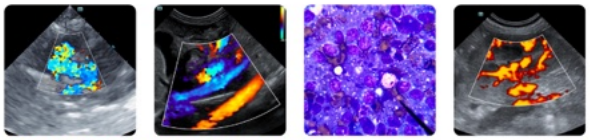


PATIENT

Juniper Long

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

11 weeks

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug CVT

HOSPITAL NAME

Ultra Veterinary Sonography

REFERRING VET

Colonial Terrace AH

INVOICE

74642

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: 11 week old Puppy chronically leaking urine
Abnormal PE/Chem/CBC/UA Results: <5 RBC and WBC per HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The body of the **urinary bladder** was unremarkable, yet the ventral wall revealed a focal, hyperechoic area. This is consistent with dystrophic mineralization or resolving mural hematoma from cystocentesis. This is not an infrequent finding and should be monitored. The cystourethral junction was unremarkable. The left ureteral papilla appeared normal. The right ureteral papilla appeared slightly thickened with minor ureteral dilation at 0.25 cm.

The **kidneys** were both swollen with loss of corticomedullary definition and mild pyelectasia. 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. Heterognoeus, nodular cortices were noted in this patient as well with irregular contour. The right kidney measured 5.45 cm. The left kidney measured 5.85 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

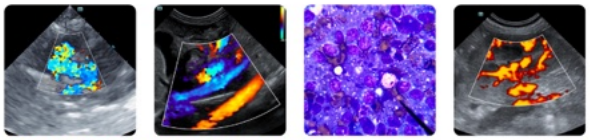
The **spleen** revealed subtle, micronodular changes. This is most consistent with hyperplasia. I cannot rule out splenitis.

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

Slight physiologic free fluid was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Ventral bladder wall mineralization or resolving hematoma.

Swollen, irregular nodular kidneys with pyelectasia. Strong concern for primary renal dysplasia.

Right ureteral papilla appeared slightly thickened with minor ureteral dilation. Cannot rule out a small, ectopic ureter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All images were tripled and amplified file size in read time. I am strongly concerned for some level of renal dysplasia in this patient. Pyelonephritis can present in this fashion, yet I would expect more an inflammatory pattern around the renal pelvises.

I do not visualize any ectopic ureters. However, I cannot rule out a very small one at this age.

IVP or CT with contrast would be ideal in this patient. Management for any level of urinary tract infection is indicated over the next 3-4 weeks with a recheck sonogram would also be a valid approach.

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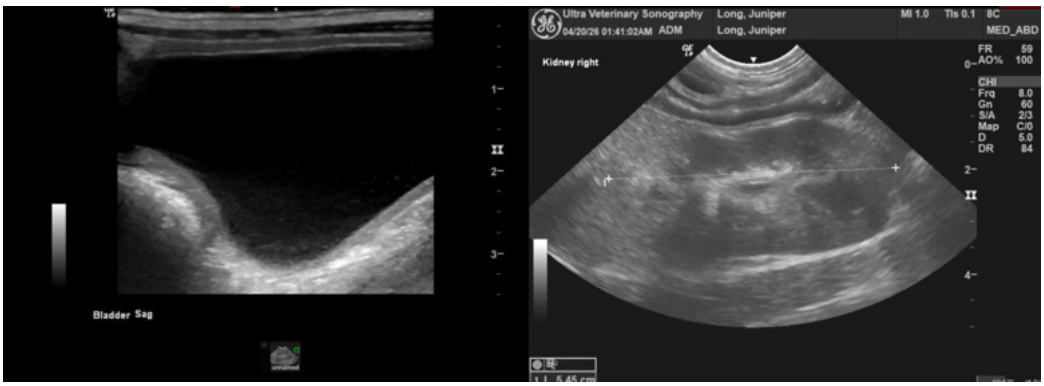

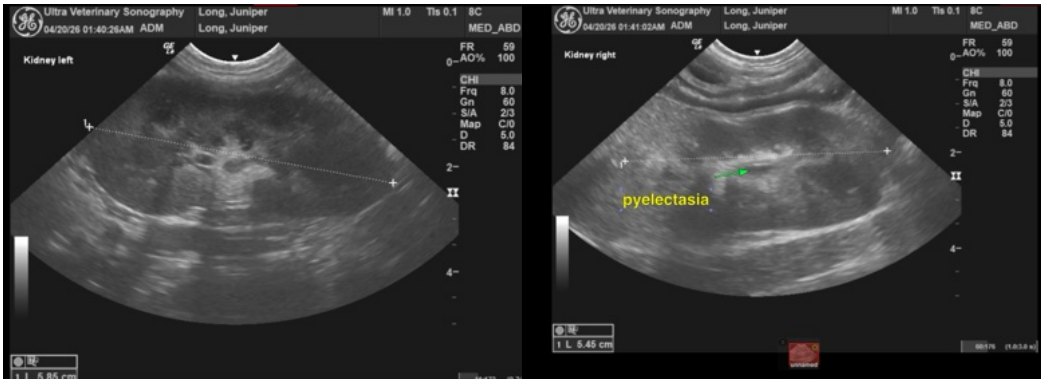

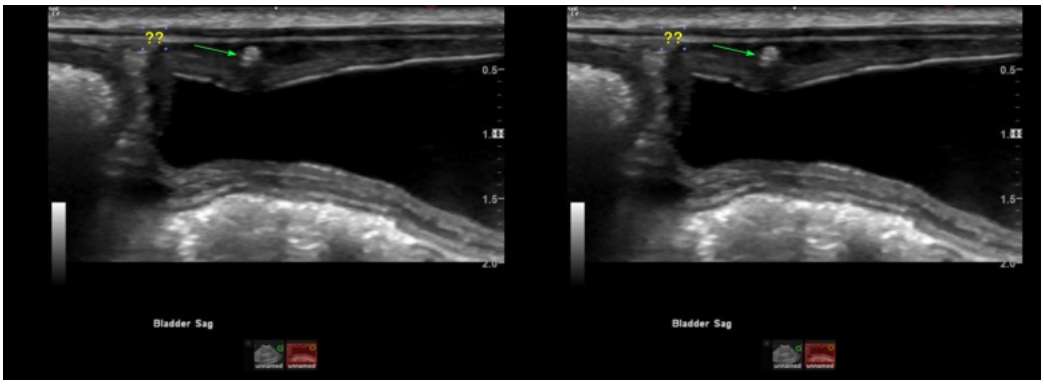

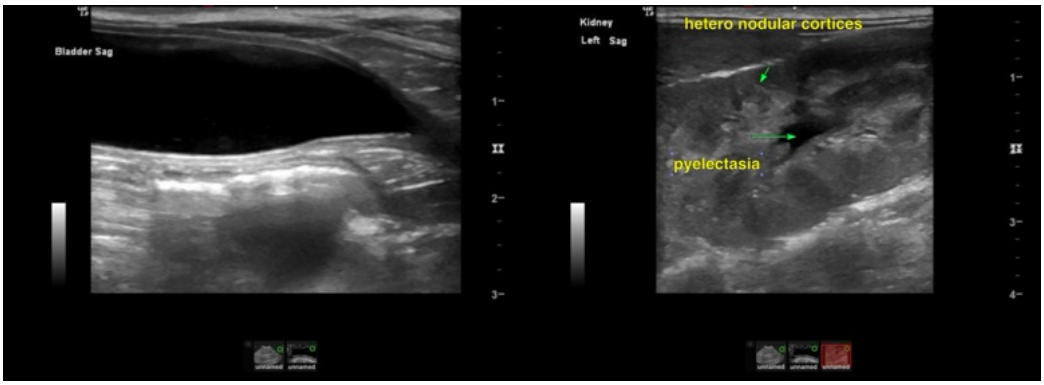

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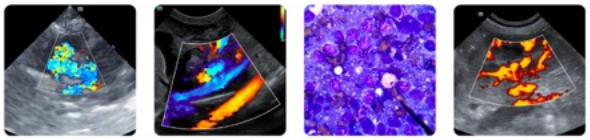

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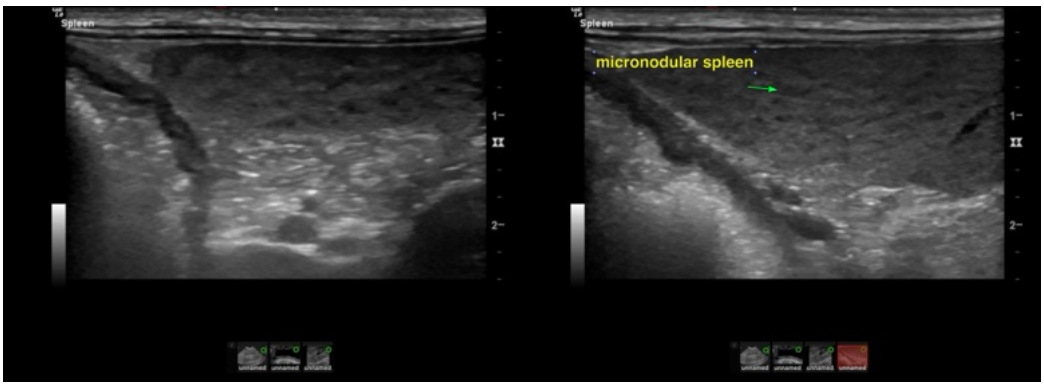

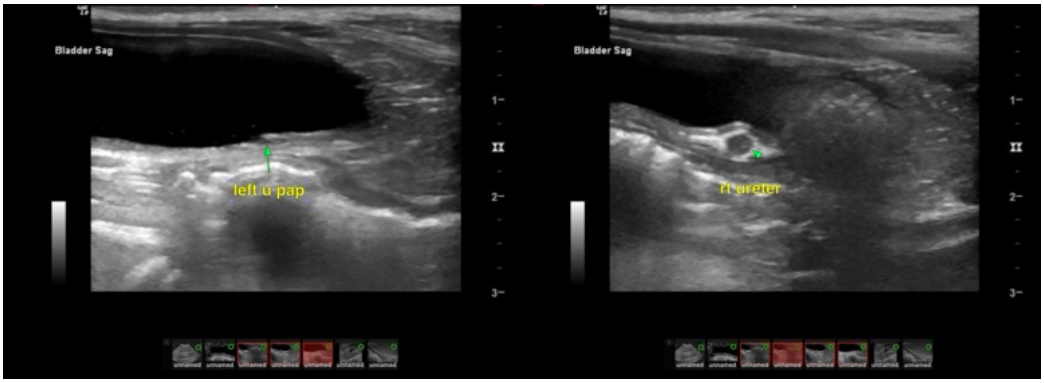

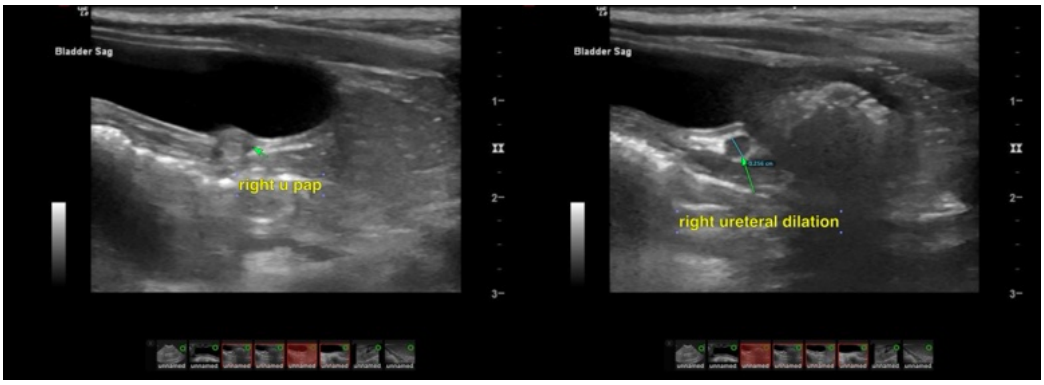

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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