



PATIENT

Smudges Burger

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

5 Years

WEIGHT

53 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Walden Animal Clinic

REFERRING VET

Dr. Kelly

INVOICE

13064

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Recurring UTI, invaginated vulva Current meds: Baytril

Abnormal PE/Chem/CBC/UA Results: 10/2025: CBC/profile NSF, last culture isolated proteins >100,000 CFU/ml

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology in the area of the uterine remnant.

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 pyelectasia. The left kidney measured 5.9 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 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 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited two visualized variably sized to solitary mildly expansive nonhomogenous splenic nodules with the largest nodule measuring 2.2 cm in diameter in the caudal spleen with mild associated splenic capsule distortion. No evidence of capsular escape. The smaller splenic nodule measured 0.70 cm in diameter without associated splenic capsule distortion.

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. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder and visible proximal urethra.
- Variably sized to expansive splenic nodules.
- Normal kidneys with no evidence of pyelonephritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract pathology i.e. pyelonephritis, congenital defect, calculus, tumor, etc. an obvious cause of the patient's recurrent UTI. Ascending infection owing to vulva confirmation is suspected.

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CVT

The splenic nodules may indicate hyperplasia, hematopoiesis, granulomas, hematomas, or emerging neoplasia. Assuming no pathology on three view chest radiographs, diagnostic and prophylactic splenectomy should be considered in this patient. Assuming normal clotting status and using 25 gauge needle, splenic nodule FNA cytology for further clarification and serial sonographic monitoring would be more conservative approach.

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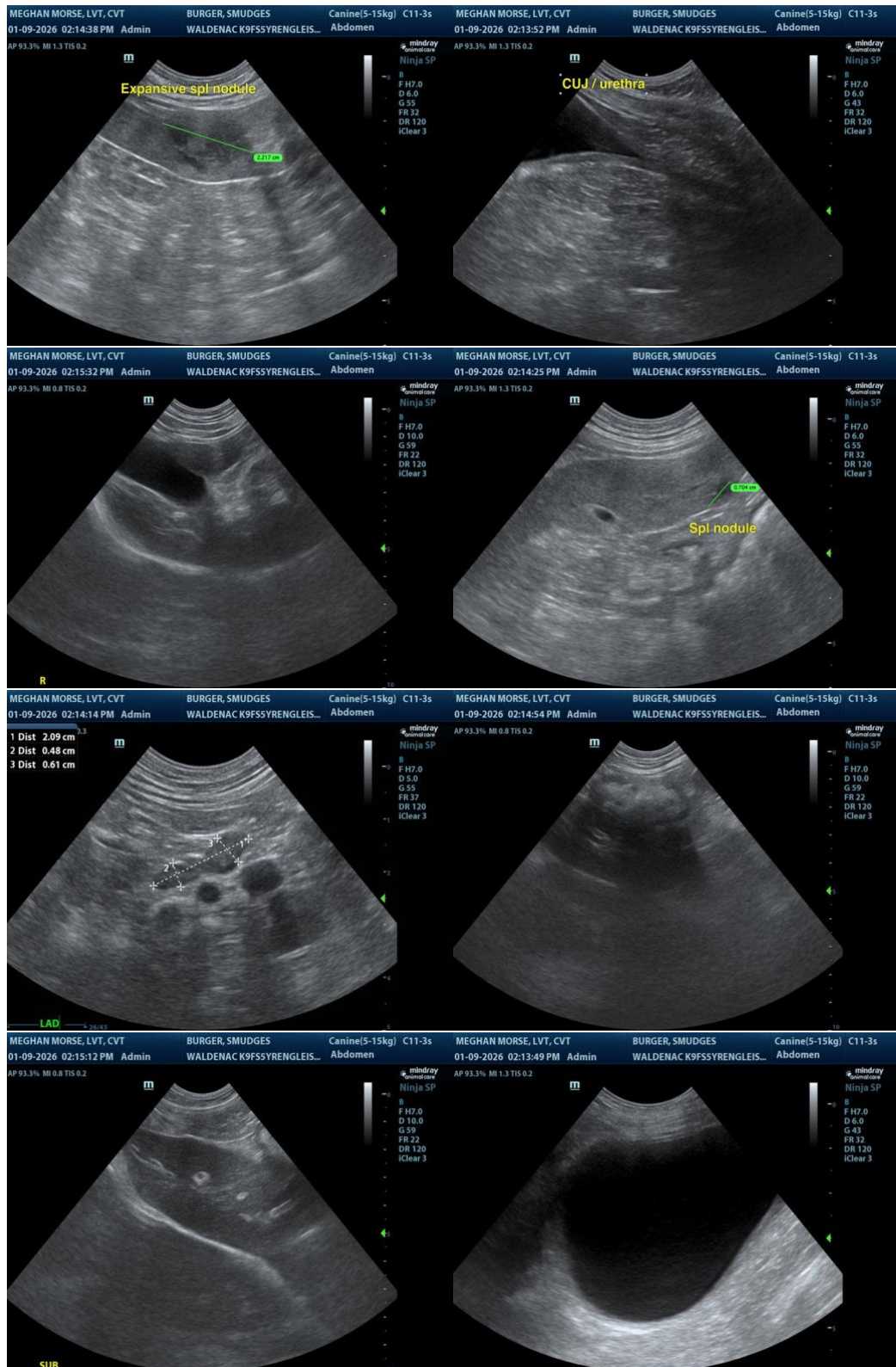
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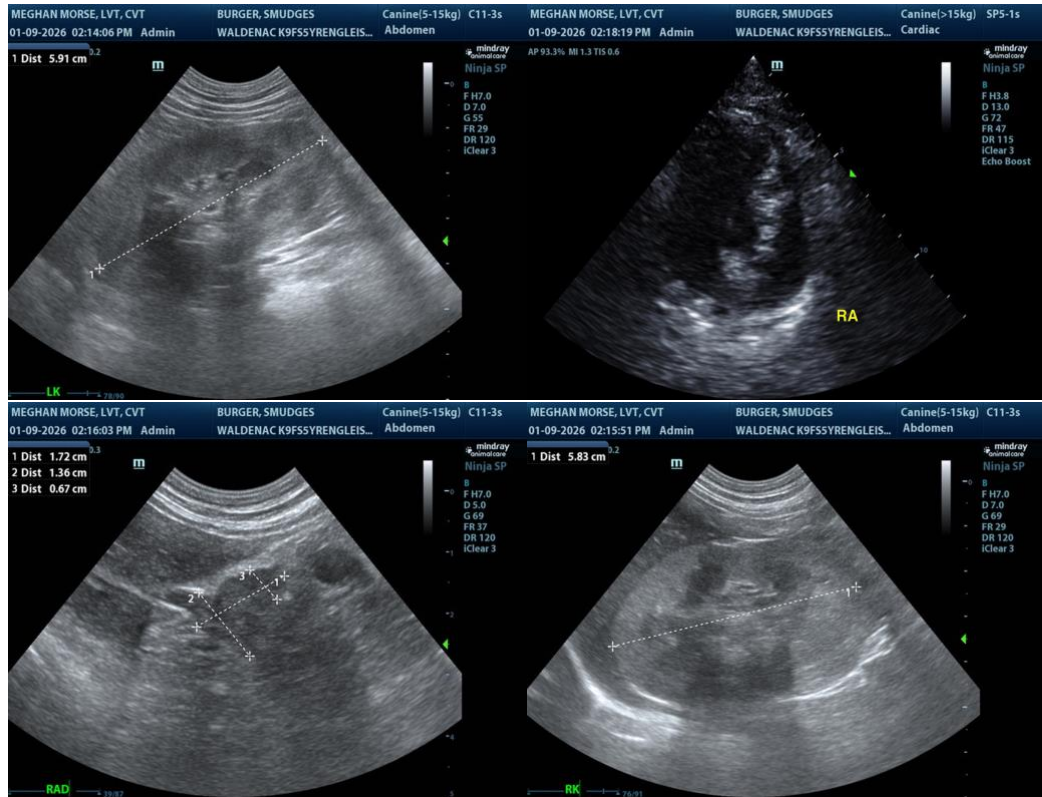
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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