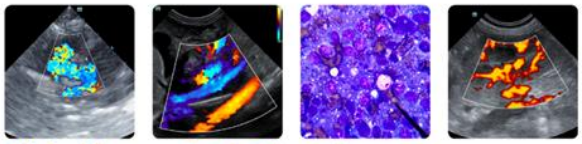


PATIENT

Newt Haddock

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

FS

AGE

12mo

WEIGHT

40lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr Kellee Burns

INVOICE
23472

DATE
01/06/2026

PRESENTING CLINICAL SIGNS

"Newt" is an estimated to be 2 yr old female spayed (per O) Australian cattle dog mix presented for urine dribbling, especially when laying down; normal bowel movements per O P was adopted from a rescue in CA in October 2025 PE: relevant findings -- large, firm, distended bladder; significant MSK abnormalities d/t untreated previous fractures of femurs, pelvis, and SI luxation (feb 2025), with hyperextended L tibia neuro: cranial nerves intact; no back pain; panniculus intact cranial to ~ L4; no withdrawal or patellar reflex of LH, both intact on RH Current Medications: none at time of presentation

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): bacteriuria, pyuria, hematuria (cysto) and trace proteinuria No rads at this time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was initially significantly distended with anechoic urine containing non-dependent particulate urine sediment. No evidence of urine mineral or calculi. No evidence of urinary bladder tumors. Mildly thickened generalized urinary bladder wall following centesis with mildly thickened urinary bladder wall measuring 0.62 cm in wall width. Maintained homogenous urinary bladder mural echogenicity was present. No evidence of obstructive pathology at the level of the trigone or cystourethral junction.

Intact uterus was visualized dorsal to the urinary bladder extending cranially. The uterus was non-thickened to mildly irregular in appearance with empty lumen. No evidence of uterine lumen fluid. The uterus measured ~ 0.93 cm diameter. Subjective intact left ovary was visualized measuring 1.6 cm diameter. The definitive intact right ovary was not overtly visualized

Normal size and margination were 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 pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

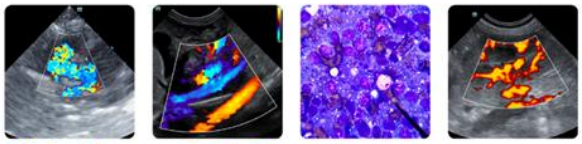
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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.



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Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary

- Distended urinary bladder with mild generalized cystitis pattern and urine sediment, overtly normal visible proximal urethra.
- Intact uterine tissue dorsal / cranial to urinary bladder
- Subjective intact left ovary
- Normal bilateral kidneys.
- Intermittent mild mesenteric lymphadenopathy- consistent with benign criteria such as mild hyperplasia or immunologic immaturity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of lack of urination such as mass, definitive congenital abnormality, stricture, calculus etc. was not obvious. Given patient history, lack of urination owing to orthopedic or potential neurologic abnormality may be considered. Definitive clarification would likely require cystoscopy for visualization of the proximal urethra and area of cystourethral junction.

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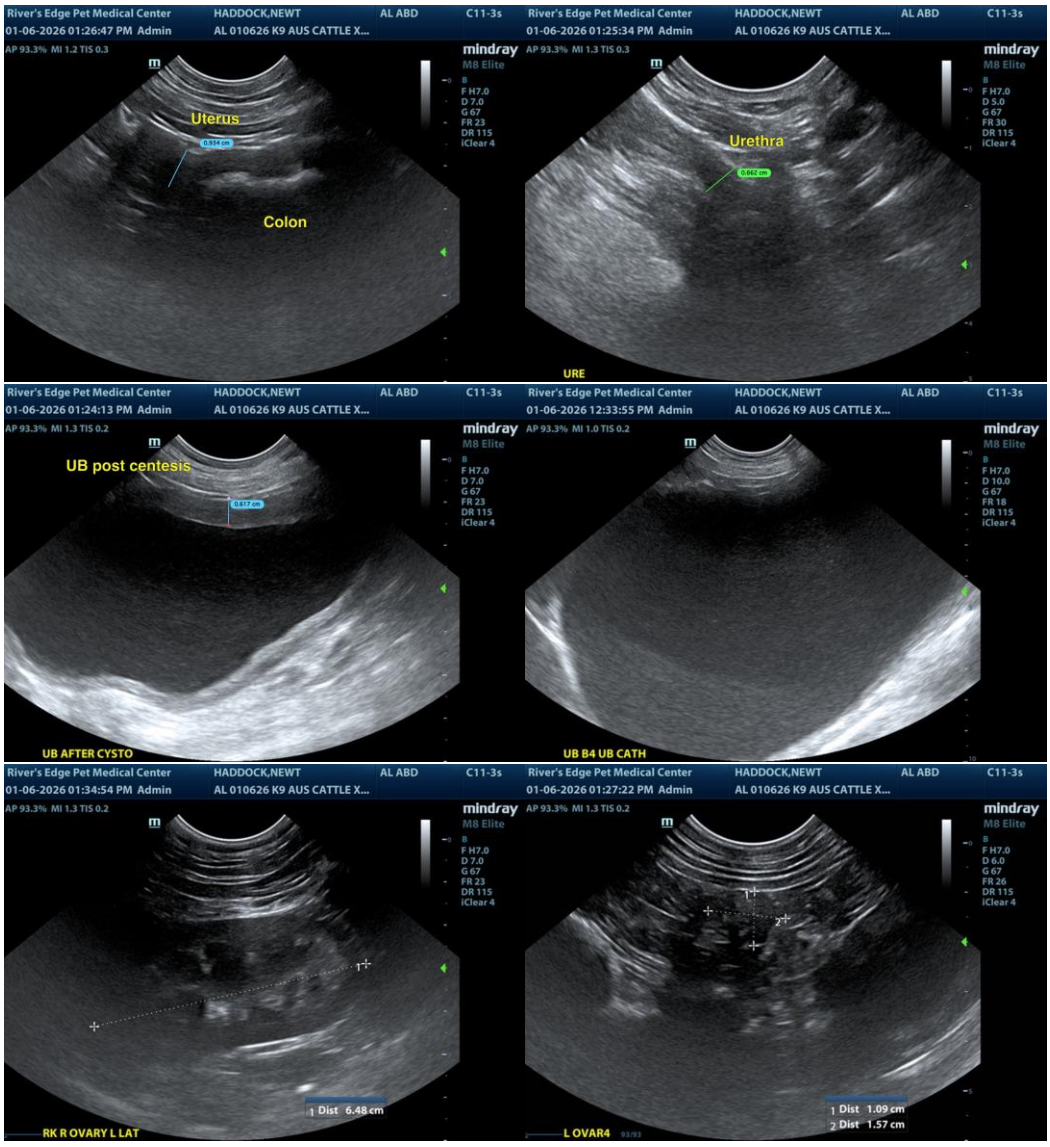
Urine C/S on sterile urine sample given bacteriuria/ pyuria +/- UPC if non-inflammatory proteinuria is recommended. Confirmation of intact ovariouterine tissue with anti-mullerian hormone assay is recommended.



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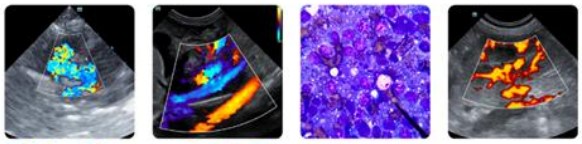

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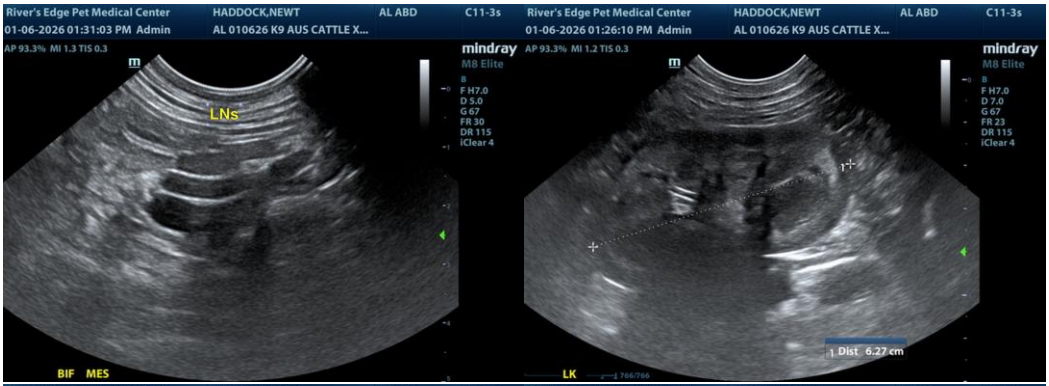

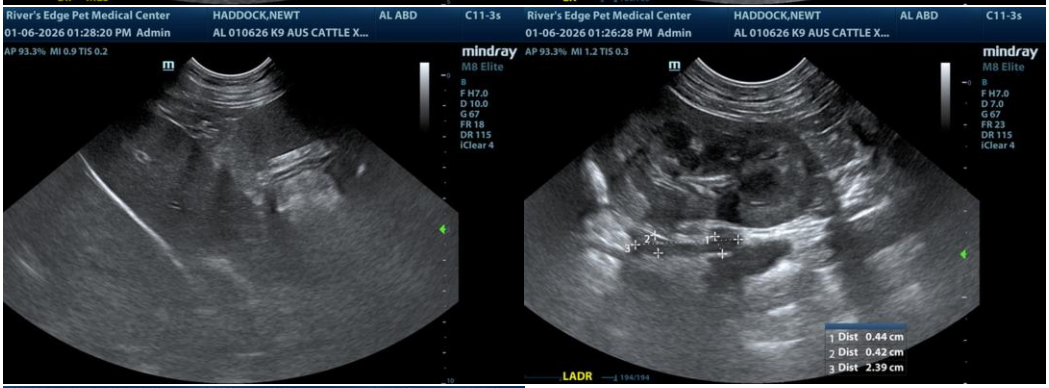

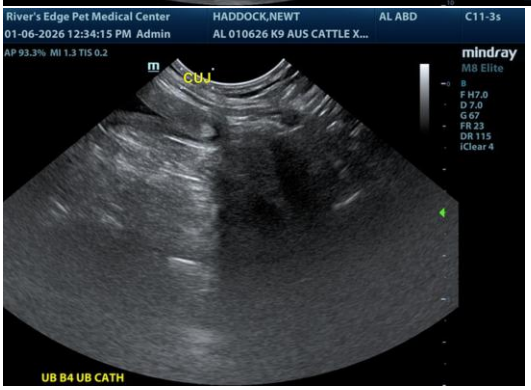

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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