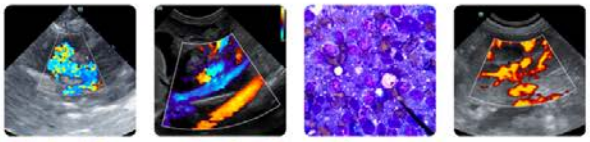

PATIENT

Maggie Mae Eagle

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Spayed Female

AGE

14 Years 6 Months

WEIGHT

4.72 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Courtney Rhodes, DVM

INVOICE

74766

DATE

4/28/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate recurrent urinary tract infection with hematuria and pyuria, increased drinking (chronic), increased urination (urinating in crate overnight, asking to go out more), perianal licking (r/o secondary to UTI discomfort). PMHx: enlarged adrenal gland- appreciated during sx for ruptured splenic mass; benign splenic mass (removed in 9/2025). Recent meds: SMZ-TMP

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 43.2%, RBC 5.79 L (5.84 - 8.95), Monocytes 1.053 H (0.145 - 0.736), Platelets 684 H (120 - 412) Chem: SDMA 16 H (0 - 14), BUN H (34 9 - 31), Lipase 296 H (0 - 250), normal LES, remainder NSF UA: USG 1.021 L, pH 5.5L, WBC 34/hpf, RBC > 50/hpf, bld 250 Ery/uL, no bacteria visualized on microscopic analysis UC: No growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. Mild debris present. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The proximal urethra is mildly dilated at 2.7 mm in width. No cause for mild urethral dilation seen.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. No infarcts observed. There is mild renal pelvic dilation noted in the left kidney measuring 1.6 mm in width. Left kidney measures 3.7 cm. Mild non-obstructive dystrophic mineralization is noted in the right kidney. Right kidney measures 3.66 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 5.2 mm.

The caudal pole of the left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.0 mm. The cranial pole has a small isoechoic nodule present measuring 7.7 mm x 6.7 mm, most likely an incidental finding.

Spleen

The spleen is not visualized. The patient had a splenectomy performed Fall 2025.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

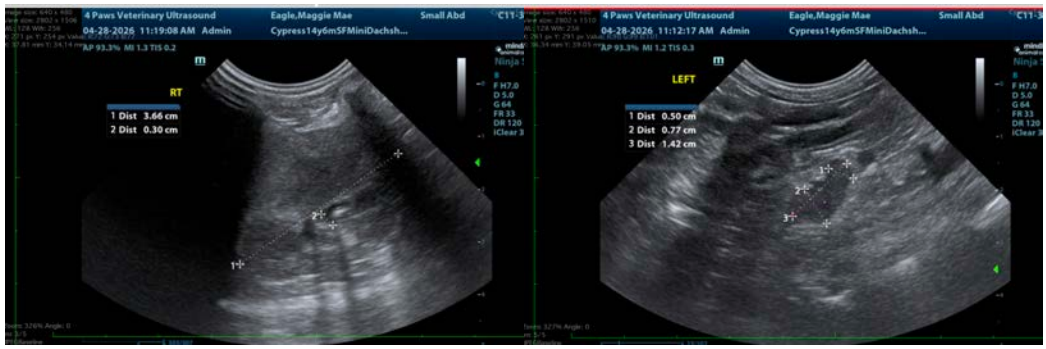
ULTRASONOGRAPHIC FINDINGS

- Mildly dilated proximal urethra – This may be a normal variation. However, an obstructive process in the non-visualized portion of the urethra cannot be ruled out, specifically the pelvic urethra.
- Mild left kidney pyelectasia – Potential normal variation or could indicate possible pyelonephritis. However, urine culture was negative.
- Mild gallbladder debris – Appears clinically incidental.
- Small nodule cranial pole left adrenal gland – likely incidental.
- Mild urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If radiographs have not been taken that allow visualization of the entire urethra, recommend doing so to rule out presence of a radiopaque ureterolith present that could potentially be the cause for the mildly dilated urethra. If no ureterolith is seen or suspected, consider submitting a BRAF test to screen for transitional cell carcinoma that was not obviously seen on this exam. If BRAF testing is negative and patient's clinical signs persist, given the negative urine culture at that time, a cystoscopy would be recommended.

It was reported that during a splenectomy in the Fall of 2025 an enlarged adrenal gland was seen during surgery. However, this is not appreciated on today's scan.



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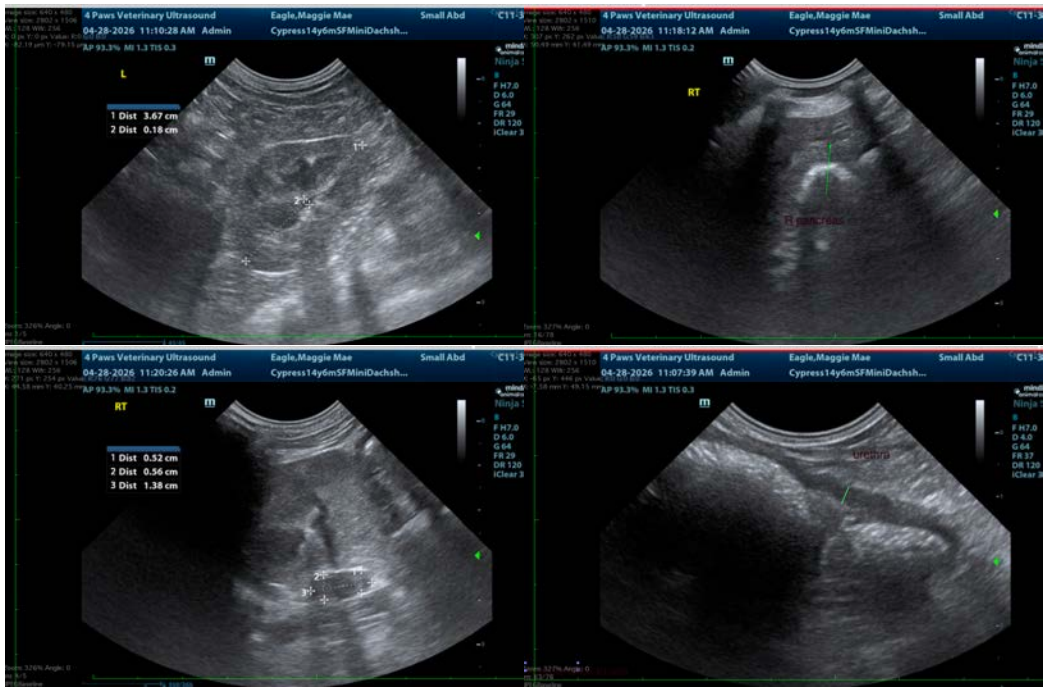

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com