

PATIENT

Sadie Kenicott

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

2 Years

WEIGHT

52 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Becky Barnard LVT

HOSPITAL NAME

Southkent Veterinary
Hospital

REFERRING VET

Dr. Theresa Burns

INVOICE

13314

DATE

01/22/26

PRESENTING CLINICAL SIGNS

Submitted study contained nine videos of the urinary bladder and urethra.

- Persistent UTI

Abnormal PE/Chem/CBC/UA Results: Urine culture showed little resistance, still will not clear. Bladder wall was suspicious of mass on cystocentesis. CBC/Chem WNL

LIMITED ULTRASOUND EXAMINATION

The urinary bladder was normal in size and tone. Mildly prominent ventroapical urinary bladder wall with maintained symmetrical luminal surface contour and homogenous mural echogenicity. Ventroapical urinary bladder wall measured 0.42 cm wall width. Anechoic urine was present with no evidence of urine sediment, mineral or calculi. No evidence of urinary bladder masses. The trigone and cystourethral junction (including the area of the ureteral papilla) were free of pathology. The urethra was normal in structure and tone to a depth of 3.0 cm.

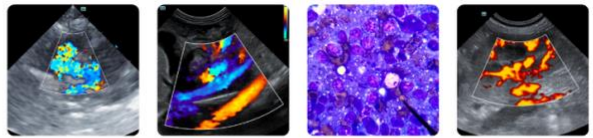
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra, suspect minor cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant lower urinary tract pathology, i.e. masses, calculi or overt congenital defect. A higher dose, shorter frequency, antibiotic regimen, i.e. enrofloxacin or Clavamox, given subjective minor cystitis for three to five days may prove more effective at eliminating underlying UTI. Assessment of the vulva and vaginal vault for evidence of structural abnormality which may predispose to recurring ascending infection is suggested. If persistent or recurrent UTI, cystoscopy may be indicated.





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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)

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