

**PATIENT**

Abby Ortiz

SPECIES

Canine

BREED

Mixed

SEX

SF

AGE

12 years

WEIGHT

20 lbs

INTERPRETED BYKaren Ebersole, DVM,
DABVP (Canine and
Feline)**IMAGING
PERFORMED BY**

Dr. Scott

HOSPITAL NAMEWyckoff Veterinary
Hospital**REFERRING VET**

Dr. Eisenberg

INVOICE

11313

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Pollakiuria and stranguria.
- WBC still present in urine despite negative culture.

Abnormal PE/Chem/CBC/UA Results: Negative urine culture last UA had USG. 1026 and WBC 4-10.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The bladder was minimally filled. The apical bladder wall was uniformly thickened without mineralization. The mucosal surface was moderately irregular. The visible pelvic urethra appeared thickened and possibly irregular in the mid to distal urethra. The urine contained echogenic to particulate sediment, without visible discrete urolith formation.

The iliac trifurcation was normal in structure and volume. Focal, mildly prominent to enlarged iliac lymph nodes were present. The lymph nodes were largely isoechoic to adjacent fat with no evidence of inflammation.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation.

The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left adrenal measures 0.53 cm at the caudal pole and 0.51 cm at the cranial pole. Right adrenal measures 0.38 cm at the caudal pole and 0.81 cm.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.



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Pancreas

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern.
- Thickened urethra – Ddx urethritis versus urethral sand versus potential for more significant pathology.
- Geriatric abdomen otherwise.

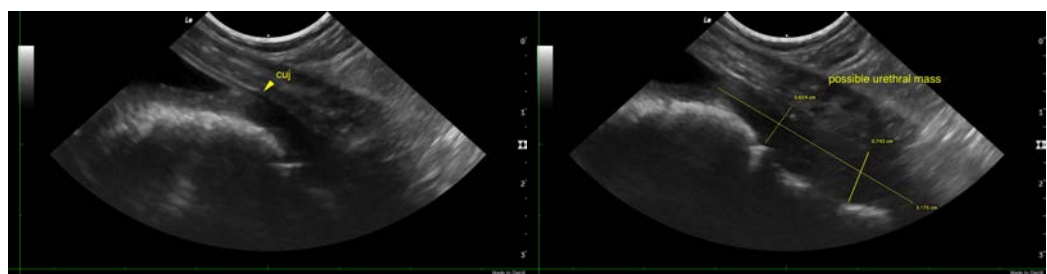
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I would recommend additional views of the bladder and urethra after administration of subcutaneous fluids and potentially mild sedation if needed for patient comfort. The distal urethra could be urethritis from chronic UTI, but further imaging is needed to assess for possible urethral carcinoma. Particularly if there is marked stranguria. The remainder of the abdomen is as expected for a dog of this age with no evidence or suspicion of other pathology.

ADDENDUM 2/23/26

Additional images of the bladder/urethra submitted: The bladder is moderately filled with anechoic urine. The apical and ventral bladder wall is diffusely thickened with intact wall layering. The urethra is irregularly thickened from the level of the cystourethral junction to approximately 3 cm distally. The urethral wall is irregular with hyperechoic foci which could represent mineralization within the urethral wall. The urethra measured up to 0.74 cm in diameter.

These images are strongly concerning for a urethral mass (ie Urothelial carcinoma) as a possible cause of the pollakiuria and stranguria. BRAF testing or cystoscope with biopsy would be needed to confirm. Referral to oncology could be considered as well.





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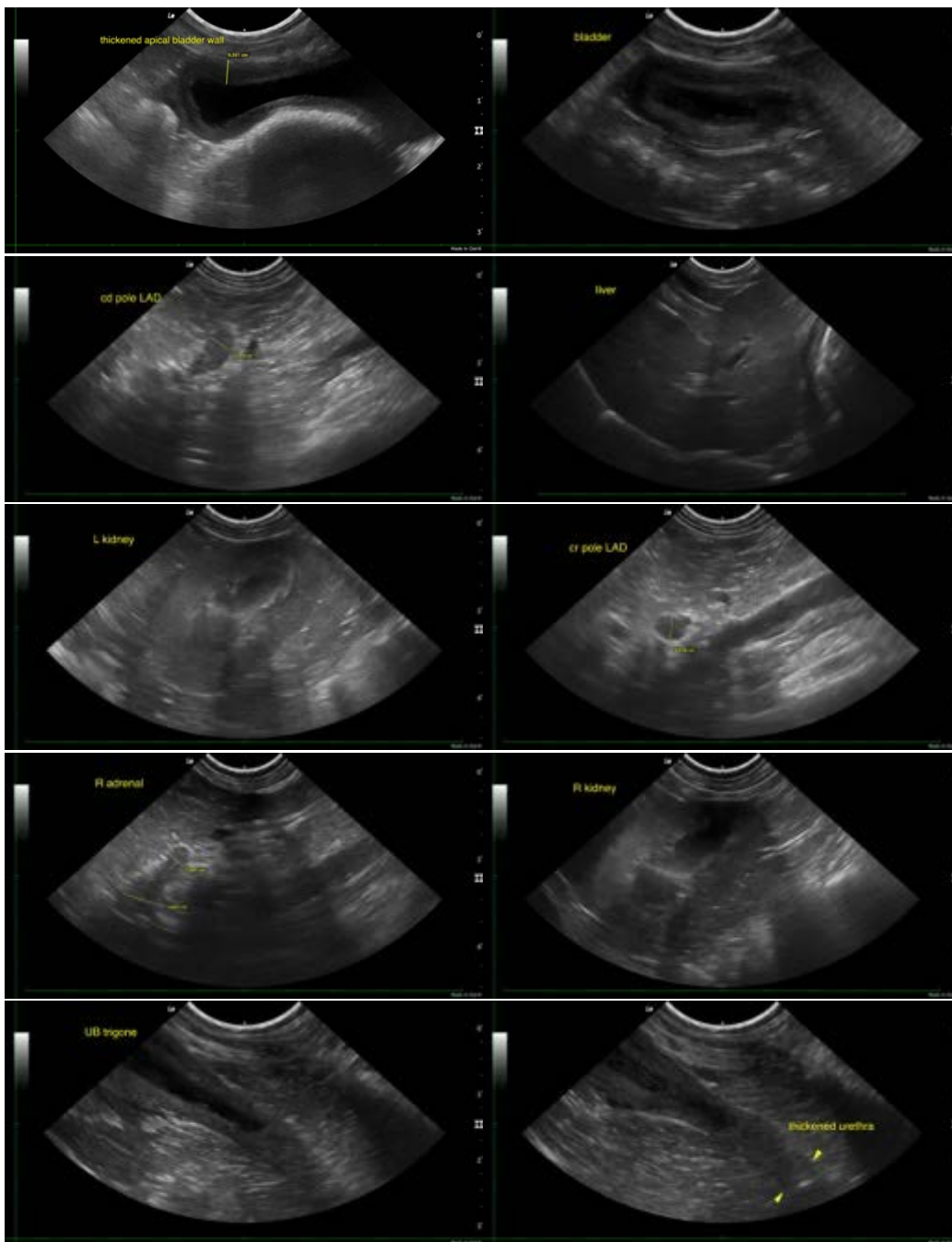
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com