



PATIENT

Lexi Kisio

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

8

WEIGHT

72 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Pamela Veldman

HOSPITAL NAME

Antler Hill Veterinary
Services

REFERRING VET

Dr. Michael Scheck

INVOICE

13367

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- History of hematuria, urinalysis was performed & uti was detected. Hematuria did not resolve after an extended course of antibiotics. Has had a mass removed from vulva in the past year, was not sent for histopathology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall presented with mild increased thickening and mild irregularity along the luminal surface but no evidence of discrete masses. There was a single large hyperechoic distal shadowing urolith in the lumen of the bladder measuring 1.03 cm x 2.13 cm in size. There was also a moderate amount of hyperechoic suspended cellular material within the urine.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 8.4 cm in length. The right kidney measured 9.3 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 2.7 cm x 0.46 cm x 0.45 cm.

The region of the **right adrenal gland** was evaluated but not specifically identified. There were no masses visible within the region.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas



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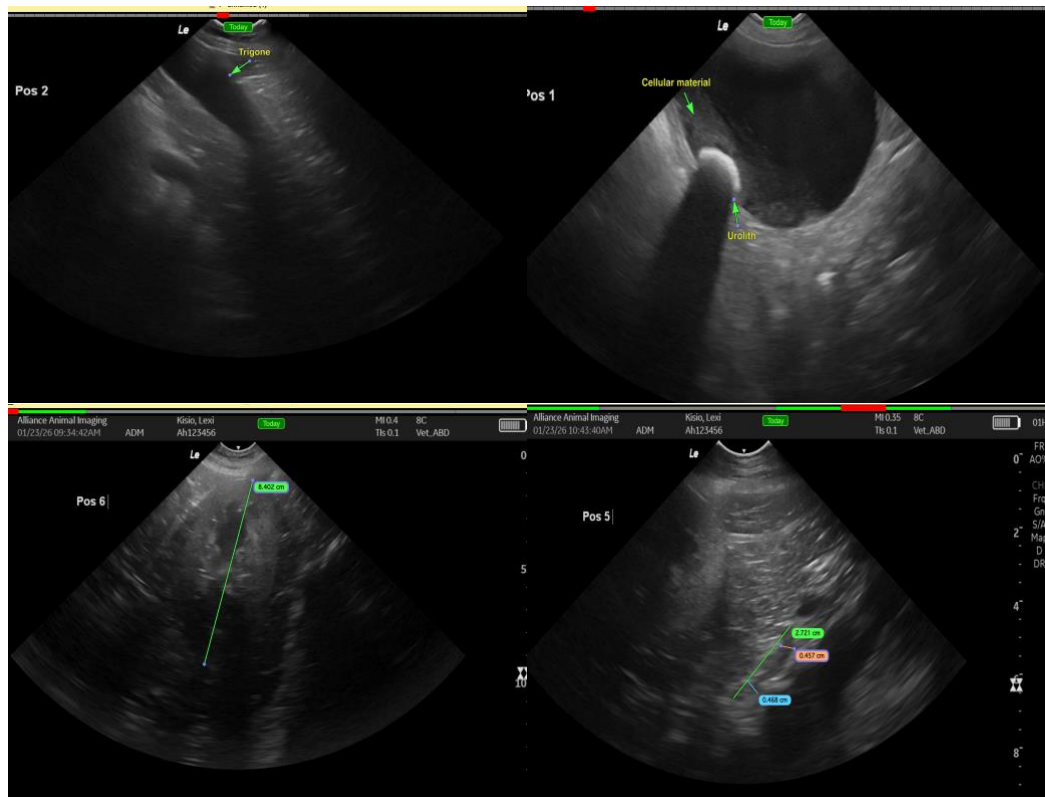
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic discrete distal shadowing urolith.
- Moderate amount of suspended cellular material within the urine.
- Mildly thickened urinary bladder wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a large discrete urolith within the lumen of the bladder as well as a moderate amount of suspended hyperechoic cellular material and thickened bladder wall. It is recommended to obtain a cystocentesis urine sample for urinalysis and urine culture to better determine the likely urolith type and if there's any evidence of continued urinary tract infection. Based upon the urine pH and if there are any crystals present, then the urolith cause could be better determined in order to determine if medical management would be an option. Based upon the large size of the urolith, cystotomy should be strongly considered for stone removal which would also allow stone analysis. This can better provide a long-term treatment plan to prevent any recurrence.





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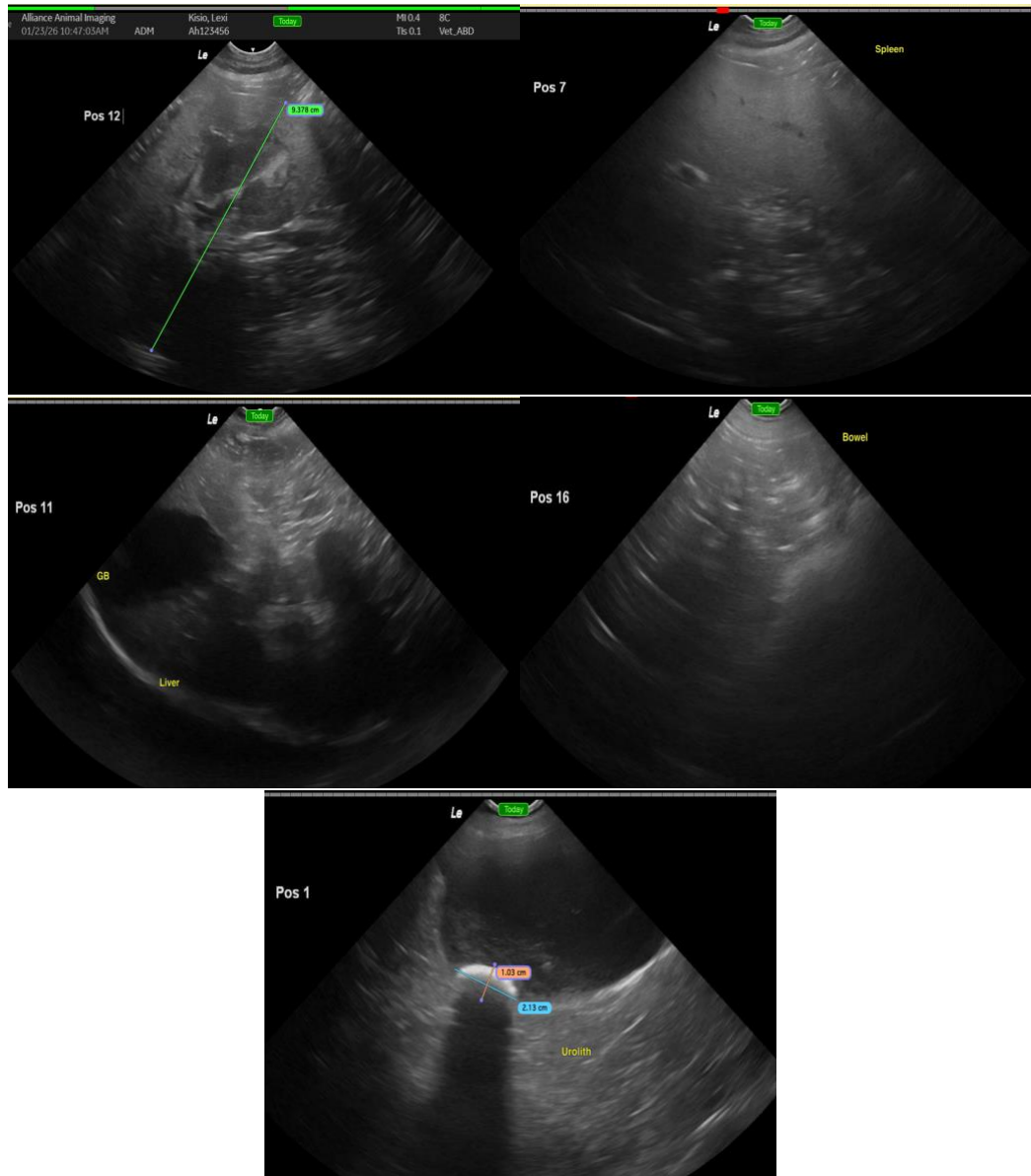
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com