



## PATIENT

Luna Lane

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

Female Spayed

## AGE

8 y

## WEIGHT

16.5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

East Bradford VH

## REFERRING VET

Meghan McGrath,  
DVM

## INVOICE

12974

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: AUS to further evaluate recurrent UTI, urinary accidents, increased water intake, vomiting and defecation containing blood clots and anorexia for past 72 hours. Mild ALP elevation. Brief Bladder ultrasound revealed severe abnormal echogenic material and debris.

Meds: Clavamox 250 mg

Abnormal PE/Chem/CBC/UA Results: Dec 2025: CBC/Chem: NSF, ALP 189 H, ALT 56-n, normal renal values. UA : USG 1.043, pH 8.5, 3+ pro, Trace Gluc, 2+ Bld, RBC 21-50/hpf, WBC 4-10/HPF, Bacteria Rods 51-100/hpf

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was non-distended with urine. Moderate to significant non-dependent to accumulated urine sediment along with mild, non-dependent, hyperechoic sand. No evidence of urinary bladder tumors or obstruction to urine outflow. The visible proximal urethra to a depth of 3.0 cm exhibited normal thickness and tone.

Normal size and margination was 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 5.3 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 0.52 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 0.49 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.

### 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.



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## Gastrointestinal

The stomach presented wall thickening secondary to mildly thickened mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.58 cm width. Mild gastric distension with mild retained anechoic fluid. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.62 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Subjective borderline prominent intestinal submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.41 cm and jejunum wall measured 0.37 cm.

The descending colon was primarily empty prohibiting full evaluation of the colon wall. Segmental, non-formed fecal matter and lumen gas present.

## Pancreas

The pancreas was normal in size and contour with heterogeneous, variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild cystitis with moderate, non-dependent to accumulated urine sediment and mild, dependent lumen sand/mineral
- Mild age-related renal changes – no evidence of pyelonephritis
- Sonographically normal liver/gallbladder – consistent with mild benign hepatopathy
- Nonspecific gastroenterocolonopathy exhibiting mild, non-obstructive hypomotile stomach – potential inflammatory bowel
- Suspect chronic pancreatitis with remodeling
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on sterile urine sample warranted despite current antibiotic protocol. Assessment of the vulva and vaginal vault for evidence of structural abnormality which may predispose the ascending infection may be indicated. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the pancreas and intestinal tract as well as screening cortisol level to rule out occult Addison's disease is warranted. Gastrointestinal support including hydrolyzed diet trial with potential long-term dietary therapy, gastro protectants, empirical deworming, high colony count probiotic and Cobalamin supplementation pending assessment of Cobalamin level may prove beneficial.



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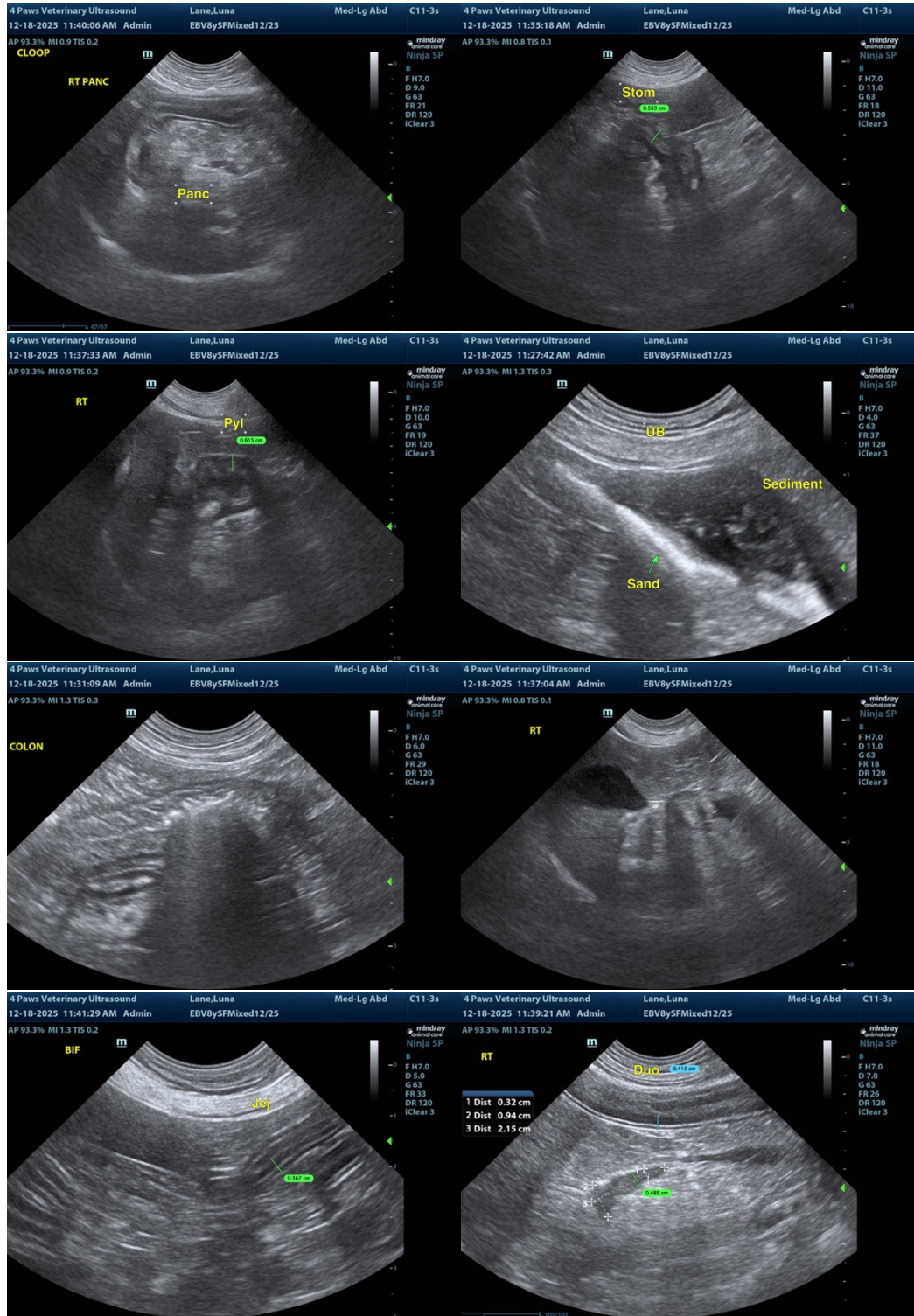
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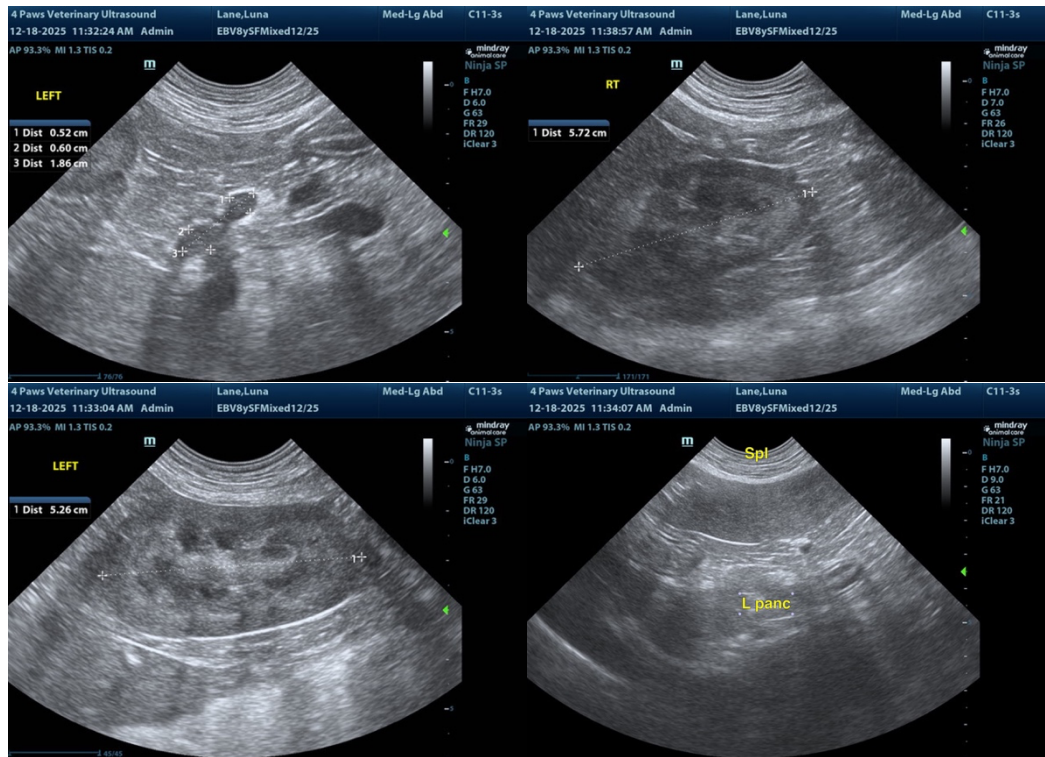
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)