



PATIENT

Kona Petriano

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

73.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Russell Earl

INVOICE

71301

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Persistent hematuria. No clinical signs reported. Routine labwork (as well as follow-up) revealed persistent hematuria even following course of cefpodexime (despite not bacteria and negative culture) but hematuria persisted.
- NSF on CBC/chem 4 DX neg Fecal = Ova and Ag = all negative. UA – RBC's = 50-75/ HPF Specific Gravity = 1.043

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable in the body, ureteral papilla and cystourethral junction. However, the deep pelvic urethra appeared to be thickened with slight areas of mineralization just beyond the normal visualization from a sonographic standpoint. The region in question appeared to be 4.0 cm deep into the pelvic urethra.

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. Pinpoint mineralization was noted in both kidneys. The left kidney measured 7.4 cm. The right kidney measured 6.9 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 2.32 x 0.69 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 2.3 x 1.6 cm at the cranial pole and 0.94 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with deep pelvic urethral thickening.
- Slight renal mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend cystoscopy in this patient to assess for any luminal pathology. There is concern for emerging carcinoma versus urethritis. Cystoscopy is indicated. There was no evidence of metastatic disease. There is a possibility of periodic passage of renal calculi, yet no obstructive disease noted at the time of the sonogram. If cystoscopy is not utilized a recheck sonogram is recommended in 7-10 days, possibly under sedation to allow for further imaging of the deep pelvic urethra.

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