



PATIENT

Sausy Monneyhan

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

12 years

WEIGHT

69 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell, DVM

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Bramlett

INVOICE

71396

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- UTI
- No BM since 2/7/26 per O
- Loss of appetite- pet is usually very food motivated. Less drinking.
- Will squat for long periods of time trying to urinate, also dribbles urine while walking. Mucoïd yellow discharge emitted from vulva.
- URINE: RBC/WBC >50/hpf Rod and cocci bacteria present Protein 3+ PE: Heart murmur 2/6 Muscle wasting over spine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A large blood clot or attached debris was noted. This appeared to be power Doppler negative and occupied the cranial pole. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** appeared to be swollen with mild, hyperechoic, pericapsular inflammation and slight free fluid. Pyelectasia and slight areas of mineralization were noted in the kidneys. Slight cortical infarcts were noted at the caudal pole of the left kidney. The left kidney measured 6.4 cm. The right kidney measured 7.32 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 0.88 cm at the caudal pole and 0.9 cm at the cranial pole. The right adrenal gland was not visualized.

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. Anechoic cysts were noted in the mid cranial liver measuring 1.9 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The



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gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

Free Abdomen

An undifferentiated mass was noted dorsal to the urinary bladder.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Nephritis pattern with pyelectasia. Possible pyelonephritis

Undifferentiated mass noted dorsal to the urinary bladder. Associated with the uterine stump or possible ureter.

Blood clot or debris in the bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history this may be associated with one of the ureters. It appears to deviate the pelvic urethra. Uterine stump pathology is also possible. The urethra appears to be unaffected other than deviation. 25-gauge ultrasound-guided FNA is indicated of the mass for further definition. The straining to urinate is likely owing to deviation of the lower urinary tract from the adjacent mass. Prognosis is guarded to poor depending upon underlying cytology. Examination of the vaginal vestibule is



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warranted for extruding pathology.

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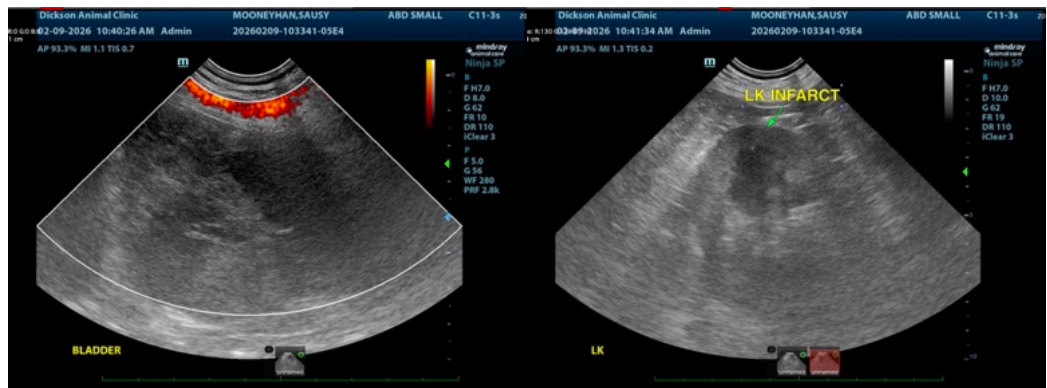
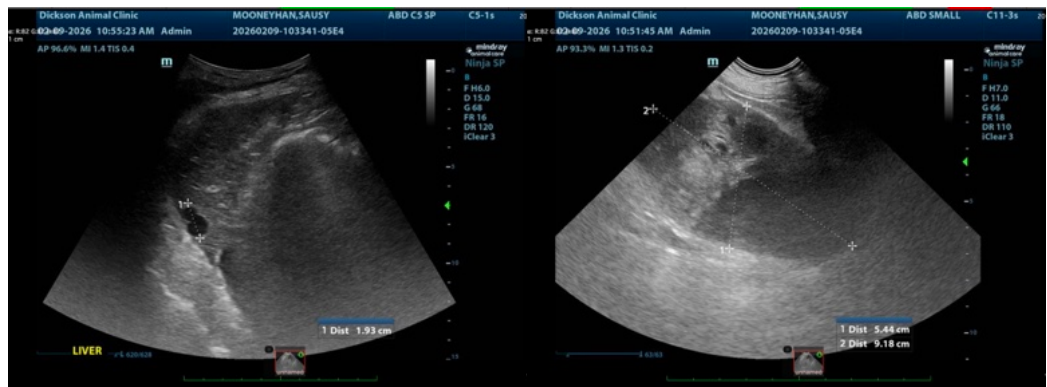
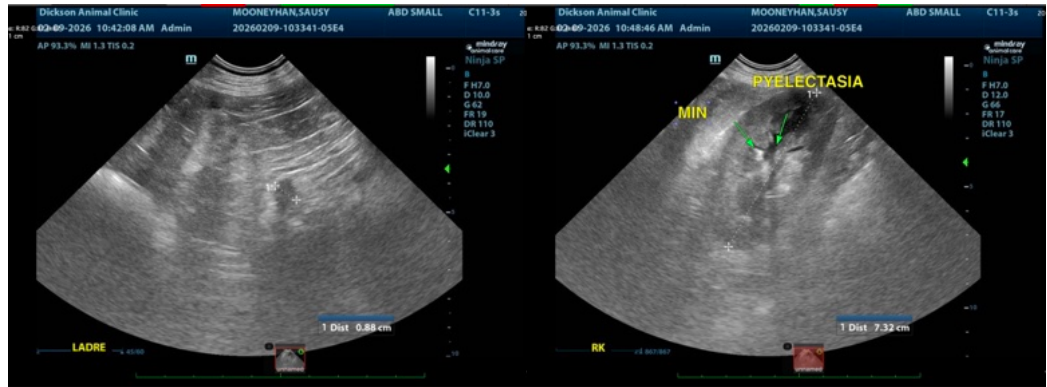
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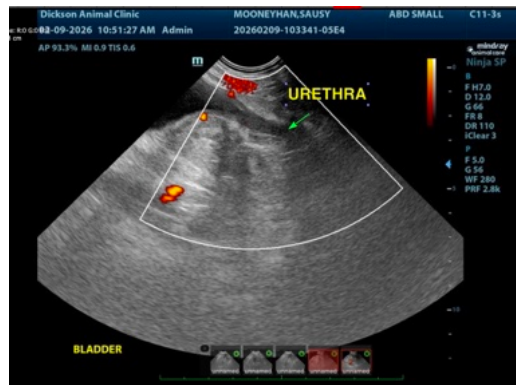
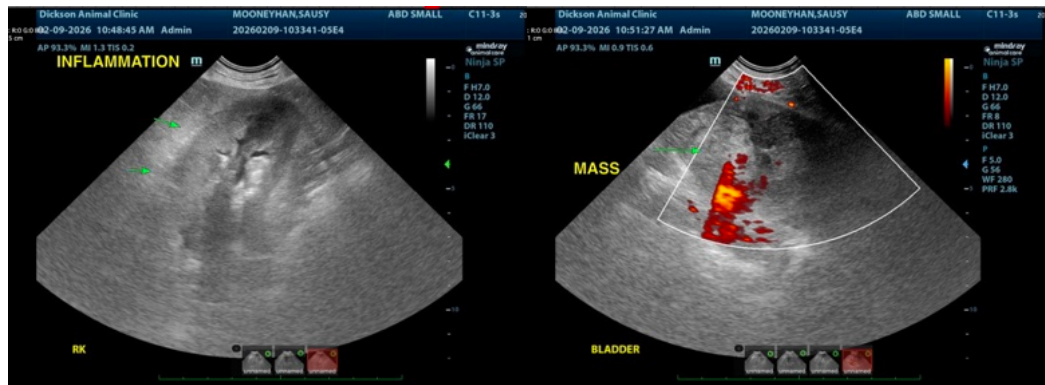
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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