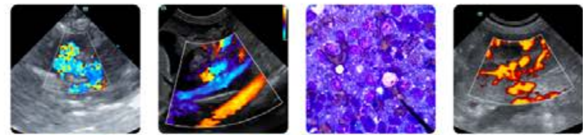


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Gracie Koroszi

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

10 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Novel Vet Clinic

REFERRING VET

Dr. Gibbs

INVOICE

74833

DATE

4/30/26

PRESENTING CLINICAL SIGNS

ADR, lethargy at home. Reduced appetite (may be associated with Baytril administration
Hematuria and casts in urine, being treated with Baytril. Mild abdominal pain
Current Medications: Baytril 50 mg PO q24 hr, Gabapentin 25 mg q12-24 hr as needed.

Abnormal PE/Chem/CBC/UA Results: BUN mildly low Magnesium mildly elevated (1.24, normal is <1) Moderate elevation platelet (593, normal <412) 4dx neg USPG 1.030; pH 5; hyaline casts and non-hyaline casts seen, hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. There is mild suspended echogenic debris and a small pinpoint hyperechoic foci (possibly mineralized) measuring 0.19 cm in the dependent portion of the urinary bladder. The region of the trigone appears free of any mass lesions or calculi, although visualization of this region is slightly impaired by hard shadowing stool in the distal colon. If symptoms are persistent or progressive, consistent repeat imaging with an empty colon.

The left kidney has a normal shape and size (2.88 cm). Overall echogenicity is slightly hyperechoic with midly reduced 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 (3.33 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.31 cm at the cranial pole and 0.32 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.

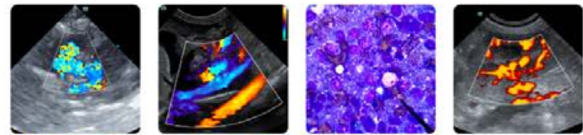
The right adrenal gland is normal in size measuring 0.85 cm at the cranial pole and 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.23 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 0.41 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas. 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 0.22 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

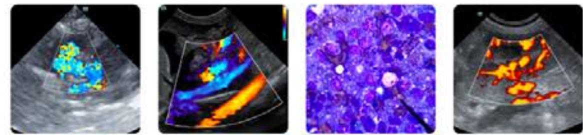
- Mild suspended echogenic debris and a pinpoint hyperechoic foci in the dependent portion of the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Mild enteritis type pattern visualized associated with the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive lesions are visualized associated with the urinary bladder. There is a small hyperechoic foci in the dependent portion of the urinary, which should likely be small enough to pass. The majority of the views of the trigone region appear normal. Some areas are slightly obscured by hard shadowing material within the distal colon. If symptoms are progressive or persistent, consider repeat imaging with an empty colon to ensure that the trigone region and proximal urethra appear free of any lesions.

Recommend a urine culture when off antibiotics for at least 5 days, looking for evidence of a resistant infection or similar.

Both kidneys have mildly reduced corticomedullary distinction. The urine appears mildly concentrated, making significant renal disease less likely unless there is significant proteinuria present.



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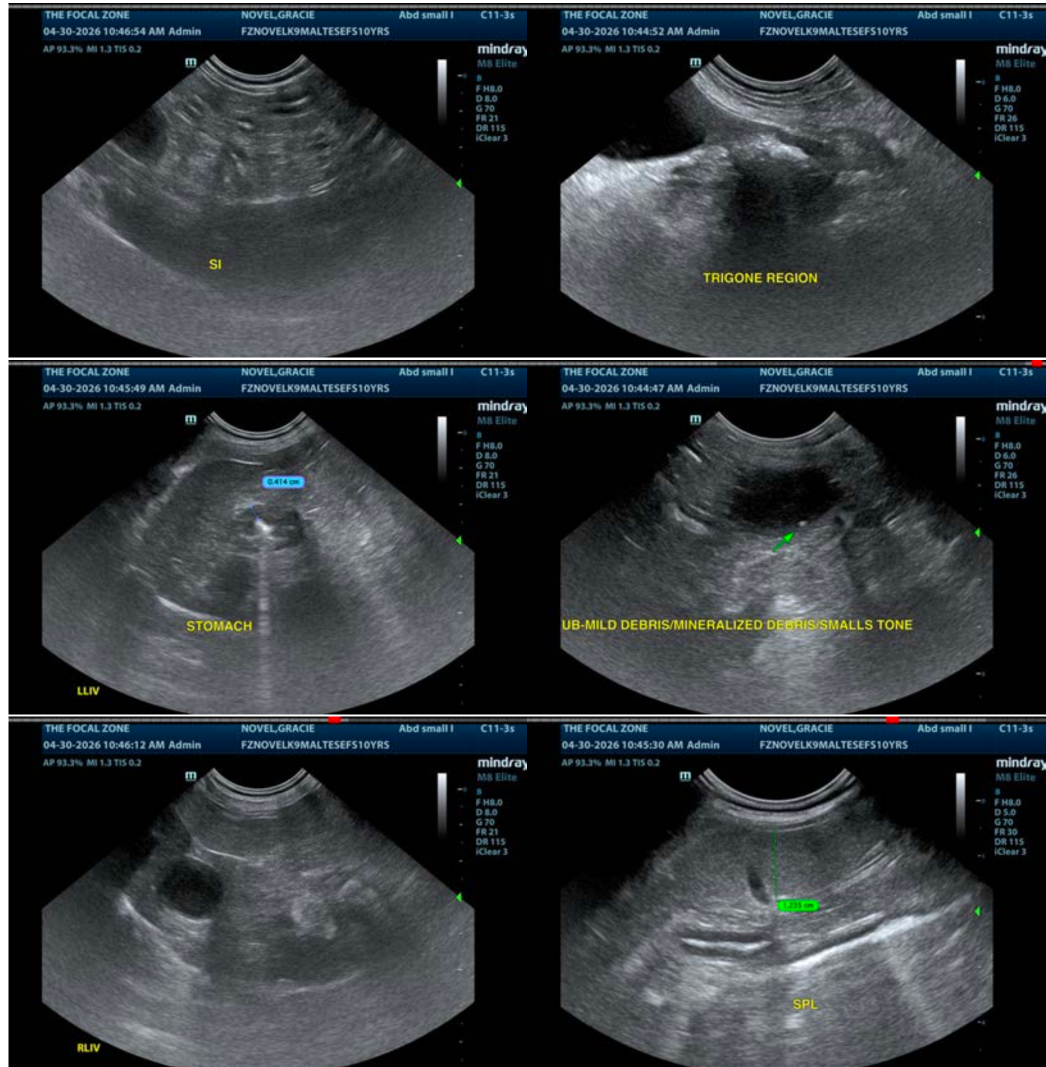
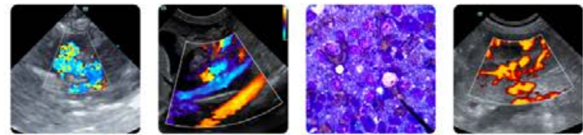
No significant lesions were visualized associated with the GI tract, although this does not rule out the possibility of underlying gastrointestinal disease. If GI signs are persistent after discontinuation of antibiotics (the patient should be on probiotics while on antibiotics, spaced by two hours), then further evaluation may be warranted.

If symptoms are persistent, additionally consider a digital rectal exam to palpate the distal urethra and look for any distal lesions not evaluated by ultrasound.





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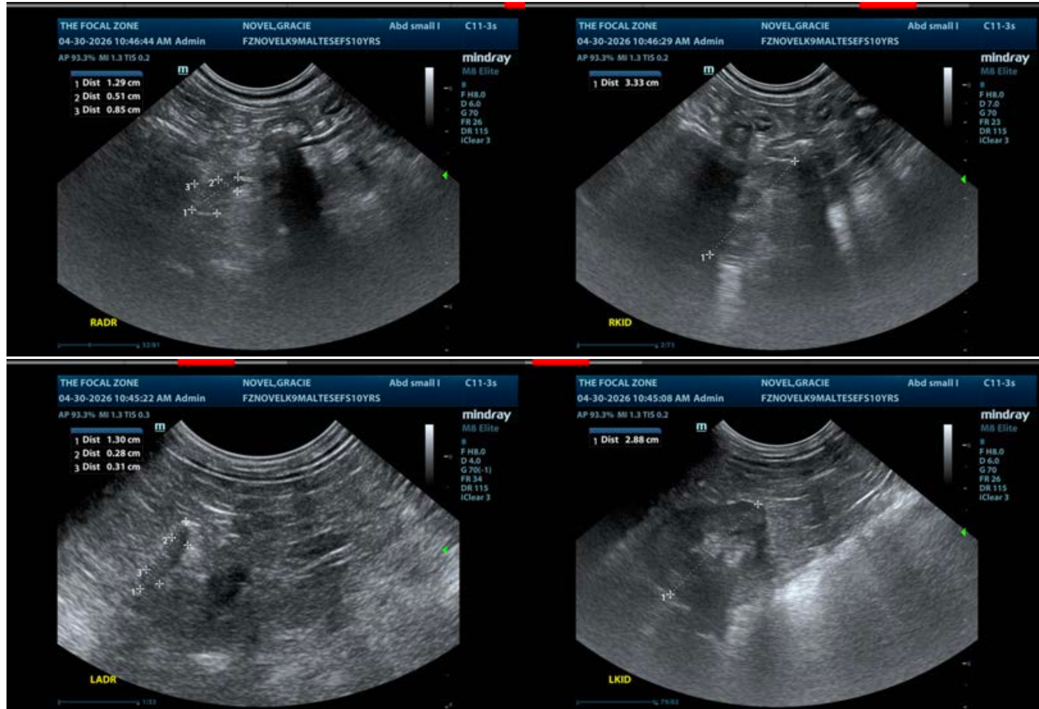

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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