



PATIENT

Darla Palier

SPECIES

Canine

BREED

Maltese x Shih Tzu

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Kristie Johns, DVM

INVOICE

72522

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Patient is having persistent hematuria. P is currently taking Antirobe 100 mg quad tabs 1/4 t bid po and Metacam 1.5 mg/ml 2.6 ml sid po. Urine culture is still pending Radiographs show bilateral nephroliths Looking to further investigate condition

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is large and distended with a large amount of echogenic urine. In the dependent portion of the urinary bladder there are some small hyperechoic foci most consistent with mineralized debris/small stones. Examples measure 0.24 cm and 0.25 cm. In the trigone region/cystourethral junction, the tissue appears somewhat thickened. This is the region of the ureteral papillae (prominent papillae vs thick). In this area, a small ureterolith is visualized measuring 0.30 cm, associated with a mildly dilated left ureter measuring at 1.4 cm distally.

The left kidney has a normal shape and size (3.55 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are two nephroliths that appear to be located within the renal pelvis measuring 0.52 cm and 0.53 cm. Mild pelvic dilation is visualized measuring 0.14 cm. There is brief visualization of a suspected dilated ureter proximally measuring at 0.19 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.26 cm). There are numerous non-obstructive nephroliths visualized. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.44 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 0.36 cm at the cranial pole and 0.24 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 (0.97 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 large in size with normal echogenicity and 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.

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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.

BREED

Maltese x Shih Tzu

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. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

WEIGHT

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

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Julia Bakker, DVM

- Bilateral renal nephroliths with a ureterolith visualized in the distal aspect of the left ureter, which was mildly dilated.
- Prominent area of the ureteral papillae/C-U junction – Findings are most consistent with mild inflammation. Continued monitoring for progression/an underlying neoplastic process is recommended.
- Echogenic debris visualized in the urinary bladder as well as dependent mineralizations – Findings are most consistent with chronic cystitis.
- Age related changes visualized associated with both kidneys.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The bladder has a large amount of echogenic urine and some dependent debris, which could be focal stones or mineralized debris. Correlate with radiographs (full colon superimposes bladder on submitted radiographs, making evaluation difficult). Additionally, there is some thickening/irregularity visualized at the level of the ureteral papillae. This could be consistent with prominent ureteral papillae, focal cystitis/inflammation, or less likely an early neoplastic process. Recommend continued monitoring of this region for progression to a true mass lesion.

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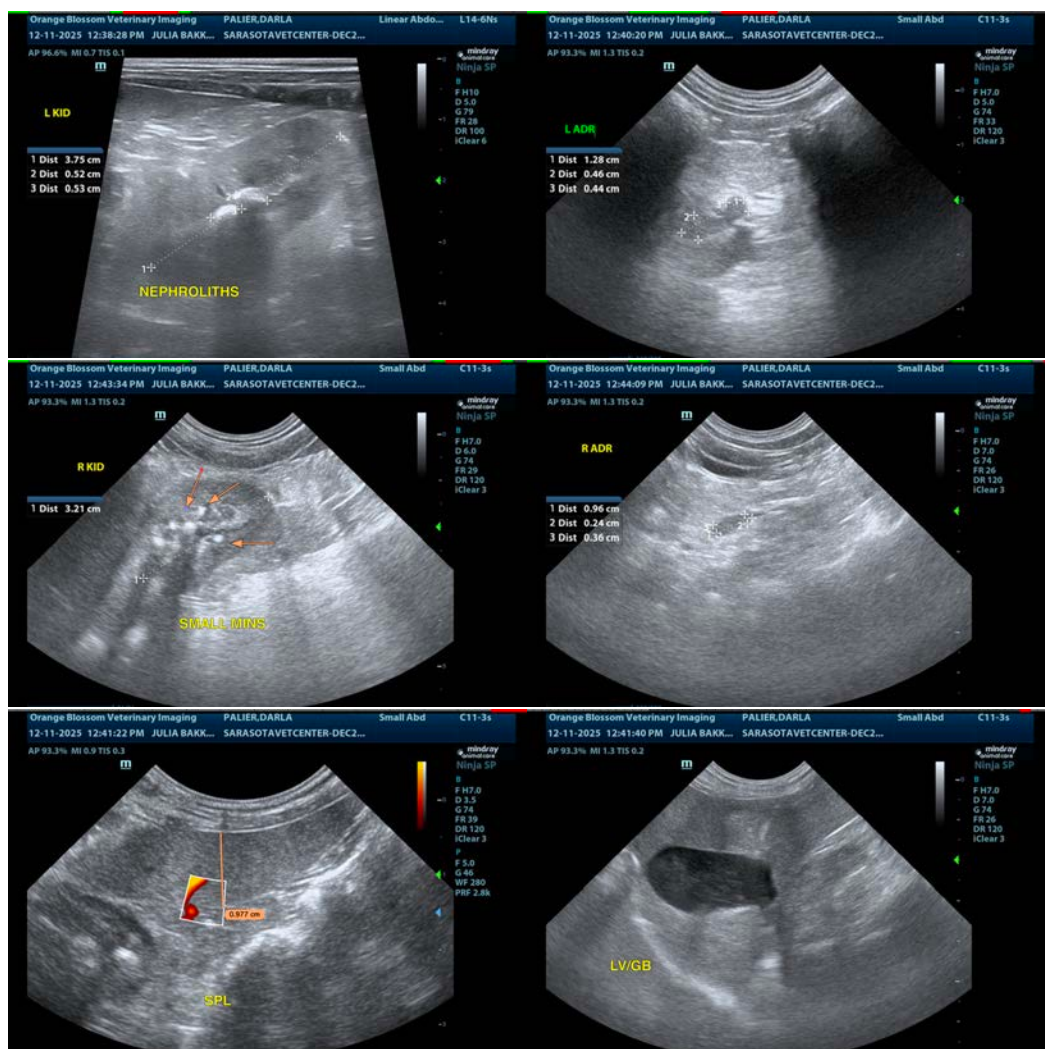
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There is a small ureterolith visualized at the distal aspect of the left ureter, which is dilated, and there are some stones visualized in the left renal pelvis. Findings are most consistent with a partially obstructive process, although chronic pyelonephritis, etc. is also possible. Correlate with urinalysis and culture results. Additionally consider diuresis, pain medication, and reevaluation, looking for progressive dilation or improvement. If an active infection is present, these could be struvite stones and dissolution could be possible, although calcium oxalate stones would be more common.

If dilation is progressing despite efforts, a contrast CT scan would eventually be warranted to confirm a definitive source of obstruction, rule out additional strictures, etc.

Both kidneys have changes consistent with chronic renal disease.





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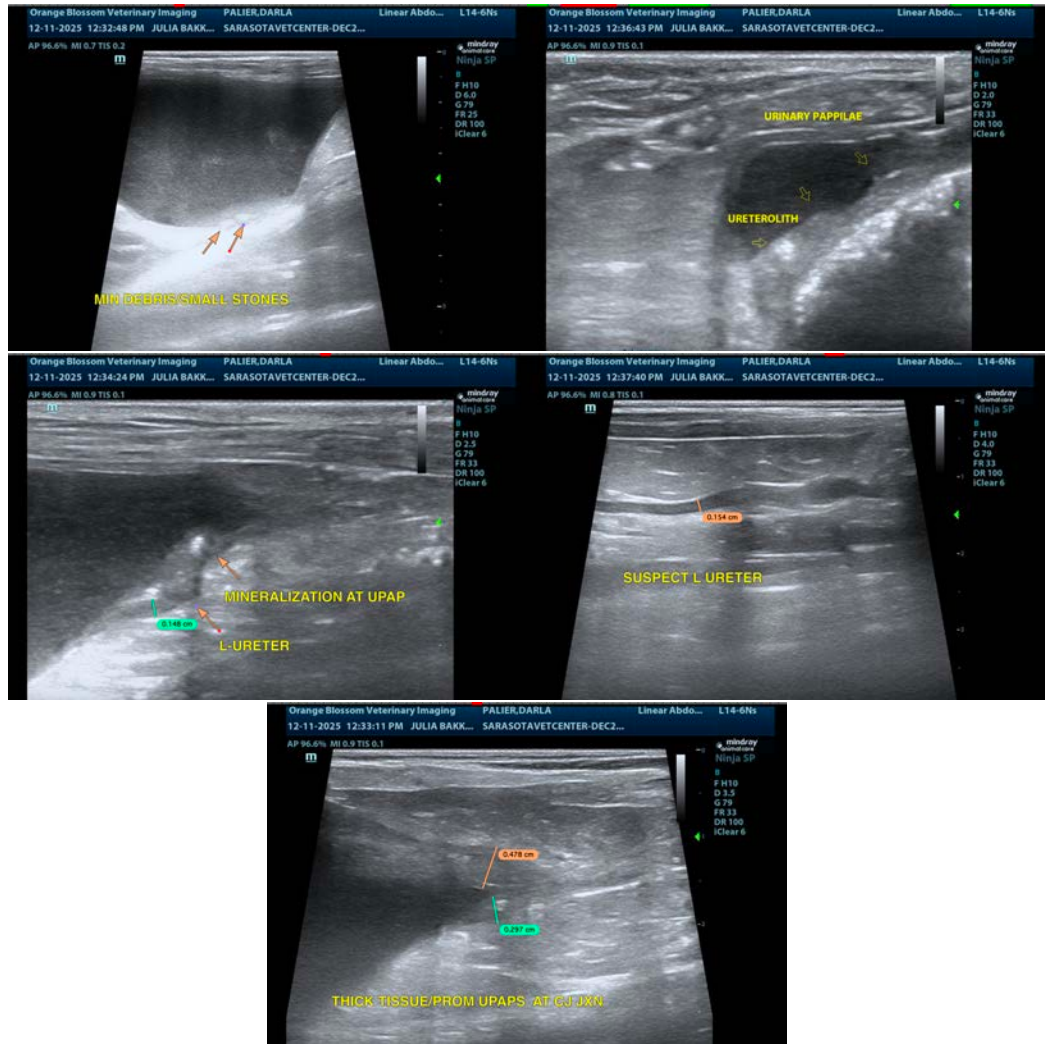
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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