



DATE PRESENTING CLINICAL SIGNS

12/12/25 Patient History: O had previous dog (same breed) with urate stones. 11/14/25 -Increased thirst and foul odor to urine and urinating in house. 12/8/25-started urinating blood

PATIENT

Maevae Meyers Current Medications: Amoxi 500mg+250mg -1 each by mouth every 12hrs Qty:28, U/D diet started 11/24/25

SPECIES

Canine

Labwork Results: Labwork not attached, reported as: 10/24/25 UA- u/a 1.055 PH 8.0 protien 1+ WBC 4-10 struvite crystals 2-3 squamous 0-1. 12/8/25 U/A- dark yellow/trubid USG 1.046 PH 9.0 Protien 3+ Blood 1+RBC 4-10 struvite crystals 4-10 Ammonium urate crystal 4-10 bacterial rods 51-100 Squammous 0-1 bw CBC 11/4/25=WNL. bw CBC+chem 7/29/25= pancreaticlipuse 226(0-200) all WNL

BREED

Black Russian Terrier

Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb and domitor.
Stat Report: Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

4/4/22

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

WEIGHT

123 Pounds

The left kidney has a normal shape and size (7.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Bel Air VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.69 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.

REFERRING VET

Dr. Stevenson

The right adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.41 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.

INVOICE

35876

Spleen

The spleen is subjectively normal in size (2.08 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. 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 region 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

There is no free fluid. There is no significant lymphadenopathy. An isoechoic visible sublumbar lymph node is visualized, measuring 0.54 cm x 2.05 cm. The omentum is normal in echogenicity.

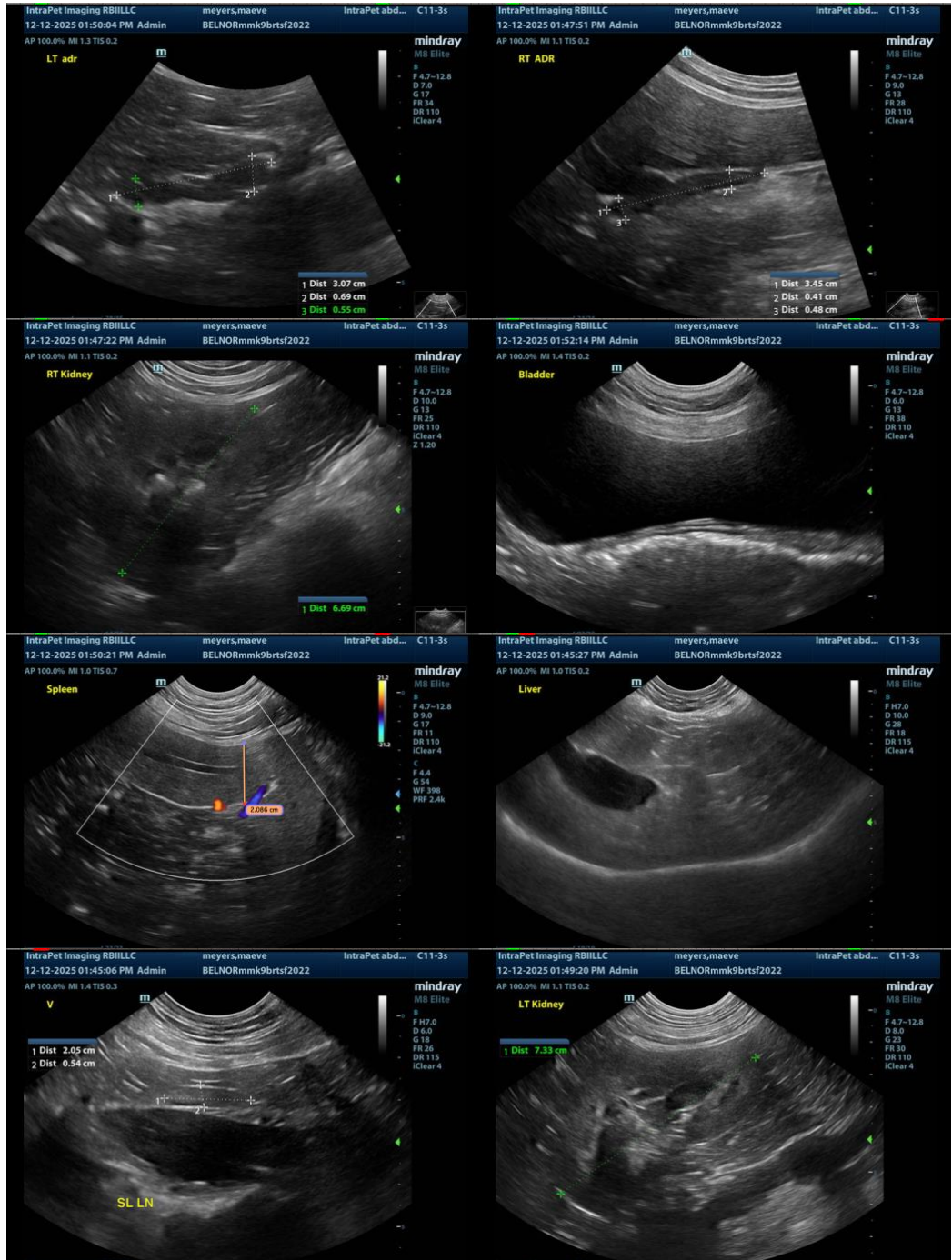
ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder and urinary tract appeared within normal limits on today's exam. No focal lesions, stones, polyps, masses, etc., were observed. If the infection recurs, recommend culture and sensitivity to better evaluate the nature of the infection.

The adrenals are relatively normal in size and somewhat flat in appearance. This likely is a normal anatomic variation. If there is any concern for Addison's disease, a baseline cortisol could be considered.



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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