



## PATIENT

Molly Urban

## SPECIES

Canine

## BREED

Cockapoo Cross

## SEX

FS

## AGE

8 years and 8 months old

## WEIGHT

10.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

West Springs Vet  
Hospital

## REFERRING VET

Dr. Caitlyn Krolik

## INVOICE

10520

## DATE

1/7/25

## PRESENTING CLINICAL SIGNS

The patient presents for an abdominal ultrasound due to a suspected bladder mass, complicated by a history of recurrent, antibiotic-resistant urinary tract infections, and a newly diagnosed heart murmur. The primary clinical concern is a persistent urinary tract infection (UTI) with a history of urethritis. The patient was initially treated with Clavaseptin, but a recheck confirmed the infection persisted. A culture and sensitivity test revealed widespread antibiotic resistance, prompting a switch to Baytril, and subsequently a return to Clavaseptin approximately two weeks prior to the current evaluation. During a recent ultrasound-guided cystocentesis, a possible bladder mass was suspected, leading to the recommendation for a full abdominal ultrasound. The patient also has a history of urolithiasis and a prior cystotomy. On the morning of the procedure, a heart murmur was auscultated for the first time. This is a new clinical finding that was diagnosed prior to the administration of pre-medication for the ultrasound. Other notable history includes grade 4 periodontal disease, for which the patient was recently started on gabapentin for pain management. Previous hx of possible elevated ALP in the past.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone with mild thickened ventral to ventroapical urinary bladder wall, measuring 0.27 cm wall width. Anechoic urine was present with no mineral or calculi. The trigone and cystourethral junction were free of pathology. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

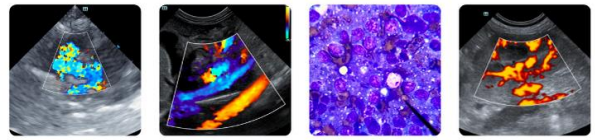
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.8 cm in length. The right kidney measured 4.5 cm in length. No evidence of pyelectasia was noted in either kidney.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at 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 thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.



<b>PATIENT</b>	<b><i>Liver/ Gallbladder</i></b>
Molly Urban	The liver presented enlarged in size. Normal hepatic vascular volume was present. Discreet areas of hypoechoic parenchyma were noted. 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 containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Cockapoo Cross	<b><i>Gastrointestinal</i></b>
<b>SEX</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
FS	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.
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
8 years and 8 months old	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	The area of the pancreas was sonographically normal.
10.5	<b><i>Free Abdomen</i></b>
<b>INTERPRETED BY</b>	No overt lymphadenopathy or peritoneal effusion was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"><li>• Mild cystitis pattern</li><li>• Normal bilateral kidneys - no evidence of pyelonephritis</li><li>• Benign hepatomegaly</li><li>• Mild nonorganized gallbladder debris (non mucocele)</li><li>• Normal bilateral adrenal glands</li></ul>
Dr. Jill Rankin	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
West Springs Vet Hospital	There is no evidence of urinary bladder or lower urinary tract masses. Potential for mild chronic embedded urinary tract infection, given the mild cystitis pattern, is possible. Recheck urine C/S following current antibiotic regimen with supportive care for cystitis is suggested. Reassessment of hepatic enzyme levels with hepatosupportive medications, if evidence of vacuolar hepatopathy criteria or cholestasis, is recommended.
<b>REFERRING VET</b>	
Dr. Caitlyn Krolak	
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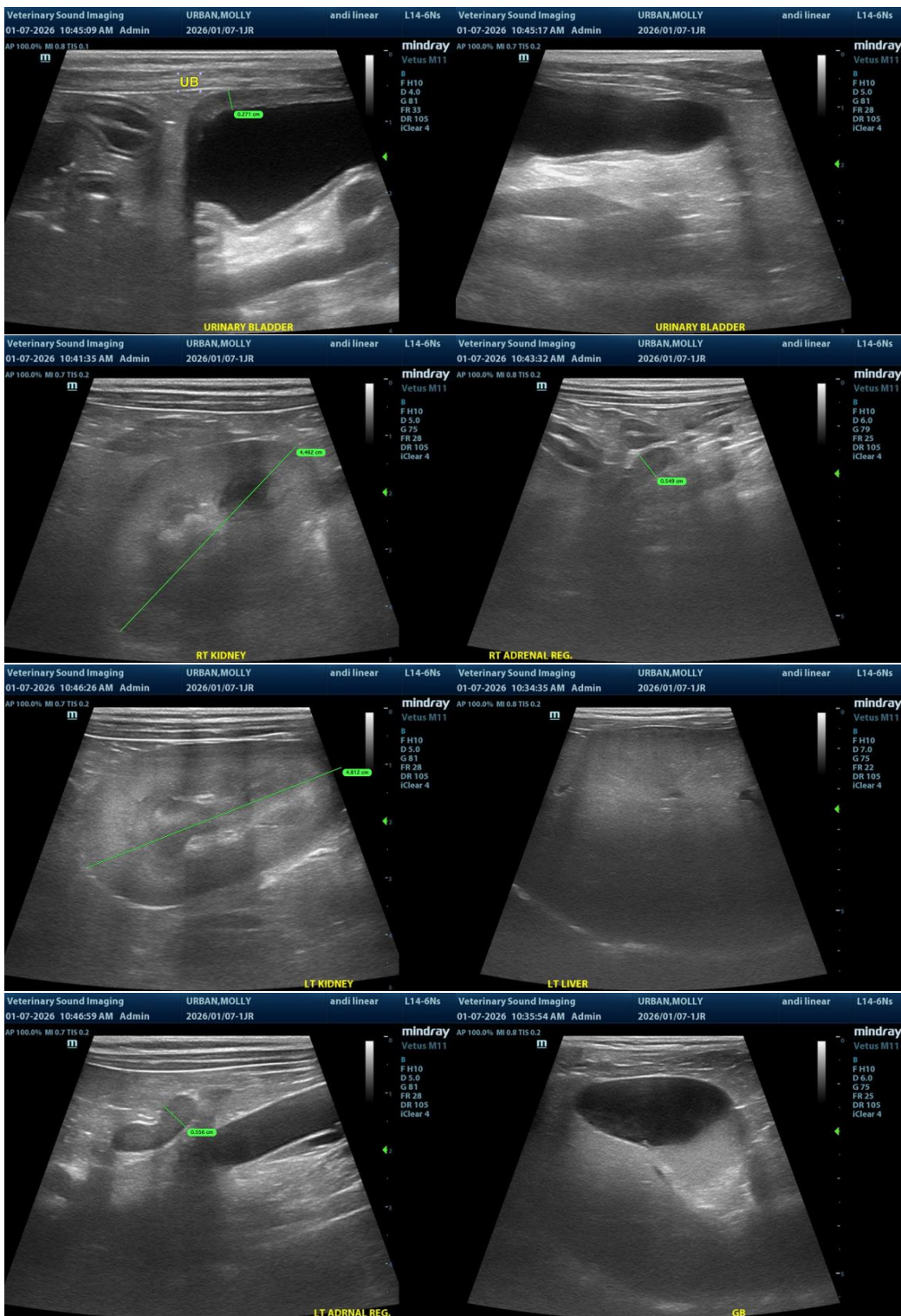
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)