



**PATIENT**

Daisy Pattison

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

28 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Hawkins AH

**REFERRING VET**

Dr. Hawkins

**INVOICE**

12187

**DATE**

11/10/25

**PRESENTING CLINICAL SIGNS**

Recurring bladder infection, originally culture showed Isolate 1: Escherichia coli - >1x10E5 CFU/ml and Isolate 2: Beta-haemolytic streptococcus - >1x10E5 CFU/ml recheck culture showed: Isolate 1: Enterobacter sp. - 1-5x10E4 CFU/ml and Isolate 2: Acinetobacter johnsonii - 1-5x10E4 CFU/ml  
 Current Medications Baytril 300mg

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Bladder and kidney function/abnormal structures. Ultrasound anal gland/vulva area as well.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Normal wall without evidence of inflammatory criteria or tumors. Anechoic urine was present in the lumen with minor nondependent particulate urine sediment. The area of the ureteral papilla, trigone and cystourethral junction were free of overt pathology.

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

The area of the aortic 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 pyelectasia. The left kidney measured 6.6 cm in length. The right kidney measured 6.4 cm in length.

**Adrenal Glands**

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.67 cm width in the caudal pole.

The left adrenal gland was indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.54 cm width in the caudal pole.

**Spleen**

A moderately expansive mixed echogenic splenic mass was visualized measuring 7.0 cm in diameter. Associated asymmetrical splenic capsule distortion yet without evidence of splenic mass rupture or capsular escape.

**Liver**

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 indistinctly visualized without overt evidence of gallbladder overdistention or inflammation. The common bile duct was not visualized.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild 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 visualized significant omental lymphadenopathy or peritoneal effusion or hemoabdomen was present. Generalized normal omental echogenicity.

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Sonographic assessment of the vulva revealed no obvious structural abnormalities. Overtly normal bilateral anal sacs with mildly distended left anal sac compared to the right anal sac with normal content. Left anal sac measured 2.0 cm in diameter. Right anal sac subjectively measured 1.8 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder, visible proximal urethra and area of uterine remnant.
- Normal bilateral kidneys- no evidence of pyelonephritis.
- Normal bilateral anal sacs and subjective area of the vulva.
- Splenic mass.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt sonographic evidence of upper or lower urinary tract uterine remnant or overt vulva structural pathology or abnormality as an obvious contributing factor to the recurrent UTI. Gross inspection of the vagina and vaginal vault for evidence of nonvisualized structural abnormality, which may predispose to ascending infection as well as cystoscopy, may be considered. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No obvious evidence of intra-abdominal major organ macro-metastasis or splenic mass rupture.

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Assuming no pathology on three view chest radiographs or brief sonographic assessment of the heart, splenectomy with gross inspection of the lower urinary tract is recommended.

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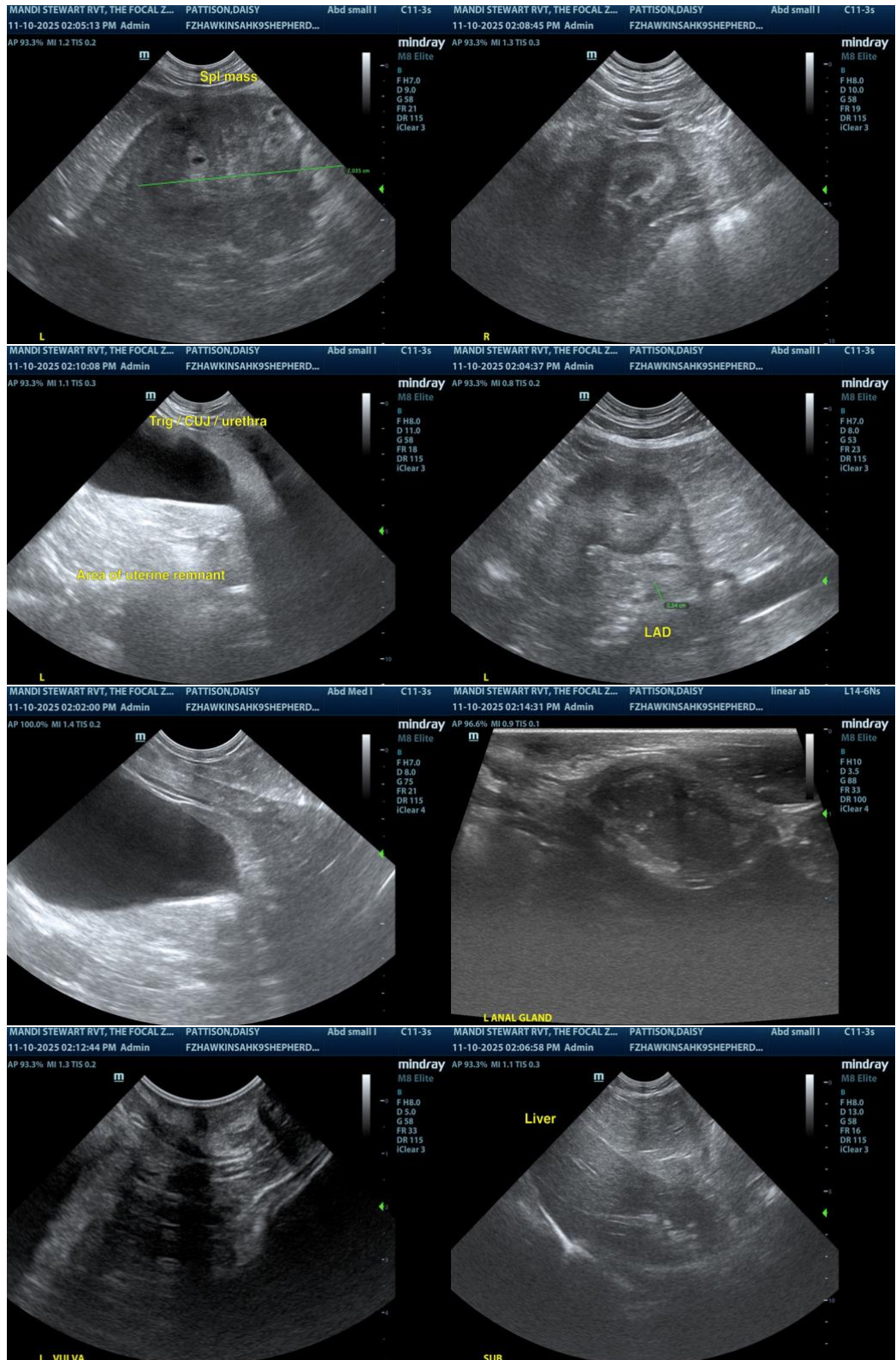
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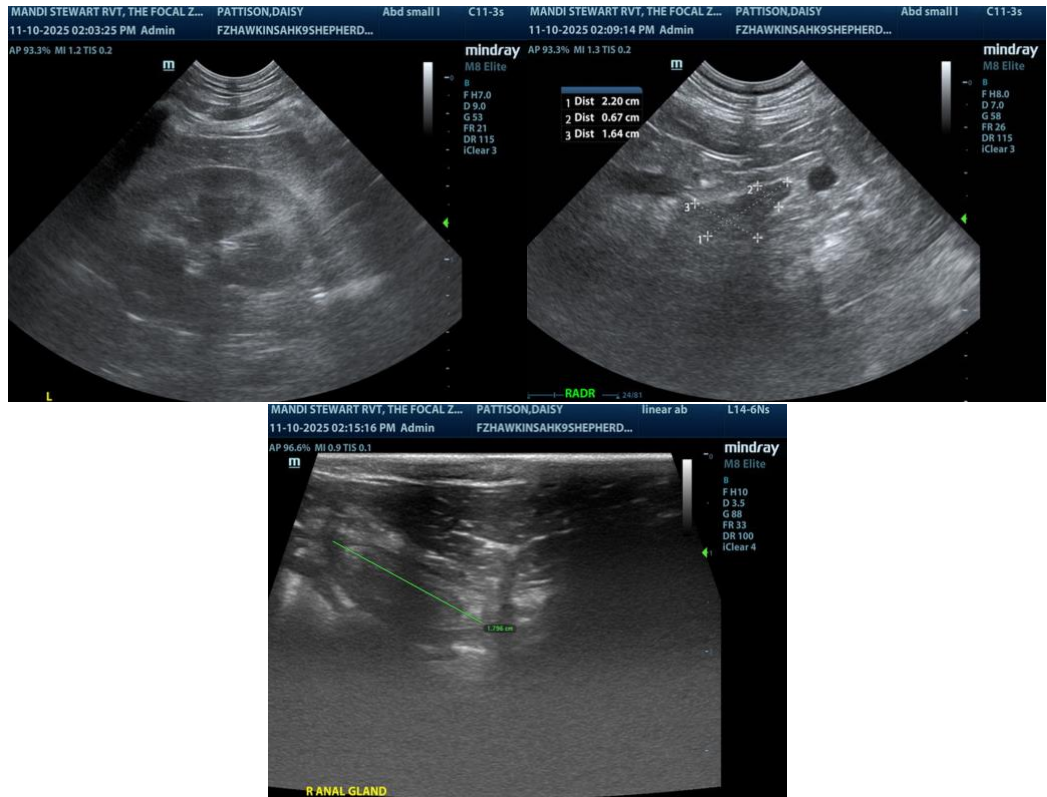
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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