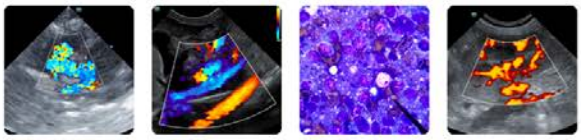


DATE

1/2/26

PATIENT

Teddy Kukula

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

11/26/20

WEIGHT

7.3 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Ruby

INVOICE

72927

PRESENTING CLINICAL SIGNS

Patient History: Teddy Kukula presents for dysuria/stranguria, decreased appetite, and abdominal pain. Patient History: - Last confirmed urination: yesterday morning on porch; multiple attempts to urinate since with circling, tail down, minimal/no urine observed - Defecation: normal, occurred during episode of circling - Appetite: decreased since yesterday morning; minimal intake (small amounts of breakfast, string cheese, 1–2 pieces kibble, dental paste, honey, peanut butter) - Water intake: minimal, drank small amounts after defecation - Pruritus, vomiting, diarrhea, coughing, sneezing: not reported - Social eater; decreased intake when client not eating - Recent medications: - NexGard: administered yesterday morning - Heartworm preventive: administered 2025-12-31 – Painful when harness applied; yelped when harness attempted this morning - Panting and restlessness at 4:00 am; tail initially up, then down with continued circling - Noted to be very warm while in clinic waiting room - Behavioral history: nervous, reactive, especially in unfamiliar environments and when painful ("COVID dog") Current medications: - NexGard (administered yesterday morning) - Heartworm preventive (administered 2025-12-31).

Current Medications: Buprenorphine.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.62 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.03 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.54 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.89 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pinpoint non-obstructive nephroliths visualized associated with both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

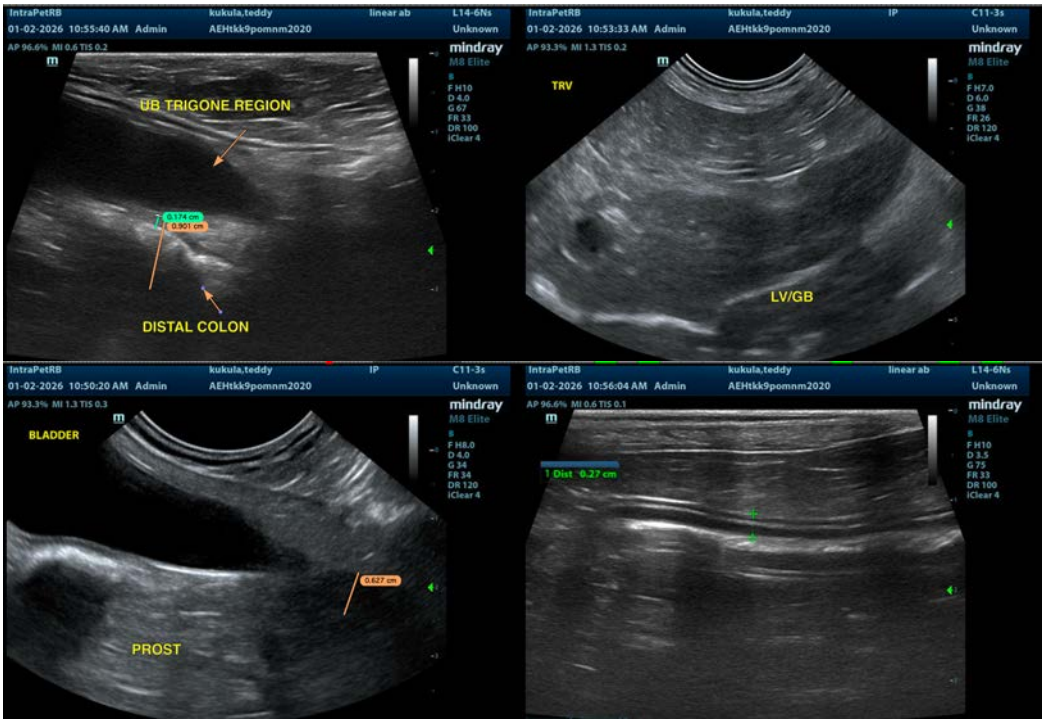
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

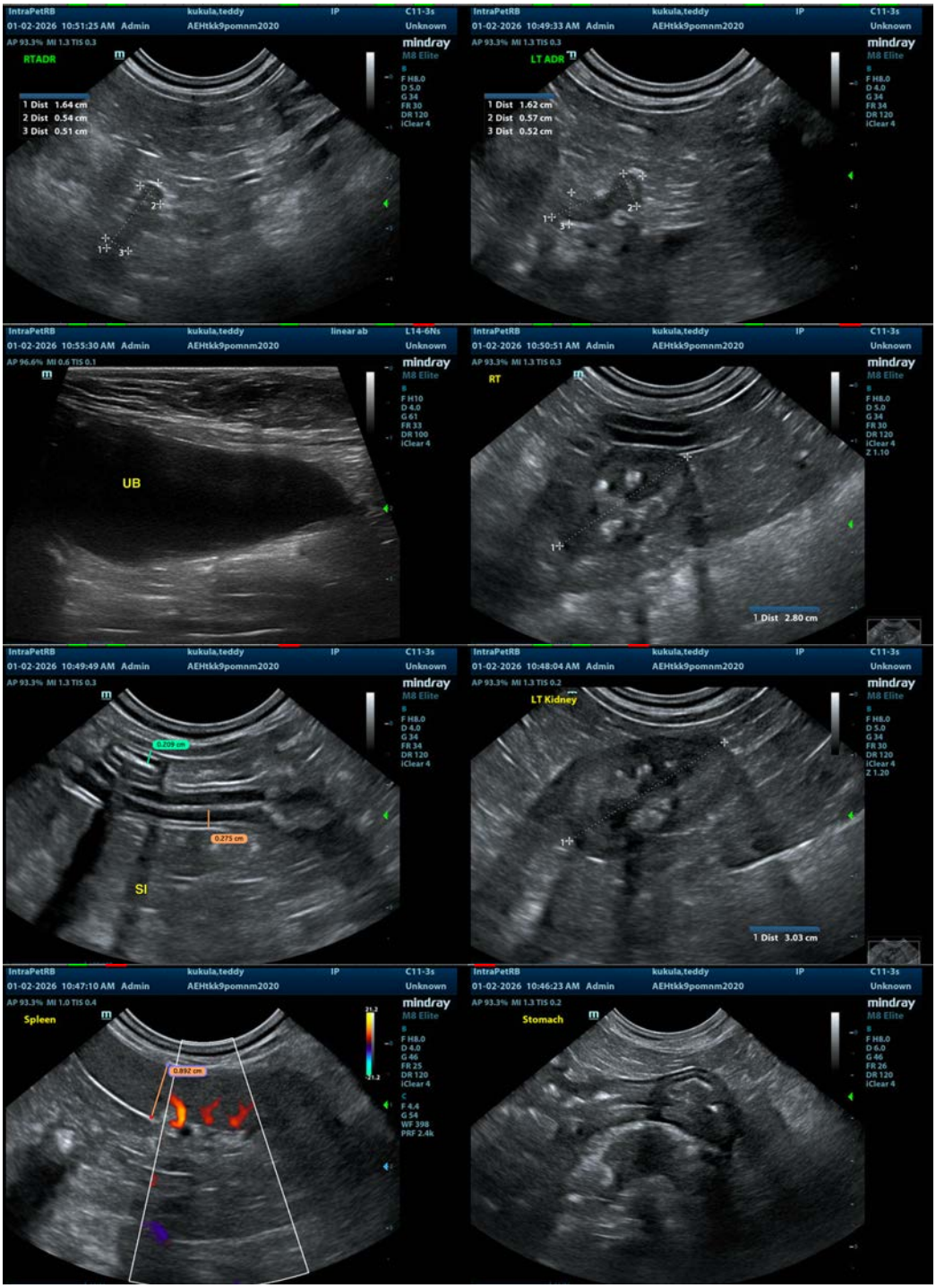
No focal lesions are visualized with the urinary bladder or the lower urinary tract to explain the symptoms reported. There is some evidence of hematuria on the urine sample evaluated. This could be iatrogenic or secondary to inflammation, infection, etc. The urinary catheter was passed, making the likelihood of a distal ureterolith much less likely.

The prostate is somewhat difficult to visualize but does not appear significantly enlarged. Correlate these findings with a digital rectal exam to palpate the urethra, colon wall, sublumbar lymph nodes, etc., and to try to assess if there is pain associated with any of these structures. Additionally evaluate the anal glands for any abnormalities.

There are small non-obstructive mineralizations visualized associated with both kidneys. I suspect these are incidental at this time.

Recommend close continued monitoring. Consider the possibility of lower back pain/lumbar pain(?), possibly discospondylitis(?), as these can sometimes have a similar presentation. If symptoms are persistent or progressing, consider repeat imaging in the future, looking for development of a new lesion.

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Stomach

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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