



## PATIENT

Nova Sickmiller

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

FS

## AGE

12yr

## WEIGHT

60.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sheldon

## HOSPITAL NAME

Advanced Pet Care  
Oakland

## REFERRING VET

Dr Sheldon

## INVOICE 23006

## DATE

11/21/2025

## PRESENTING CLINICAL SIGNS

New symptoms of PU/PD. Urinalysis showed mid concentration at 1.020 and microscopic hematuria. Urine culture negative. Senior screen WNL. Did a course of carprofen for 10 days and pet is still PU/PD, but recheck urine resolved the hematuria. Braf pending. No stranguria noted.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Subjective mildly prominent ventroapical and dorsal urinary bladder wall with dorsoapical wall measuring 0.5 cm in diameter. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of tumors or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.5 cm in length.

The visualized medial iliac lymph nodes were sonographically normal without inflammatory or metastatic criteria.

The area of the uterine remnant appeared normal and free of pathology.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.86 cm width in the caudal pole. The right adrenal gland was indistinctly visualized measuring 0.52 cm width in 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.

### 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



## PATIENT

Nova Sickmiller

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

## SPECIES

Canine

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.

## BREED

Boxer Mix

### *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.

## SEX

FS

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## AGE

12yr

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Overall sonographically normal urinary bladder with possible mild cystitis
- Normal visible proximal urethra.
- Mild chronic renal changes
- Bilateral normal age-related adrenal glands
- Sonographically unremarkable normal volume liver

## WEIGHT

60.2

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract neoplastic criteria. Correlation with BRAF assay is recommended. A definitive cause of the PU/PD was not obvious given mid concentration urine and lack of hepatoadrenal pathology. Monitoring of UA and consideration for adrenal screening despite lack of adrenal pathology could be considered.

## IMAGING PERFORMED BY

Dr Sheldon

## HOSPITAL NAME

Advanced Pet Care  
Oakland

## REFERRING VET

Dr Sheldon

## INVOICE

23006

## DATE

11/21/2025



**PATIENT**

Nova Sickmiller

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

FS

**AGE**

12yr

**WEIGHT**

60.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sheldon

**HOSPITAL NAME**

Advanced Pet Care  
Oakland

**REFERRING VET**

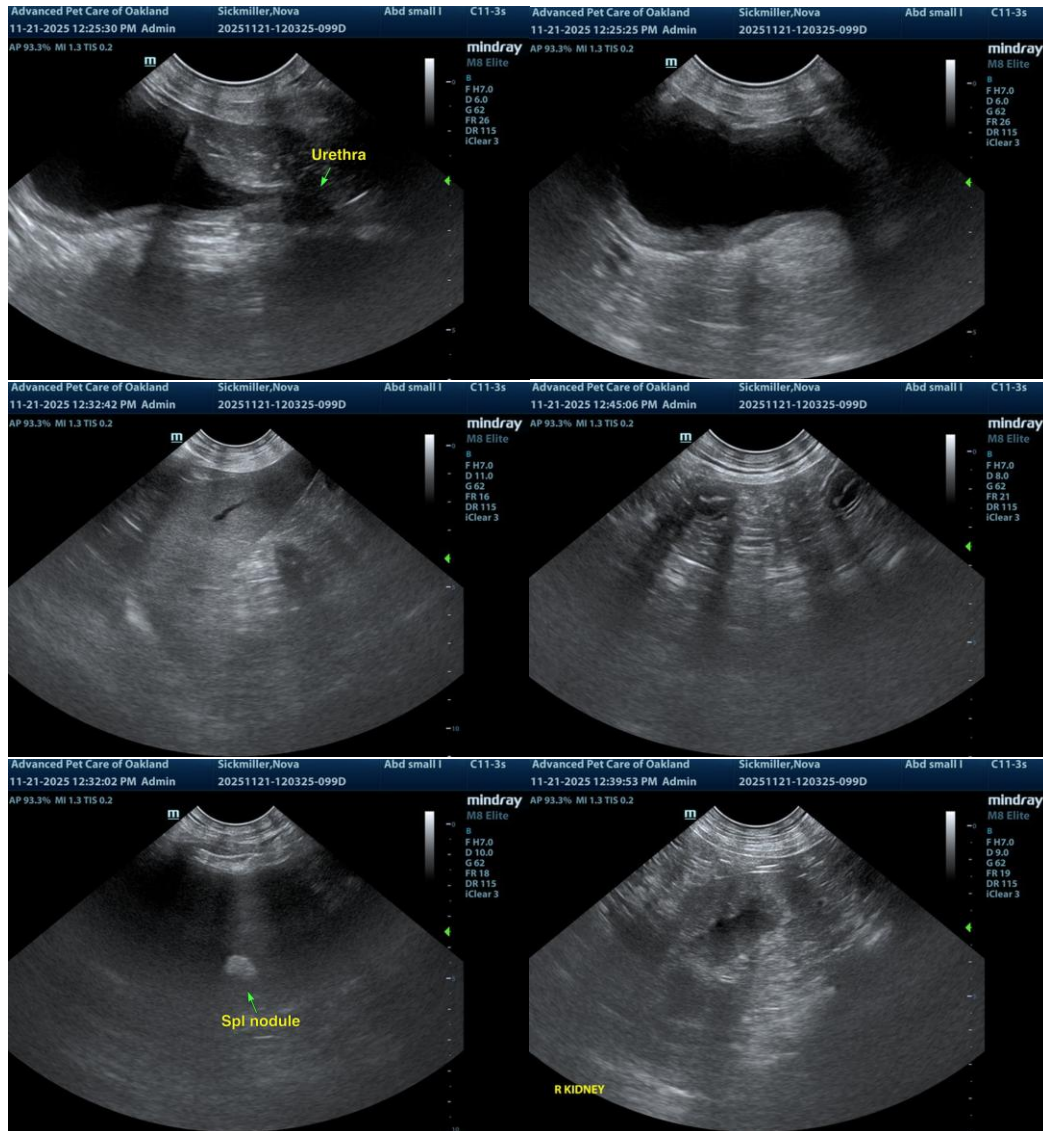
Dr Sheldon

**INVOICE**

23006

**DATE**

11/21/2025





**PATIENT**

Nova Sickmiller

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

FS

**AGE**

12yr

**WEIGHT**

60.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sheldon

**HOSPITAL NAME**

Advanced Pet Care  
Oakland

**REFERRING VET**

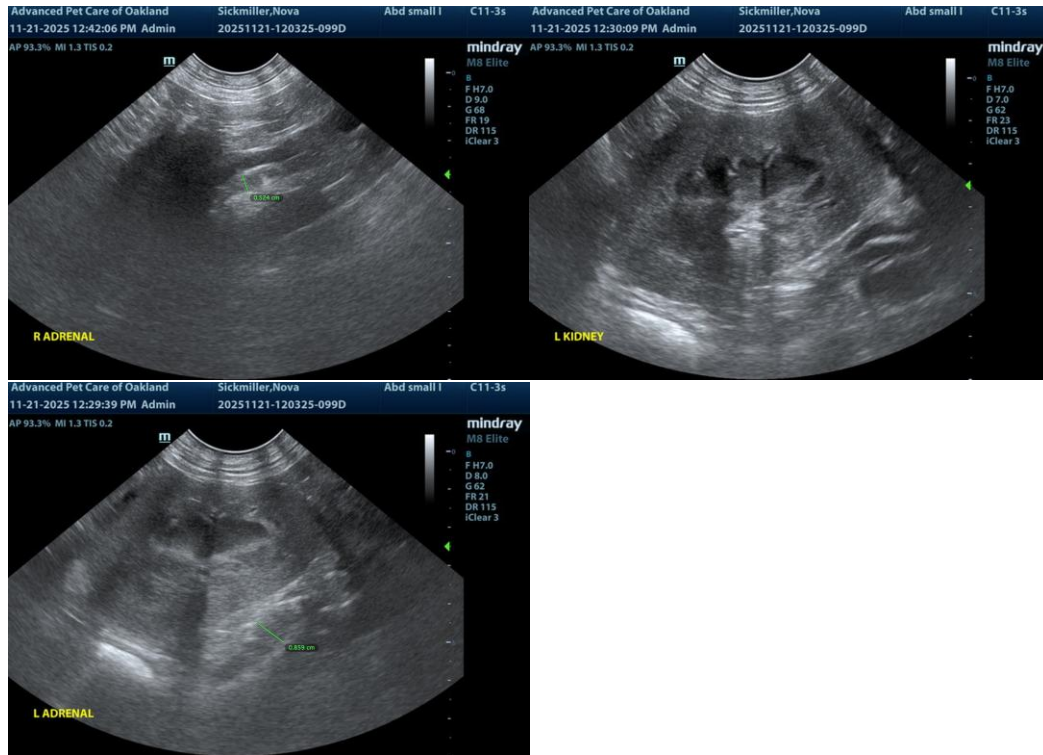
Dr Sheldon

**INVOICE**

23006

**DATE**

11/21/2025



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)