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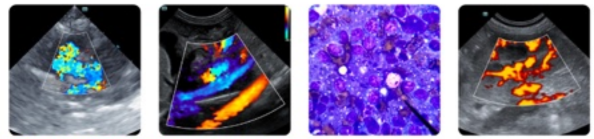


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dixie Hagood

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

12 years

WEIGHT

59 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wes Spangler

HOSPITAL NAME

TotalBond VH Paw Creek

REFERRING VET

Dr. Wes Spangler

INVOICE

71773

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Treated for UTI in mid December 2025, hematuria resolved and has recurred in early Feb 2026. Brief scan of UB at the firs February recheck showed concern for possible bladder wall mass. Labwork shows recurrent UTI likely with addition of 2+ epithelial cells. Patient it otherwise normal at home with mild to moderate osteoarthritis, no v/d/c/s.
- H ALT 229 (18 - 121) U/L H AST 66 (16 - 55) U/L L Specific Gravity f 1.017 (1.030 - 1.098) pH 7.0 (6.0 - 7.5) Urine Protein 2+ Glucose NEGATIVE Ketones NEGATIVE Blood / Hemoglobin 3+ Bilirubin 1+ Urobilinogen NORMAL White Blood Cells 6-10 HPF H Red Blood Cells 20-30 HPF Bacteria g MARKED RODS >40/HPF Epithelial Cells 2+ (3-5)/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented significant mural hypertrophy measuring up to 0.9 cm with suspended debris and striating bile. The ureteral papilla and cystourethral junction were unremarkable. The wall thickening was mainly ventral and apical with polypoid changes. This is most consistent with chronic cystitis. However, I cannot rule out emerging carcinoma.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted as well as echogenic debris. Occasional minor cortical cysts are noted. The left kidney measured 5.5 cm. The right kidney measured 6.0 cm.

Adrenal Glands

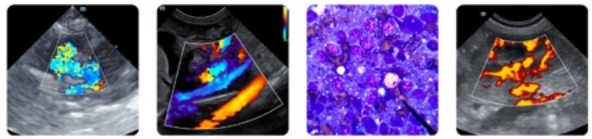
The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.65 cm. The region of the **right adrenal gland** was imaged with no evidence of pathology.

Spleen

The **spleen** revealed focal, hypoechoic nodule at the splenic hilus measuring 0.98 cm. Hyperechoic lipid plaques were noted. Minor, heterogenous parenchymal changes were noted elsewhere in the spleen. Mild generalized enlargement was noted.

Liver

The **liver** revealed minor coarse architecture with increased portal markings. The hepatic veins were not dilated. The gallbladder was mildly over distended with suspended and dependent debris, yet not to



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the level of emerging mucocele, yet sludge appears to be mildly excessive. Coalescing bile was noted creating a precursor to calculus measuring up to 2.0 cm. Over distension and wall thickening was noted. Some striation would suggest emerging mucocele. No adjunctive inflammation was noted.

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. 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.

ULTRASONOGRAPHIC FINDINGS

Suspect chronic pyelonephritis.

Cystitis.

Non-specific, low-grade inflammatory hepatopathy with emerging mucocele.

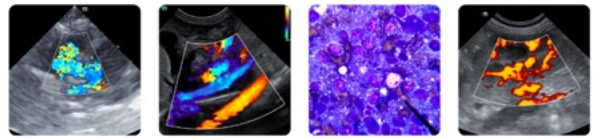
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is warranted as there is no evidence of transitional cells, therefore, carcinoma is unlikely. Urine culture and sensitivity with 6-8 week antibiotic protocol is warranted. IV fluid support and injectable antibiotics over a 72 hour period may prove fruitful in allowing for optimal antibiotic penetration into the urinary tract. Depending on urine culture and sensitivity results, Ceftiofur may be the best option in this patient. It can be given s.i.d. after urination in the evening to maximize lower urinary tract concentrations.

Ursodiol therapy is recommended over a 6-8 week period.

Examination of the vaginal vestibule is recommended to assess for predisposing issues such as recessed vulva or urine pooling.

Recheck sonogram of the urinary tract and gallbladder is warranted prior to stopping Ursodiol and antibiotics.



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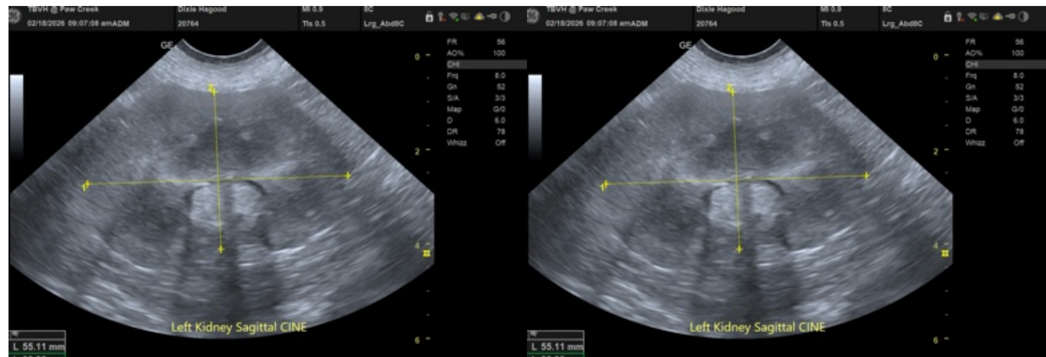

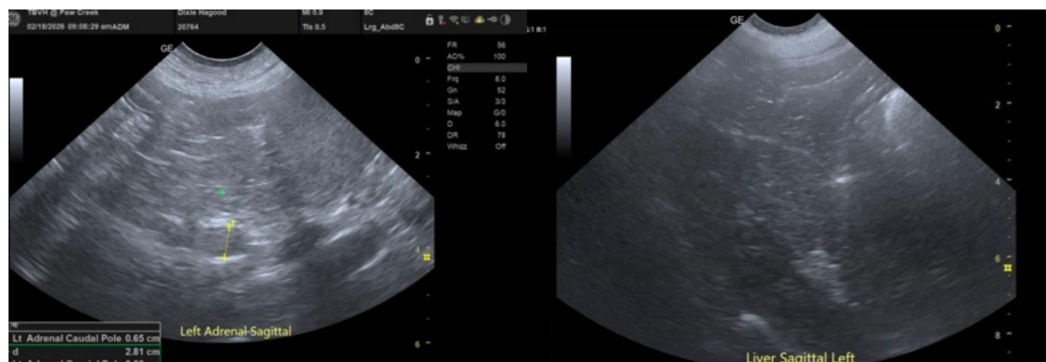

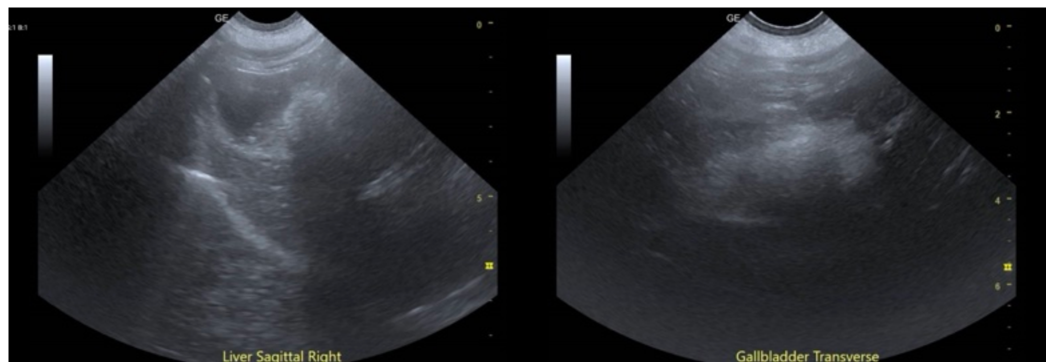

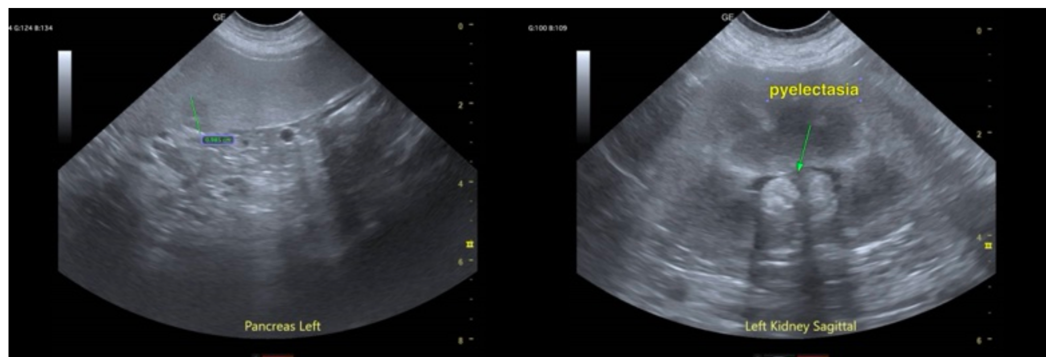

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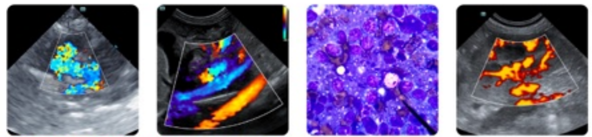

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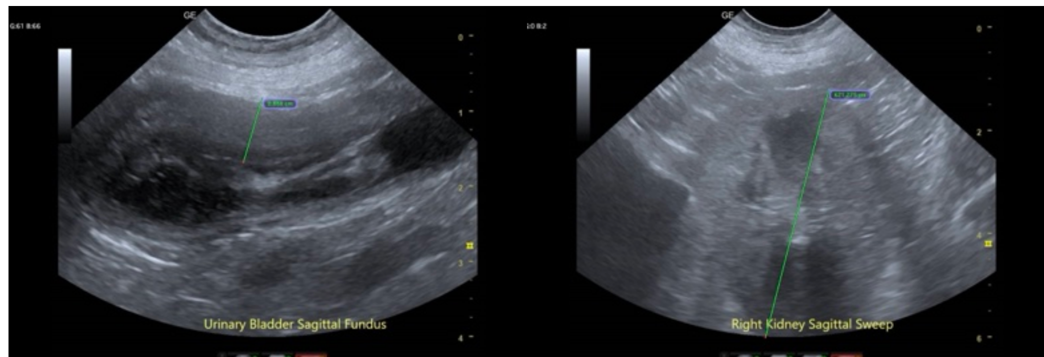

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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