



**PATIENT**

Rosie Godlewski

**SPECIES**

Canine

**BREED**

Husky Pug X

**SEX**

FS

**AGE**

3 yrs

**WEIGHT**

62 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Yvonna Aranda

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**INVOICE**

10334

**DATE**

11/12/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Inappropriate urination Long term urinary issues No growth in urine culture  
Current Medications Trazadone 100mg 1-2 tables BID, Fluoxetine 20mg 1 SID,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with an overall normal urinary bladder wall. No evidence of overt cystitis criteria or urinary bladder tumors. Moderate to significant, dependent to nondependent lumen sand and sediment were noted extending into the cystourethral junction and proximal urethra. The urethra exhibited normal structure and tone to a depth of 3.0 cm. The trigone and cystourethral junction were free of overt sonographic pathology.

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 7.4 cm in length. The right kidney measured 7.3 cm in length. No evidence of pyelectasia was noted in either kidney.

**Adrenal Glands**

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.72 cm caudal pole width and the right adrenal gland measured 0.55 cm caudal pole width.

**Spleen**

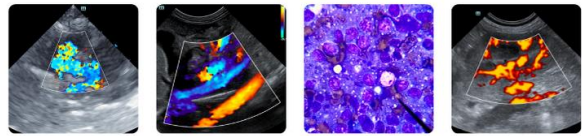
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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**

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.



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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.

***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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

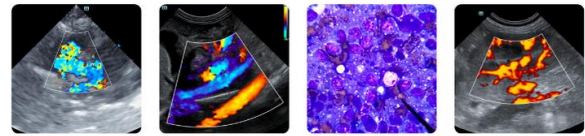
- Marked to significant dependent to nondependent urinary bladder lumen sand / mineral extending into the proximal urethra - nonobstructive
- Normal bilateral kidneys - no evidence of pyelonephritis

***Secondary Findings***

- Normal volume liver

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no obvious upper or lower urinary tract structural pathology. Given negative urine culture in this patient and without evidence of pyelonephritis or hepatic abnormality as a contributing factor, a urinary diet with continued monitoring of urinalysis and as-needed sonographic reassessment of the urinary bladder sediment may prove beneficial. Cystoscopy may be indicated for further assessment of potential non-sonographic abnormality, if progressive urinary signs or urine sediment.



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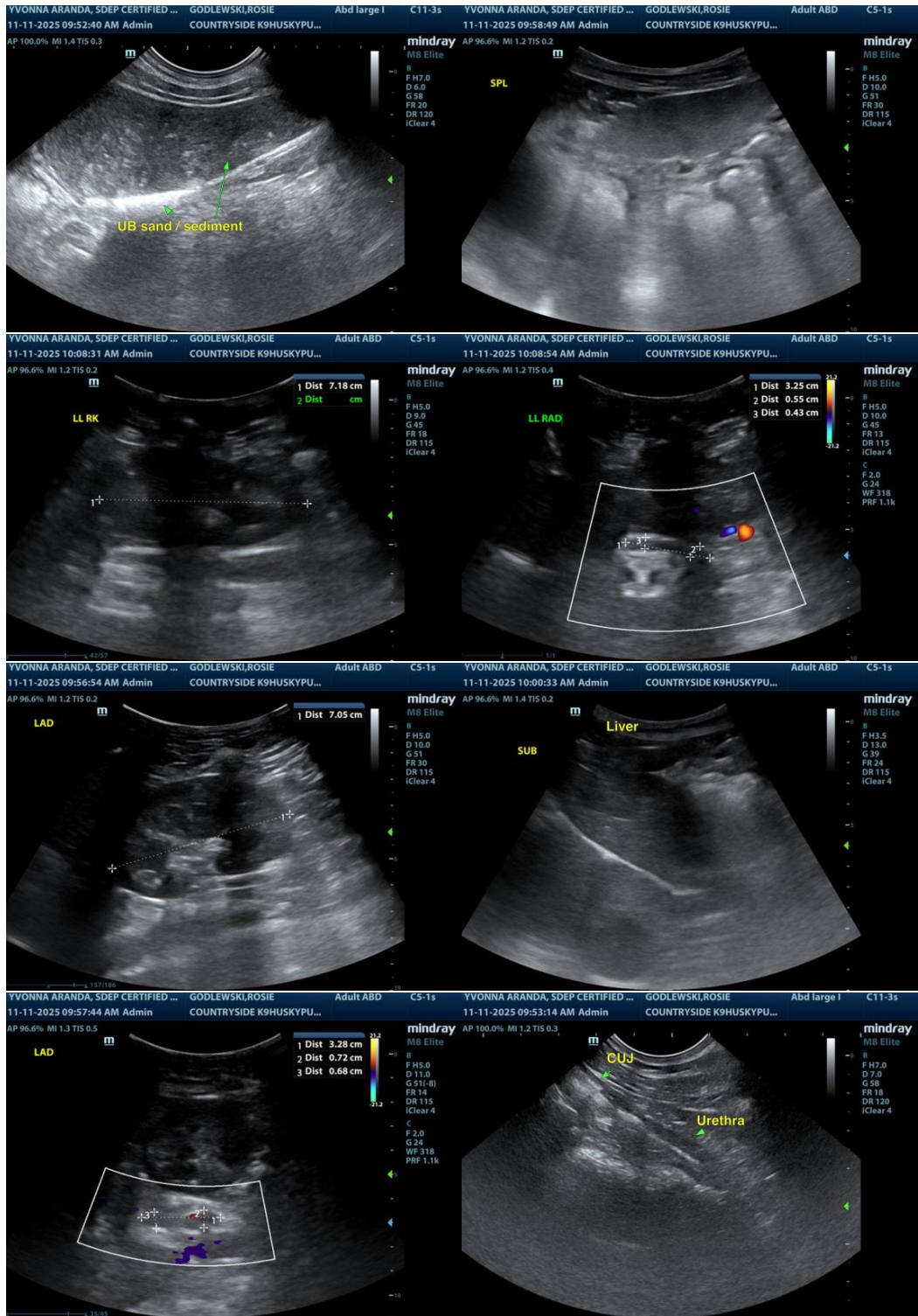
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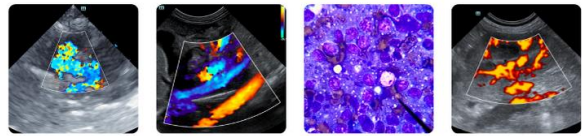
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)