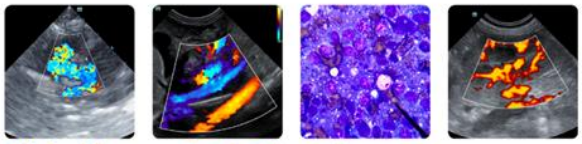


PATIENT

Chloe Jarvis

SPECIES

Canine

BREED

Maltese

SEX

F

AGE

14yr

WEIGHT

10

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Mavis McCormick

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Mavis McCormick

INVOICE
23527

DATE
01/12/2026

PRESENTING CLINICAL SIGNS

She is still experiencing frequent urination and it takes her a long time to urinate, sometimes close to a minute. There is no visible blood in the urine. Her appetite is still good. There is no vomiting or diarrhea. Food was withheld last night. UTI hx of May 2025, Sept 2025, Mid Dec. Treated w/ abx and Negative Culture 1/5/26 but still having pyuria and hematuria and no bacteria seen on sediment; still hx of pollakiuria; stranguria She is an intact female

Abnormal PE/Chem/CBC/UA Results: Senior BW 5/5/25: cbc: RBC 5.08 HCT 38 HG 12.2 MCHC 32.1, very sl L- regenerative platelets 594 chem: cholesterol 405 UA: USG 1.030 UTI poss RBC 20-30; wbc 15.20 marked rods epithelial cells 4 + T4 2.4 4 dx plus: Neg/BDL Fecal AG: Neg/BDL Urinalysis 9/4/25: 2-5 wbc/40 x w/ clumps; 2-5 rbc/40 x rods +++ Urinalysis 9/18/25: cocci +, few RBC, wbc 2-4/40 x; transitional cells 2-3/40x Senior BW 12/12/25: cbc: RBC 5.07 (5.08) HCT 36.3 (38) HG 12.1 (12.2) platelets 712 (594) chem: alk phos 189 UA: confirmed UTI T4 2.3 UA: 2 + protein USG blood 3 + wbc 20-30 rbc 30-50 mod rods Urinalysis 12/22/25: cocci +? RBC TNTC 5-6 wbc/40 x Urinalysis 1/5/26: 20-30 RBC/hpf, 3-4 WBC/hpf, few epithelial cells, no obvious bacteria seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal size and tone. Normal urinary bladder wall extending into the trigone and cystourethral junction with no evidence of obstructive pathology in the area of the trigone or cystourethral junction. Anechoic urine was present with minor dependent lumen mineral.

A mildly enlarged non-homogenous potential focal mineralized mass lesion was present in the area of the proximal urethra and uterine body measuring ~ 2.9 cm x 1.5 cm and ~ 2.1 cm in diameter. No evidence of uterus distention with fluid. The left/right ovaries were not definitively visualized.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral medullary to lateral diverticuli renoliths and bilateral variable cortical to renal cysts were present. A larger right kidney renal cyst measured 2.0 cm in diameter. The left kidney measured 3.4 cm in length. The right kidney measured 4.0 cm in length.

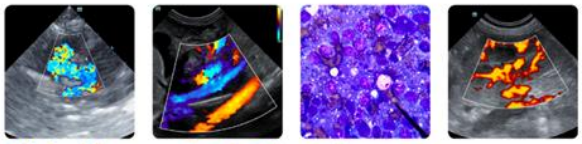
The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent to non-dependent and non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended urinary bladder with minor dependent lumen mineral.
- Subjective mild mineralized mass lesion area of the proximal urethra /uterine body.
- Chronic renal changes exhibiting renolithiasis and variable sized cysts.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mineralized proximal urethral mass lesion is favored as the mass lesion appeared to be just caudal to the cystourethral junction and subjective visualized proximal urethra. The lesion did not overtly appear to be currently obstructive to urine outflow given lack of bladder urine distention. Neoplastic criteria is favored given evidence of mineralization.

Correlation with a screening BRAF assay if possible is warranted. Continued monitoring of UA for evidence of recurrent infection is suggested. Advanced imaging or cystoscopy could be considered for further clarification. No current evidence of regional lymphadenopathy or lymphatic metastasis.

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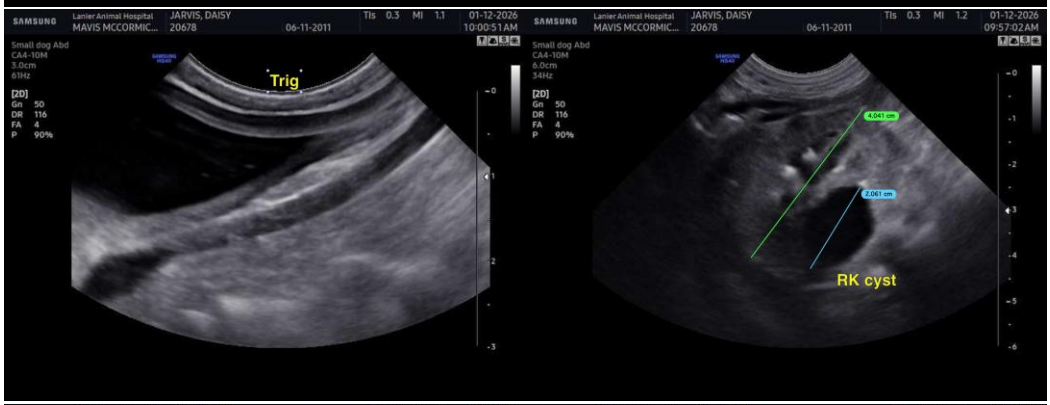

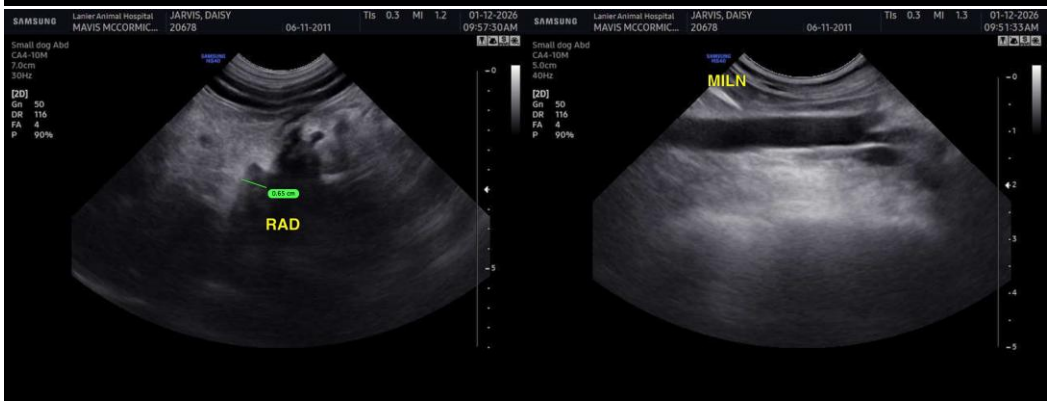

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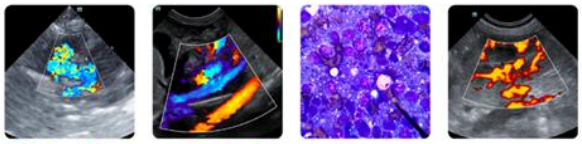

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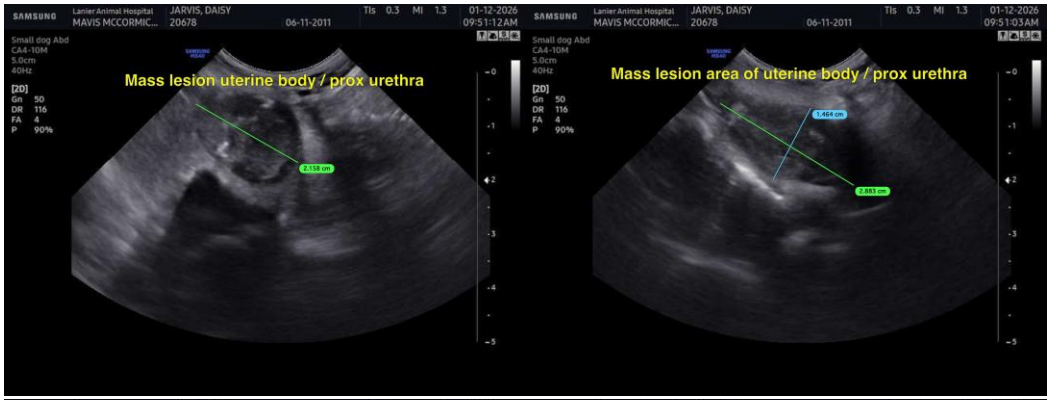

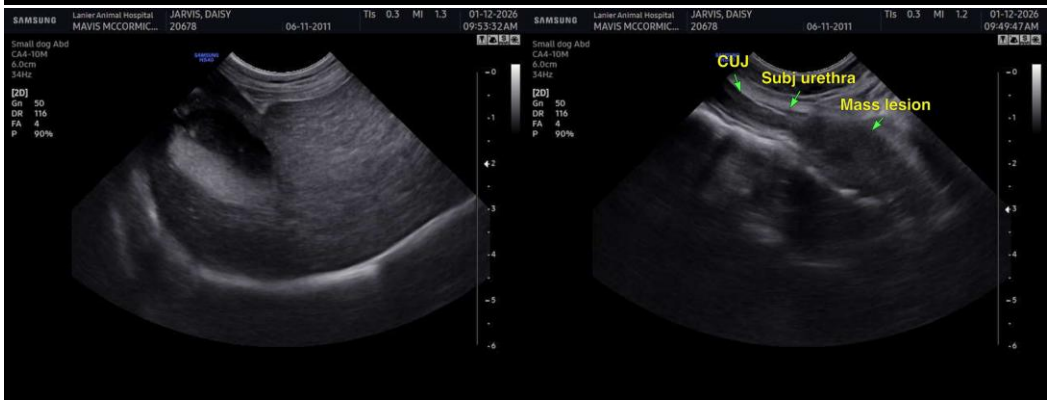

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com