



PATIENT

Kali Janowski

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

12 year

WEIGHT

62 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Mount Olive Vet

REFERRING VET

Dr. Logan

INVOICE

68914

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Straining to urinate, blood in urine, discomfort. BW WNL, UA +2 blood, RBC 11-20, SPG 1.052. Meds: Gabapentin, Carprofen, Enrofloxacin
 Abnormal PE/Chem/CBC/UA Results: UA Blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended with mild echogenic debris. The urethra revealed a deep mass that initiated with various thickening. Various thickening was noted and extends 5.0 cm in the pelvic urethra. The majority of the mass initiates approximately 3.0 cm deep in the pelvic urethra. The over distension of the bladder may be causing slight fluid extending into the abdominal cavity, but it was traced at the beginning of the sonogram. Inflammatory pattern was noted associated with the thickening urethra.

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 and no evidence of pelvic dilation was present. The right kidney measured 5.94 cm. The left kidney measured 7.1 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 2.38 x 0.35 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 1.7 x 0.46 cm at the cranial pole and 0.38 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



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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

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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.

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Pancreas

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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.

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Free Abdomen

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Slight free fluid was noted adjacent to the cystourethral junction.

ULTRASONOGRAPHIC FINDINGS

Over distended bladder with deep pelvic urethral mass. Strongly consistent with urethral carcinoma.

IMAGING PERFORMED BY

Rebecca Hamilton

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Referral for urethral stent placement is indicated. BRAF testing is indicated. The fluid was progressively accumulating during the exam likely owing to over distension or potential urethra rent. Decompression of the bladder with eventual stent placement is necessary in this patient.

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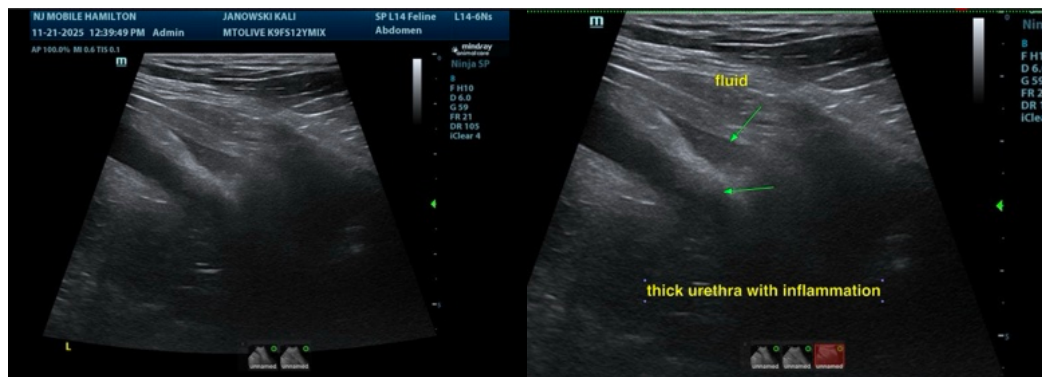
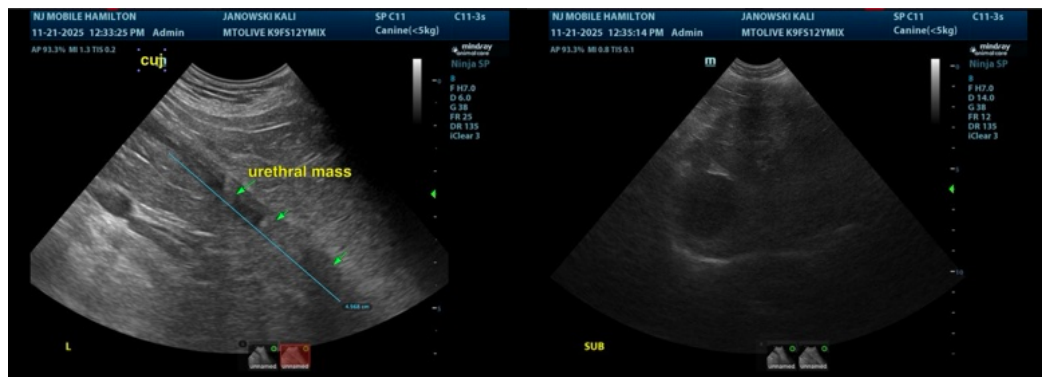
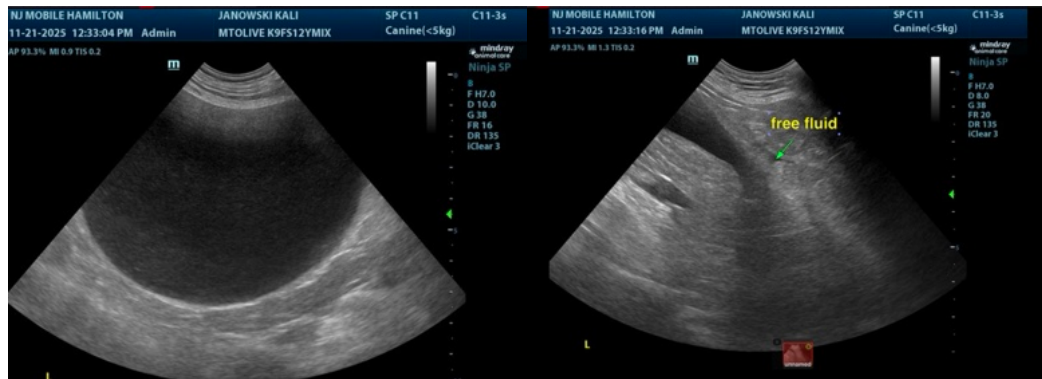
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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