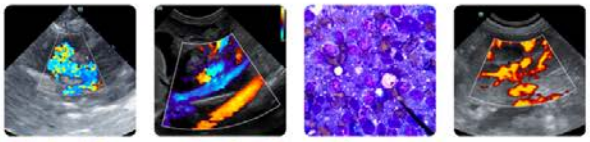


PATIENT

Boo Clemente

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

5 Years

WEIGHT

14.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Ricardo Fernandez

INVOICE

72498

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Presented to evaluate history of hematuria and possible cystitis. Presented to rDVM with hematuria on Jan 8th and sent home with oral abx for 2 weeks which finished 6 days ago. Hematuria resolved, but urine still appear dark. No obvious stranguria or pollakiuria

Abnormal PE/Chem/CBC/UA Results: Bloodwork , radiographs and previous urinalysis attached as supporting documents. Urine collected by cystocentesis for repeat U/A and urine culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a large amount of suspended echogenic debris and dependent echogenic debris as well as dependent shadowing sediment most consistent with mineralized sandy debris +/- small calculi. This debris and mineralized debris appears to extend into the urethra. No focal mass lesions are visualized but cannot be definitively ruled out.

The left kidney has a normal shape and size (4.17 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 (4.61 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 0.27 cm at the cranial pole and 0.39 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.

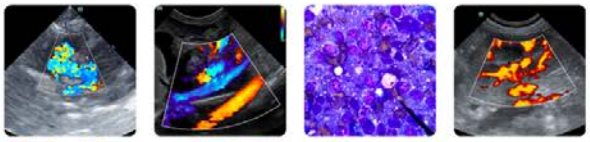
The right adrenal gland is normal in size measuring 0.39 cm at the cranial pole and 0.36 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.27 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.



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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 0.42 cm. Jejunum wall measures 0.41 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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. There is a cluster of lymph nodes at the mesenteric root that are prominent, measuring 0.67 cm in diameter and 1.58 cm x 0.61 cm in diameter. Additionally, the iliac lymph nodes are visible/mildly prominent measuring 0.33 cm on the right side. The omentum is normal in echogenicity.

Other

The uterine body is visualized between the bladder and the colon and appears within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended and dependent echogenic debris. Some of the debris appears mineralized and sandy, possibly with small calculi. Recommend urinalysis, culture, and urine sediment with an effort to catch some mineralized debris.
- Mild mesenteric lymphadenopathy – Findings are likely most consistent with a reactive lymphadenopathy. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of suspended and dependent echogenic debris in the urinary bladder. Some of the debris is dependent and shadowing, most consistent with sandy debris. There could be some small stones within the pile of sandy debris. This debris appears to extend into the proximal urethra.

In addition to the pending urinalysis and culture, consider attempting to catch some urine after the bladder has been mildly agitated in efforts to suspend some of the heavier material in hopes that this could be assessed with a microscopic review of a free catch urine sample.

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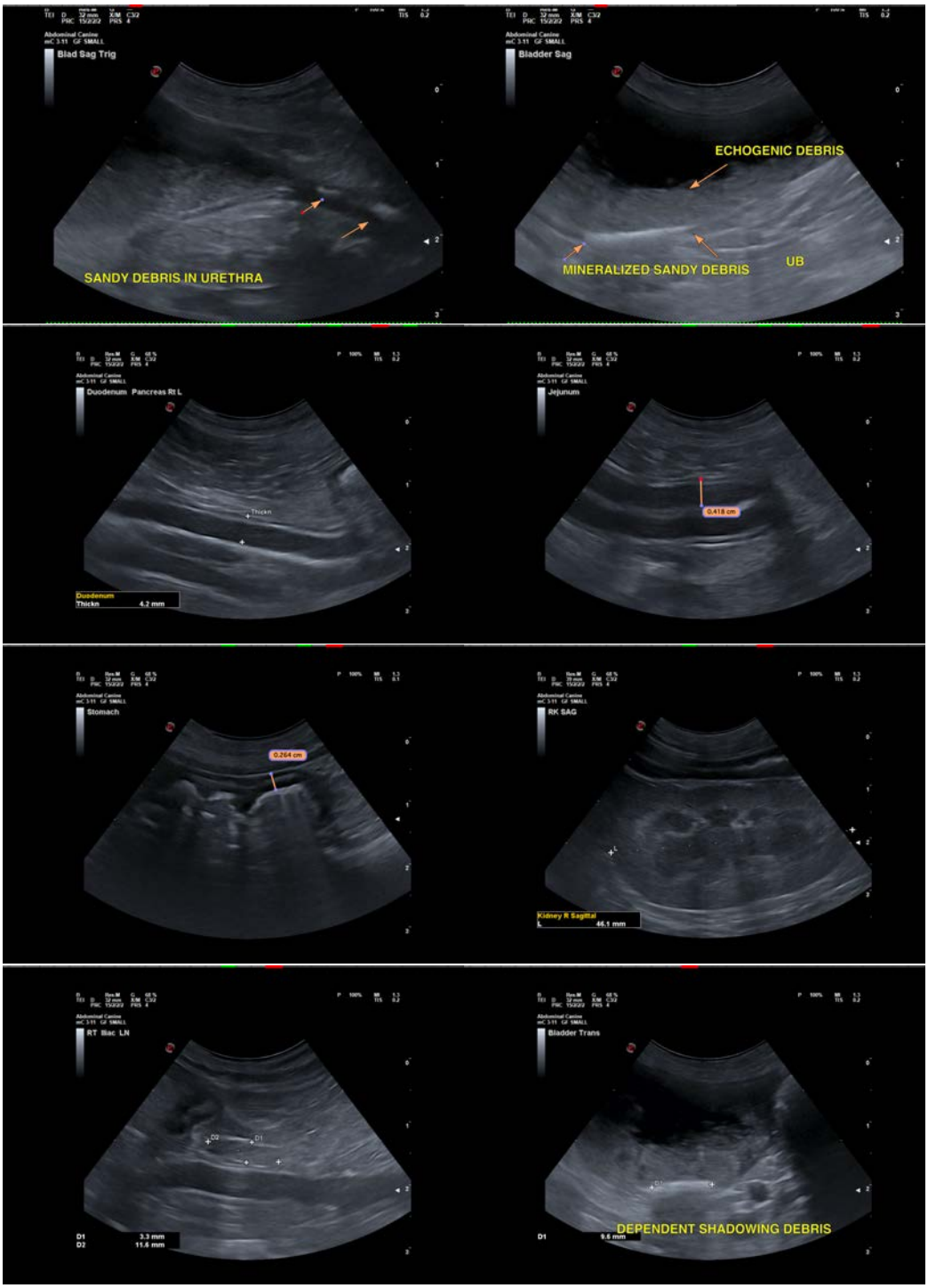
At this time, findings would be most consistent with cystitis, although an unseen focal lesion or metabolic issue causing mineralization of the urinary bladder (portosystemic shunt, hypercalcemia, etc.) cannot be ruled out.



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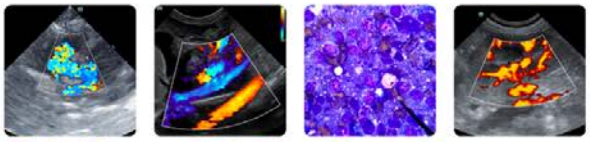

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com