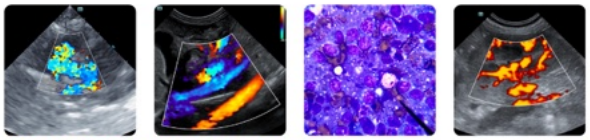

PATIENT

Daaya Tacinelli

SPECIES

Canine

BREED

Bulldog Mix

SEX

Spayed female

AGE

6 years

WEIGHT

31 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pator

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

78443

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: urinary issues, had cystitis that responded to antibiotics in February, now dripping urine but UA not consistent with infectious
Abnormal PE/Chem/CBC/UA Results: urine has blood and few struvites (much less than in February when WBC's and protein were also present), pH improved from 9 to 8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was empty. Minor wall hypertrophy was noted and measured up to 0.87 cm. This is difficult to assess given the lack of contrast. The proximal urethra was unremarkable. However, I cannot rule out distal urethral pathology.

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 5.7 cm. The right kidney measured 5.7 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 0.65 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.4 cm at the caudal 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 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.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

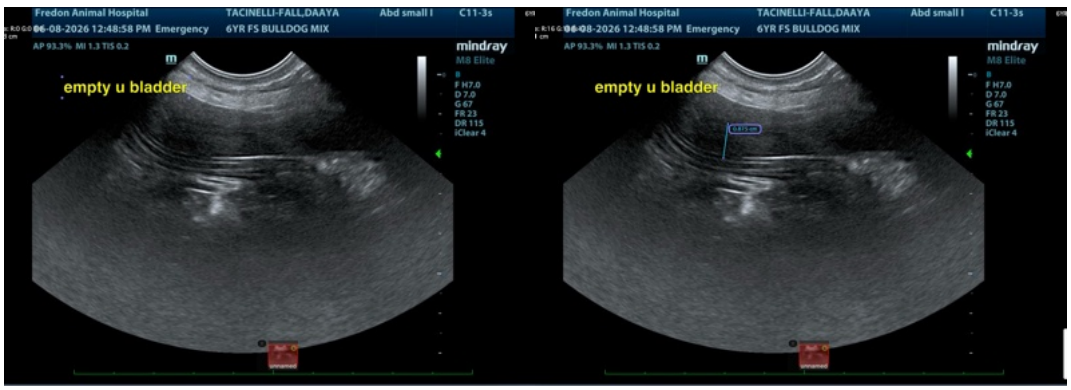
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Minor bladder thickening, idiopathic cystitis or potential occult neoplasia is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a recheck sonogram at full bladder. BRAF testing is indicated as well as cytospin of free catch urine sample to assess for any neoplastic cells. Further imaging at full bladder is indicated possibly under sedation to image the full deep pelvic urethra. Vaginal examination is also indicated for underlying pathology. Linear high resolution imaging of the pelvic urethra and cystourethral junction would be ideal.



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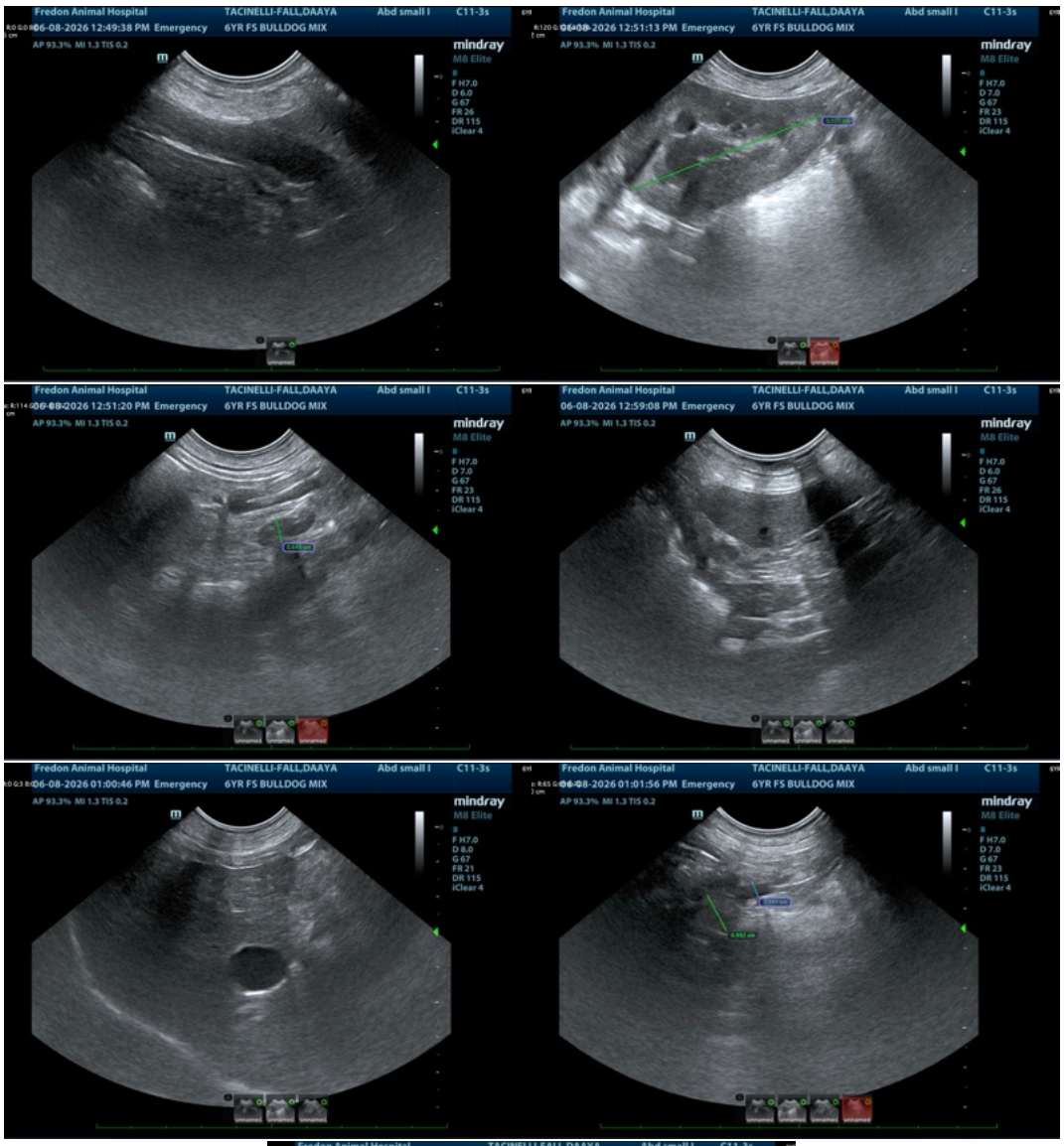
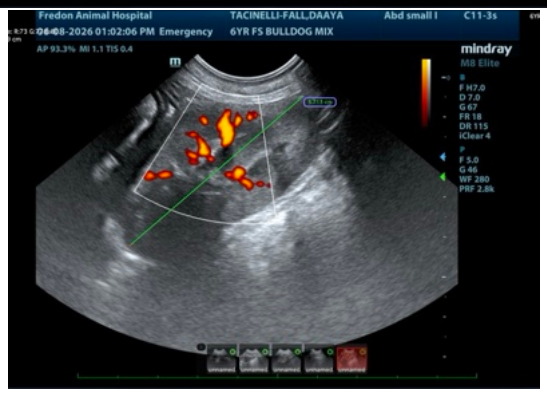
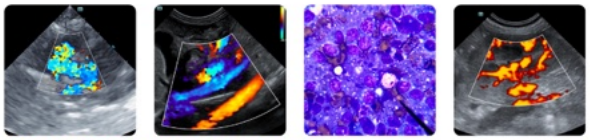




The information and recommendations provided are based on the images presented by the



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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