

PATIENT

Anna Dlugolecki

SPECIES

Canine

BREED

Great Pyrenees

SEX

FS

AGE

8yr

WEIGHT

71.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Dr. Jen Redus DVM

INVOICE

23225

DATE

12/15/2025

PRESENTING CLINICAL SIGNS

Has been having Requiring UTIs -Has been on antibiotics and it doesn't seem to be helping. -Stopped the Antibiotics sending out a culture.

Abnormal PE/Chem/CBC/UA Results: PE: Urinary/Genital Systems: Urine staining around vulvar region with urine droplets Musculoskeletal: Muscle condition score grade 2 with loss of muscle mass on both hind limbs and mild loss along spine. Coat/Skin: Dermal mass on dorsum of head, 1 cm, well circumscribed, purple, solitary, somewhat squishy, non-movable NO RECENT BLOOD WORK

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Thickened mid dorsoapical and apical urinary bladder wall measuring ~ 3.7 x 1.5 cm was present. No overt mural mineralization. The trigone and cystourethral junction were free of pathology. Anechoic urine was present without evidence of mineral or calculi. The proximal urethra was indistinctly visualized yet exhibited potential for thickened proximal urethra with possible lumen vs mural mineralization. The proximal urethra measured 1.2 cm in diameter.

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 6.3 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

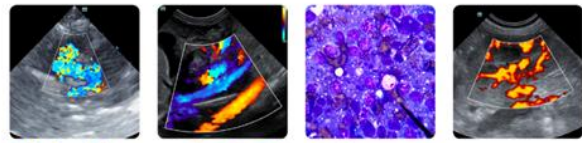
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width 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. Mild craniomedial folding of the spleen was present which is not indicative of underlying splenic pathology and is likely patient variant.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.



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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 mechanical/metabolic 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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended urinary bladder with thickened dorsal to dorsoapical wall
- Possible thickened proximal urethra exhibiting potential urethral lumen vs mural mineralization
- Normal bilateral kidney -no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic dorsal to dorsoapical cystitis and urethritis or urinary bladder and proximal urethra neoplastic criteria are primary considerations. No overt evidence of congenital abnormality as a contributing factor.

Correlation with pending urine C/S as well as screening BRAF assay is recommended. Definitive diagnosis would require cystoscopy or potential surgical biopsies for histopathology. No obvious evidence of significant regional lymphadenopathy.

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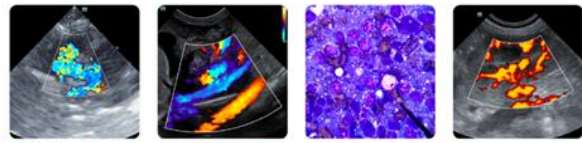
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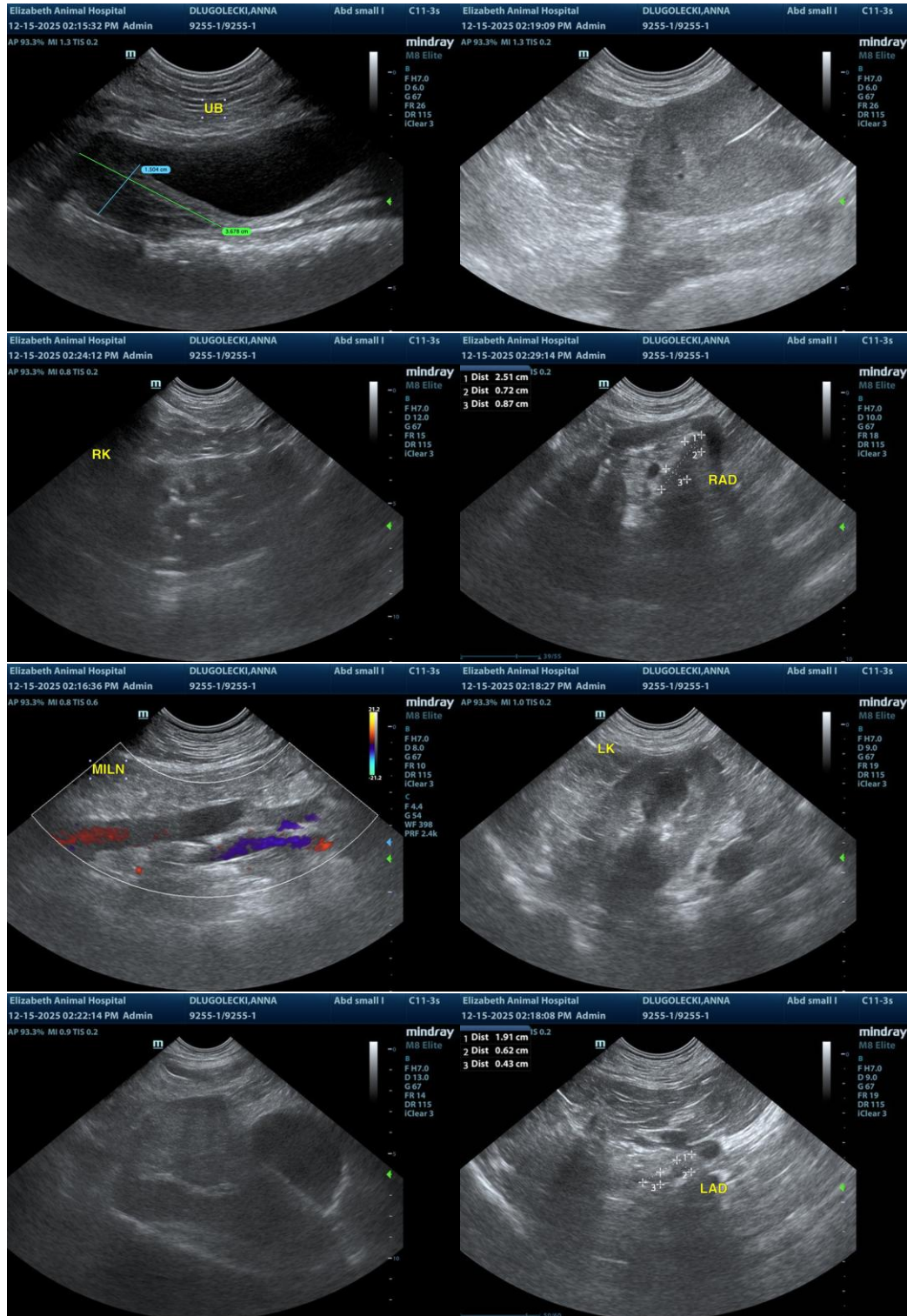
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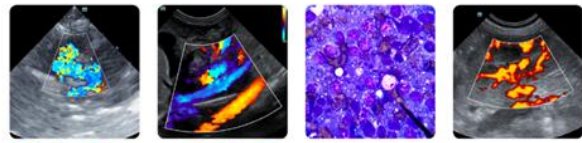
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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