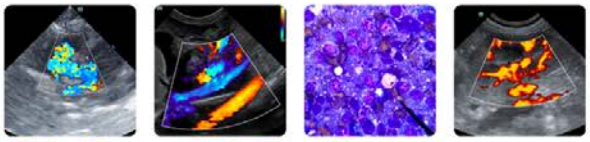

PATIENT

Rosie Sosely

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

3

WEIGHT

90

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

71518

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Hematuria, pollakiuria
Abnormal PE/Chem/CBC/UA Results: Proteinuria, hematuria , WBC 20 /HPF RBC >50 /HPF struvites

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normal in size and tone. Subjective non-dependent area of mineralized urine sediment in the area of the mid to ventral urinary bladder lumen, measuring approximately 3.0 cm in diameter. Potential indistinctly visualized, thickened ventral apical urinary bladder wall. The remainder of the urinary bladder wall appeared sonographically unremarkable. No evidence of pathology in the area of the trigone or cystourethral junction. The urethra was normal in structure and tone to a depth of 4.0 cm.

The area of the iliac trifurcation was free of pathology.

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. No evidence of pyelonephritis. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 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 0.53 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm 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.

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 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 with no signs of ileus, obstruction or foreign material.

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.

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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 was evident.

Other

No overt lymphadenopathy or peritoneal effusion was present.

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

ULTRASONOGRAPHIC FINDINGS

- Non-dependent to accumulated mild mineralized urine sediment. Potential indistinct thickened apical urinary bladder wall.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible indistinct apical cystitis may be suspected, with non-obvious urinary bladder tumor considered unlikely, given the patient age and pattern of potential thickened apical urinary bladder wall. Further assessment with urine culture and sensitivity, ideally on sterile urine sample, +/- screening BRAF assay is recommended. If documented UTI, assessment of the vulva and vaginal vault for evidence of structural abnormality that may predispose to ascending infection is recommended. UTI protocol pending urine culture and sensitivity with clinical monitoring as well as sonographic reassessment of the urinary bladder in 10-14 days is recommended.

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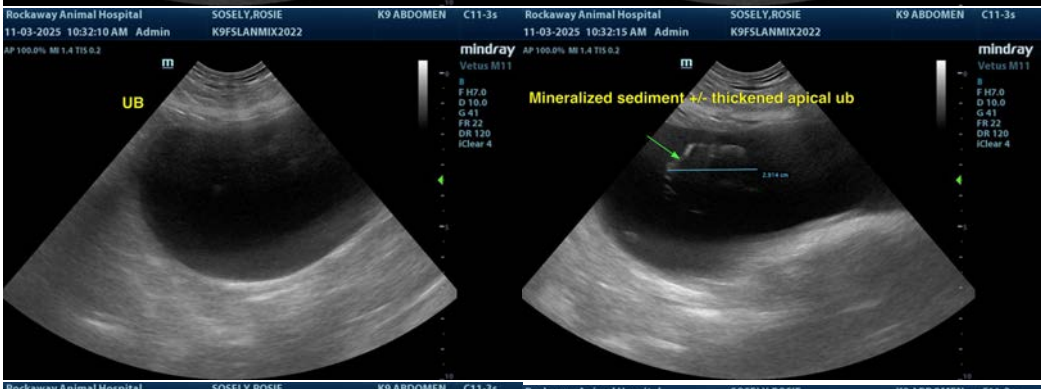

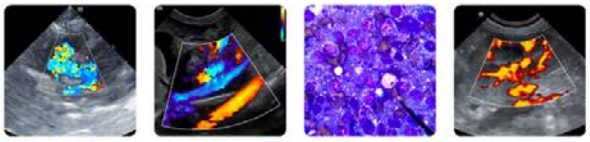

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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