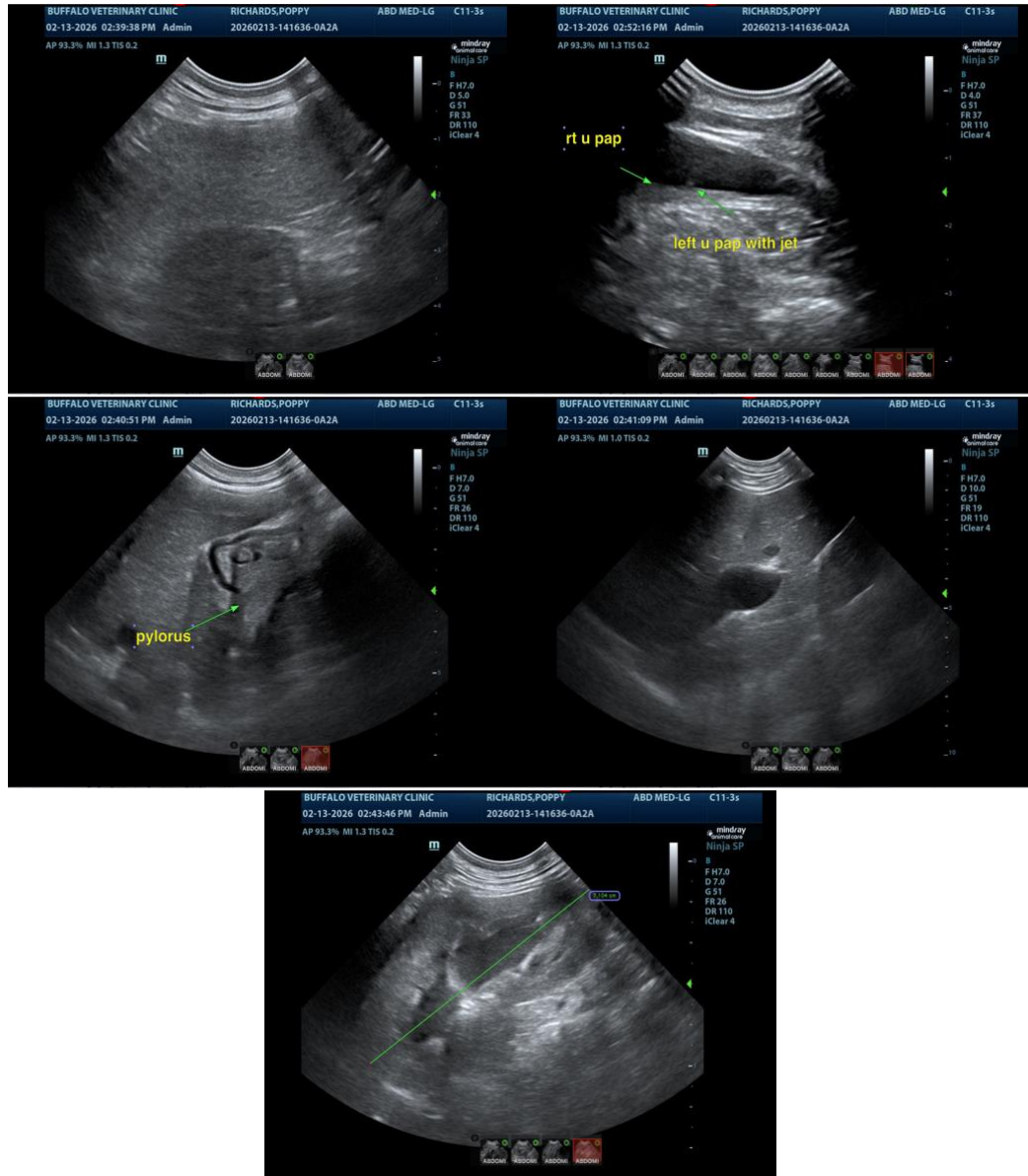
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)



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