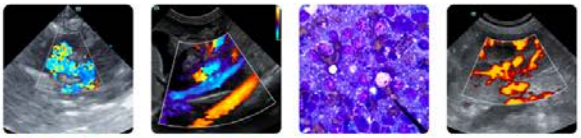

PATIENT

Roxie Womer

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

12 Years

WEIGHT

56.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Charlotte Case

INVOICE

74260

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Further assess frequent UTIs + stranguria. OA of hind limbs, recessed vulva. 4 lb weight loss from Jan.

Current Meds: Galliprant, Zenequin (Trazodone/Gabapentin sed.)

Abnormal PE/Chem/CBC/UA Results: Globulins-3.7 (H 3.6); ALT-183 (H 118); UA: 3+ blood (4-10 RBC); WBC (11-20); Rods (26-50); USG: 1.031

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed.

The caudal urethra has an intramural mass lesion present. The urethra measures 4.5 mm in width in the area of the mass.

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. There is no evidence of pyelectasia or infarcts observed. The left kidney measured 6.0 cm. The right kidney measured 5.36 cm.

Adrenal Glands

The right adrenal gland is mildly enlarged. The cranial pole measures 9.5 mm and the caudal pole measures 9.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.7 mm and the caudal pole measures 7.8 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

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.

Gastrointestinal

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

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

Cardiac images were provided, no pericardial effusion seen.

ULTRASONOGRAPHIC FINDINGS

- Intramural urethral lesion – Differentials include neoplasia such as transitional cell carcinoma, other malignant neoplasia, possible granulomatous urethritis or other inflammatory diseases. Less likely this lesion is a hematoma.
- Age related renal changes with mineralization – Possible early chronic kidney disease.
- Gallbladder debris – Appears to be an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

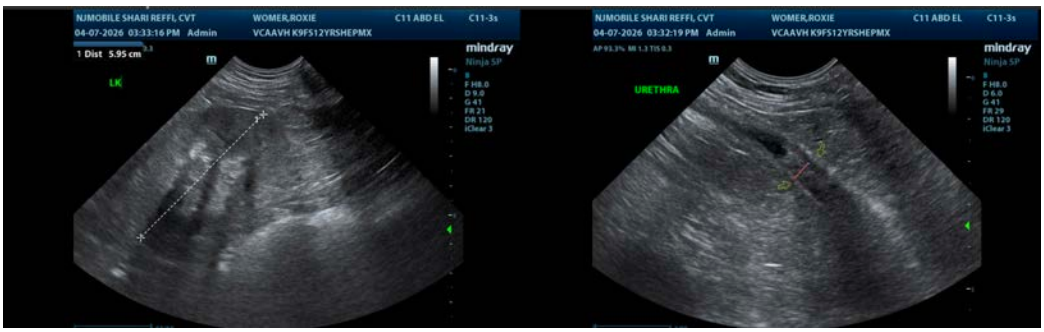
The patient's clinical sign of frequent urinary tract infections and stranguria is most likely due to the intraluminal lesion within the caudal urethra. Recommend submitting BRAF testing to rule out transitional cell carcinoma. If ruled out, recommend cystoscopy to further evaluate and biopsy the lesion within the lumen of the caudal urethra.

Given the rod bacteria observed on urinalysis, consider submitting a urine culture and antibiotic sensitivity to determine appropriate antibiotic treatment plan for the patient.

Regarding the kidneys, recommend full staging, monitoring and managing of the patient per IRIS guidelines for chronic kidney disease.

If there is evidence for possible hyperadrenocorticism, consider performing a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

Prognosis is open pending results of recommended diagnostics.



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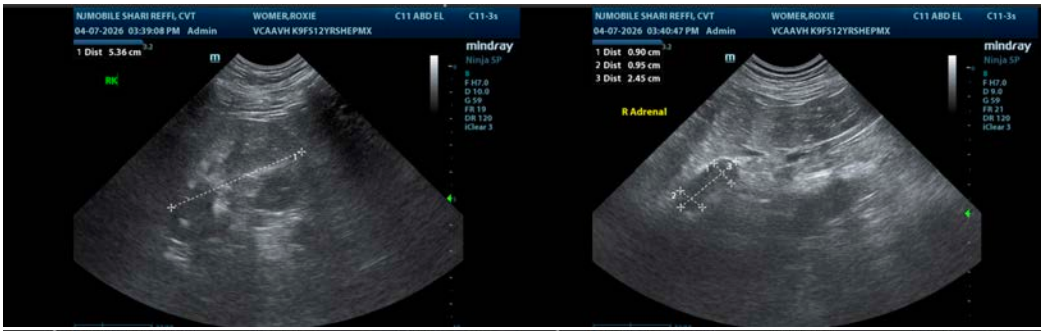

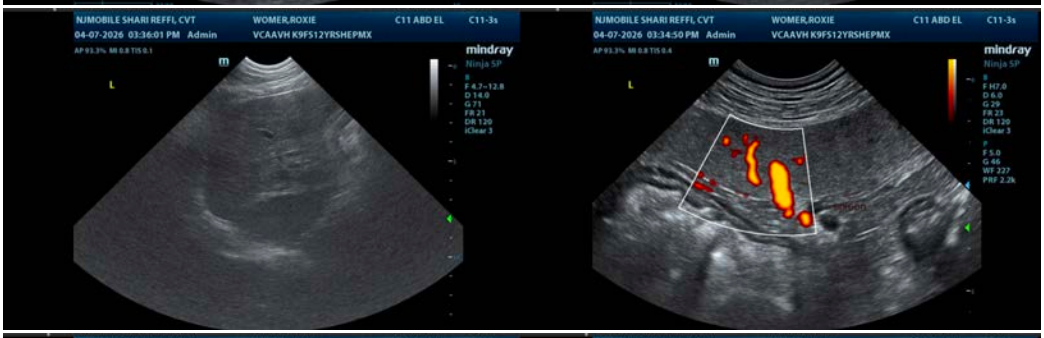

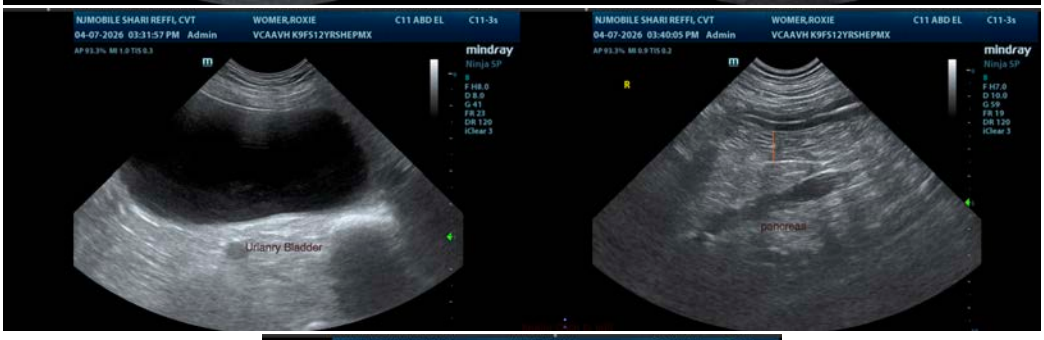

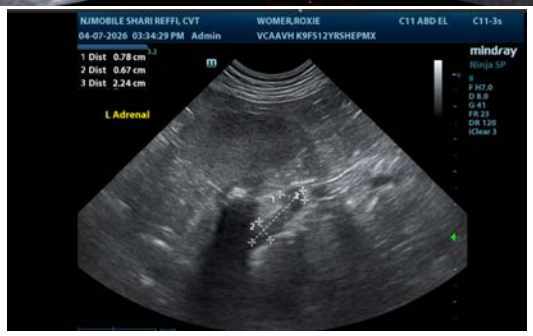

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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