



PATIENT

Maycee Horner

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Jessica Castaneda

INVOICE

12752

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Patient presents with a history urinary accident since November, there is no change in color or odor, no pain or straining associated with it.

Abnormal PE/Chem/CBC/UA Results: Patient's physical exam on day of scan showed 3/4 dental disease and was otherwise unremarkable. CBC 12/7 MCH 21.9 pg (22.1-26.7) L Chem 12/7 Glu 53 mg/dL (63-114) L GLOB 4.1 g/dL (2.4-4.0) H ALT 149 U/L (18-121) H CK 361 U/L (10-200) H UA 12/17 USG 1.011 (1.030-1.098) L Epithelial Cells Rare (0-1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with primarily normal urinary bladder wall. Nonthickened in appearance exhibiting areas of minor luminal surface asymmetrical contour. Anechoic urine was present with no evidence of mineral or calculi. Possible small polypoid like lesion was visualized in the area of the ventral trigone measuring 0.26 cm. No definitive evidence of urinary bladder masses. The proximal urethra was indistinctly visualized without evidence of proximal urethra urine retention to a depth of 2.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 to moderate indistinct corticomedullary border demarcation with similar medullary echogenicity compared to the cortex. Pinpoint medullary mineral was evident. The left kidney measured 3.9 cm in length with minor pyelectasia. The right kidney measured 3.8 cm in length with minor pyelectasia.

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 0.39 cm width in the caudal pole. The right adrenal gland measured 0.37 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

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



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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.

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

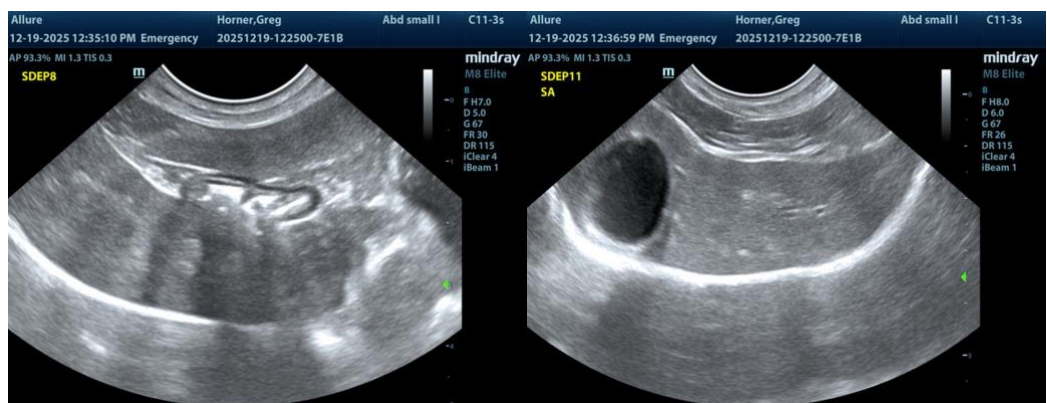
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall, sonographically unremarkable urinary bladder with possible small ventral trigone polypoid lesion.
- Bilateral chronic renal changes with minor pyelectasia.
- Sonographically normal liver/gallbladder- consistent with low-grade benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of urinary bladder masses, mineral or calculi. The possible small polypoid lesion in the area of the ventral trigone is nonspecific with considerations including small benign polyp, focal minor inflammation, potential accumulated sediment while the possibility of early neoplastic criteria cannot be definitively excluded. The minor bilateral pyelectasia is suspected to be secondary to chronic changes or pelvic scarring with minor potential for unilateral/bilateral pyelonephritis. Urine culture and sensitivity on sterile urine sample as well as screening BRAF assay is recommended. Sonographic monitoring of the urinary bladder and possible small polypoid lesion for evidence of resolution, persistence or progression is indicated.





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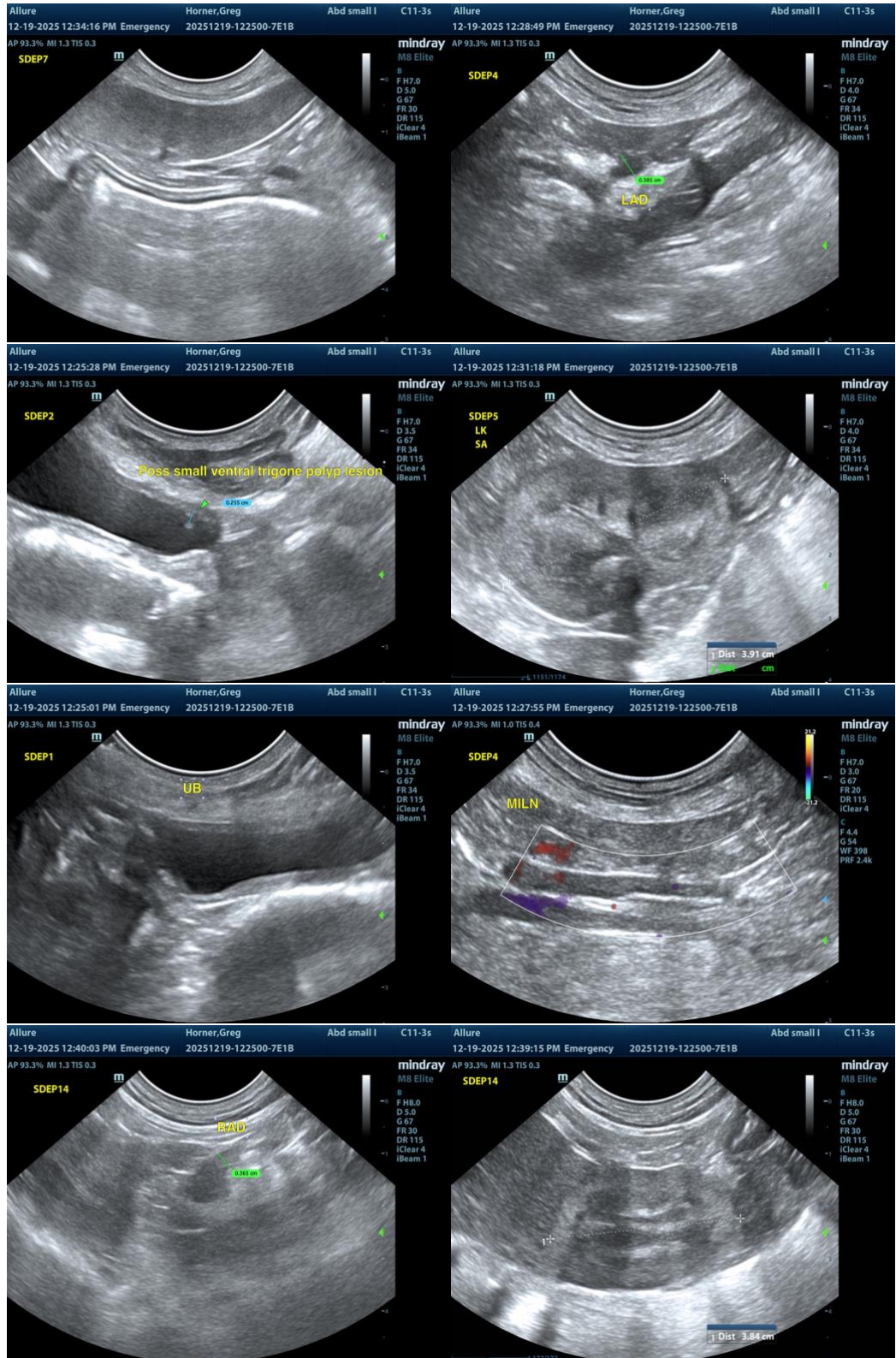
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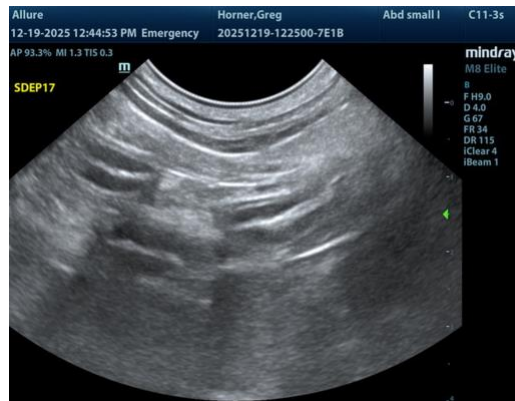
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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