



PATIENT

Fanny Herlevi Hoopes

SPECIES

Canine

BREED

Portugese Water
Hound

SEX

Spayed Female

AGE

5 Years

WEIGHT

39.8

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

M. Santiago

HOSPITAL NAME

Alison Animal Hospital

REFERRING VET

Dr. Klein

INVOICE

13492

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- Pt was presented for what believed to be a reoccurring UTI. Initial UTI symptoms occurred in 11/2025 when pt was having vaginal discharge, decreased appetite and elevated bilirubin. Pt was treated with convenia and symptoms quickly resolved. Symptoms of UTI returned this week where the O seen what a appeared to be a large mucous plug from vaginal area. Pt is also lethargic w/ decreased appetite. No V/S/D/S. Pt is down 5# since July 2025. Today's bloodwork abnormalities include: slightly decreased PLT, SDMA 28 (0-14 wnl), CREA 2.3 (0.5-1.8 WNL), BUN 74 (7-27), Calcium 15.9 (7.9-12 WNL).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No overt pathology in the area of the uterine remnant.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of overt pyelectasia.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology. The left adrenal gland subjectively measured 0.82 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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

Liver & Gallbladder

The liver revealed borderline hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 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

Several variably hypoechoic to swollen mid to cranial abdomen mesenteric lymph nodes were visualized with an example measuring 4.5 cm x 2.3 cm. No evidence of peritoneal effusion with normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder, visible proximal urethra and area of uterine remnant.
- Sonographically normal kidneys.
- Subjective borderline hepatomegaly.
- Minor gallbladder debris (non-mucocele).
- Normal spleen/gastrointestinal tract.
- Hypoechoic to swollen mid to cranial abdomen mesenteric lymph nodes- concern for neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, and if accessible, lymph node +/- screening hepatosplenic FNA cytology given hypercalcemia, is recommended. No visualized upper or lower urinary tract pathology as an obvious cause of the recurring UTI. Assessment of the vulva and vaginal vault for evidence of structural abnormality which may predispose to ascending infection is suggested. Given sonographically normal kidneys and acute renal insult, i.e. toxin or infectious disease could be considered. Urinalysis, culture/sensitivity +/- UPC level if non-inflammatory proteinuria and leptospirosis titers/PCR is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss. Gastrointestinal and renal support with monitoring of azotemia for further prognosis is recommended.



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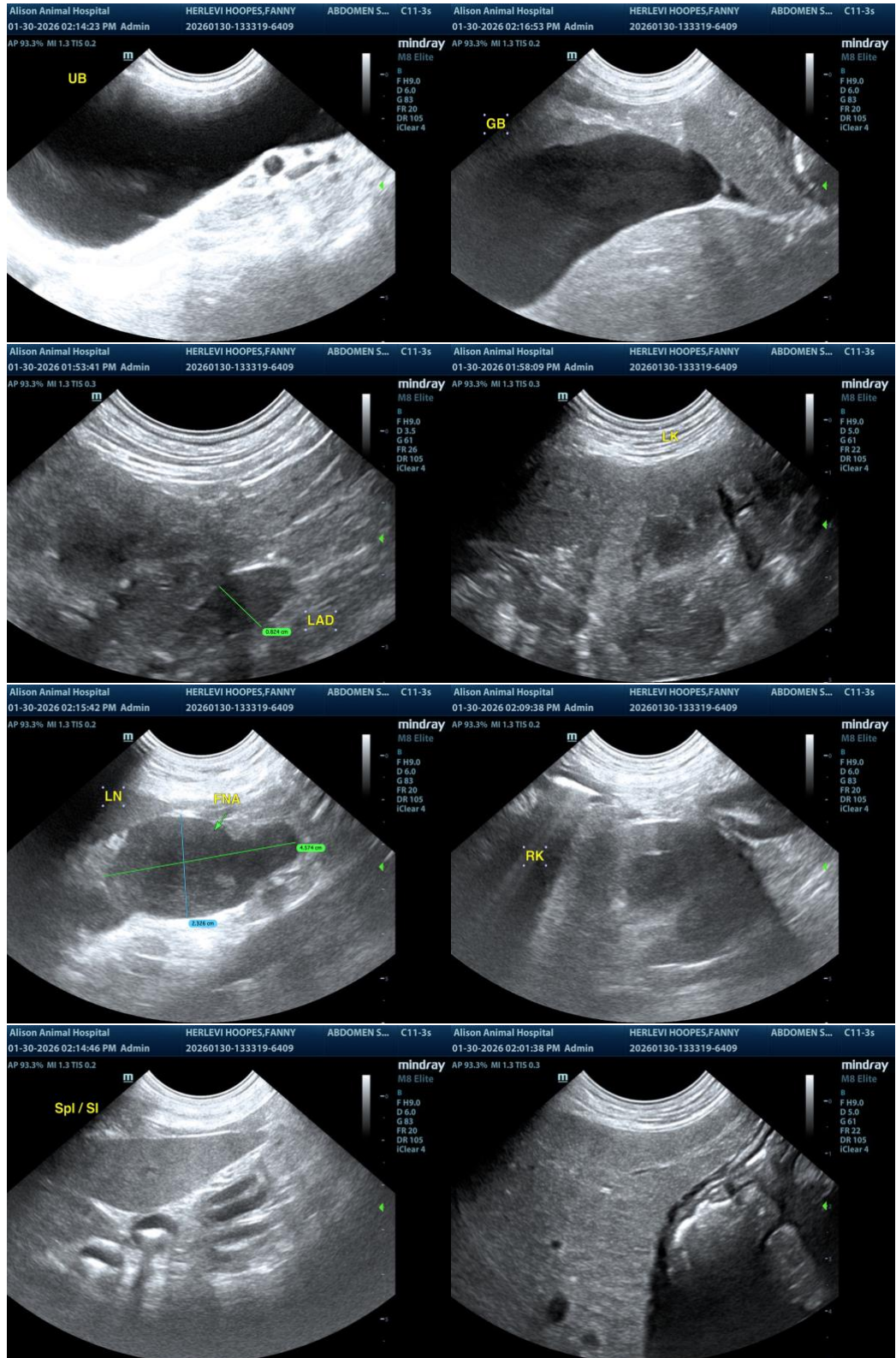
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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