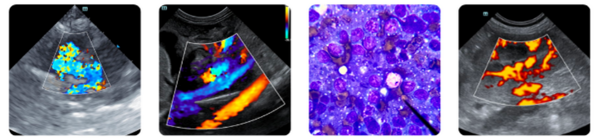


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Riley Thiemke

SPECIES

Canine

BREED

Schnoodle

SEX

Female

AGE

13y 9mo

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Ericka Hayes

INVOICE

12875

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Patient has 2-week history of pollakiuria. On 11/20, patient diagnosed with urinary tract infection-numerous rod bacteria, WVCs and RBCs seen in cystocentesis-collected sample. Urinary accidents have resolved, but pollakiuria persists (p urinating every 1-2hrs.) CBC, chem panel WNL other than mildly elevated ALT (p has several year history of elevated ALT.) 2cm firm, movable, subcutaneous mass dorsal to vulva discovered on examination on 11/20; concern for neoplasia. P is intact. Most recent estrus ended 1 week ago. Screening for urinary tract disease as cause of pollakiuria, pyometra, abdominal mets from peri-vulvar mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal was normal in size and tone exhibiting normal wall without evidence of inflammation or tumors. The trigone and cystourethral junction were free of pathology. The visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of uroliths, mineral, or calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The visualized uterus dorsal to the urinary bladder was sonographically normal without evidence of pathology or lumen fluid measuring 0.85 cm in diameter.

The left and right ovaries were not definitively visualized.

The area of the aortic trifurcation was free of pathology.

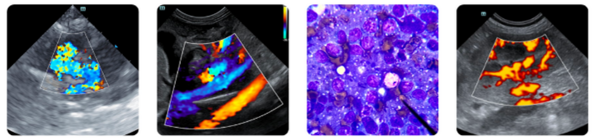
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 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 0.72 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 0.66 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.



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Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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

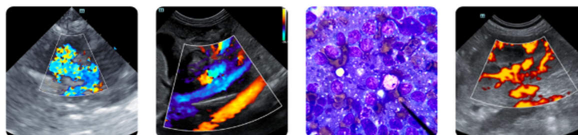
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder, visible proximal urethra with mild urine sediment
- Normal visible uterus
- Age-related renal changes
- Nonspecific yet subjective benign hepatomegaly
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract or uterine pathology. Recheck urine C/S om sterile urine sample warranted if evidence of persistent inflammatory sediment. No evidence of intraabdominal primary or metastatic neoplastic criteria or lymphadenopathy. Hepato-supportive medications may be considered.



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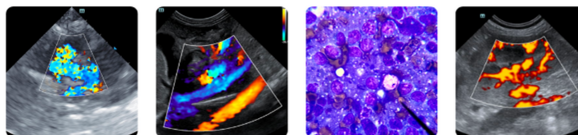

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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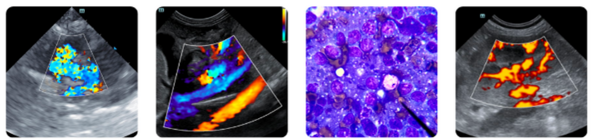

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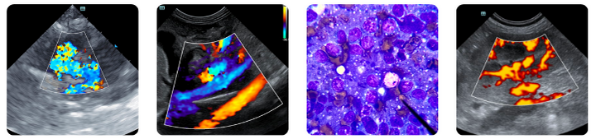

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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