



PATIENT

Sasha Brooke

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

9yr

WEIGHT

11.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Oley Valley Animal
Clinic

REFERRING VET

Blue Pearl Wyomissing

INVOICE 23095

DATE

12/03/2025

PRESENTING CLINICAL SIGNS

AUS to further evaluate dysuria noted since 11/24/25. Elevated ALP and T. bili also found on BW. Frequent squatting to urinate with little to no urine produced, straining, posturing for longer periods. Initially presented to rDVM on 11/24. Signs have not resolved and represented to rDVM on 12/1/25. Radiographs showed a markedly distended urinary bladder. No obvious stones visualized.

Abnormal PE/Chem/CBC/UA Results: rDVM Diagnostics 11/24/25: - UA: USG 1.018, pH 7.0, Pro 100, neg sediment - CBC: Hct 53.8%, Eos 0.04 L, Plt 282 - Chem: Cr 0.4 L, BUN 7, ALP 254 H, T. bili 1.4 H, Chol 329 H, Cl 108 L, K 4.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was significantly distended with anechoic urine and mild non-dependent particulate urine sediment. Overall normal urinary bladder wall, no visualized evidence of urinary bladder tumors or inflammatory mineral criteria. The trigone and cystourethral junction was free of overt pathology. The proximal urethra to an approximate depth of 5 cm exhibited concurrent urine distension. Possible indistinctly visualized soft tissue echo in the proximal urethral lumen at the approximate depth of 5 cm obscured by pelvic shadowing. No evidence of proximal urethral mineral or calculi. Visualized distal hydroureter at the level of the urinary bladder and ureteral papilla.

Normal size and margination were 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. Mild to moderate left kidney hydronephrosis was present. Mild right kidney hydronephrosis was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.4 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 0.44 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/Gallbladder

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. Normal vascular volume. The hepatic



PATIENT

Sasha Brooke

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.

SPECIES

Canine

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.

BREED

Beagle

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.

SEX

FS

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.

AGE

9yr

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Significant distended urinary bladder and visible proximal urethra
- Bilateral mild to moderate hydronephrosis with concurrent visualized distal hydroureter
- Possible although not definitive proximal urethral lumen soft tissue echo at level of pelvic inlet

WEIGHT

11.5kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of urinary bladder and proximal urethral distention combined with bilateral hydronephrosis and distal hydroureter is consistent with chronic urethral obstruction. The definitive cause of the proximal urethra may indicate inflammation, mucus, or potential mass. Given the patient is female, referral for immediate urethral catheterization to alleviate distended urinary bladder with potential for additional diagnostics which may include cystoscopy, traumatic catheterization, or BRAF assay.

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Oley Valley Animal
Clinic

REFERRING VET

Blue Pearl Wyomissing

INVOICE

23095

DATE

12/03/2025



PATIENT

Sasha Brooke

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

9yr

WEIGHT

11.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

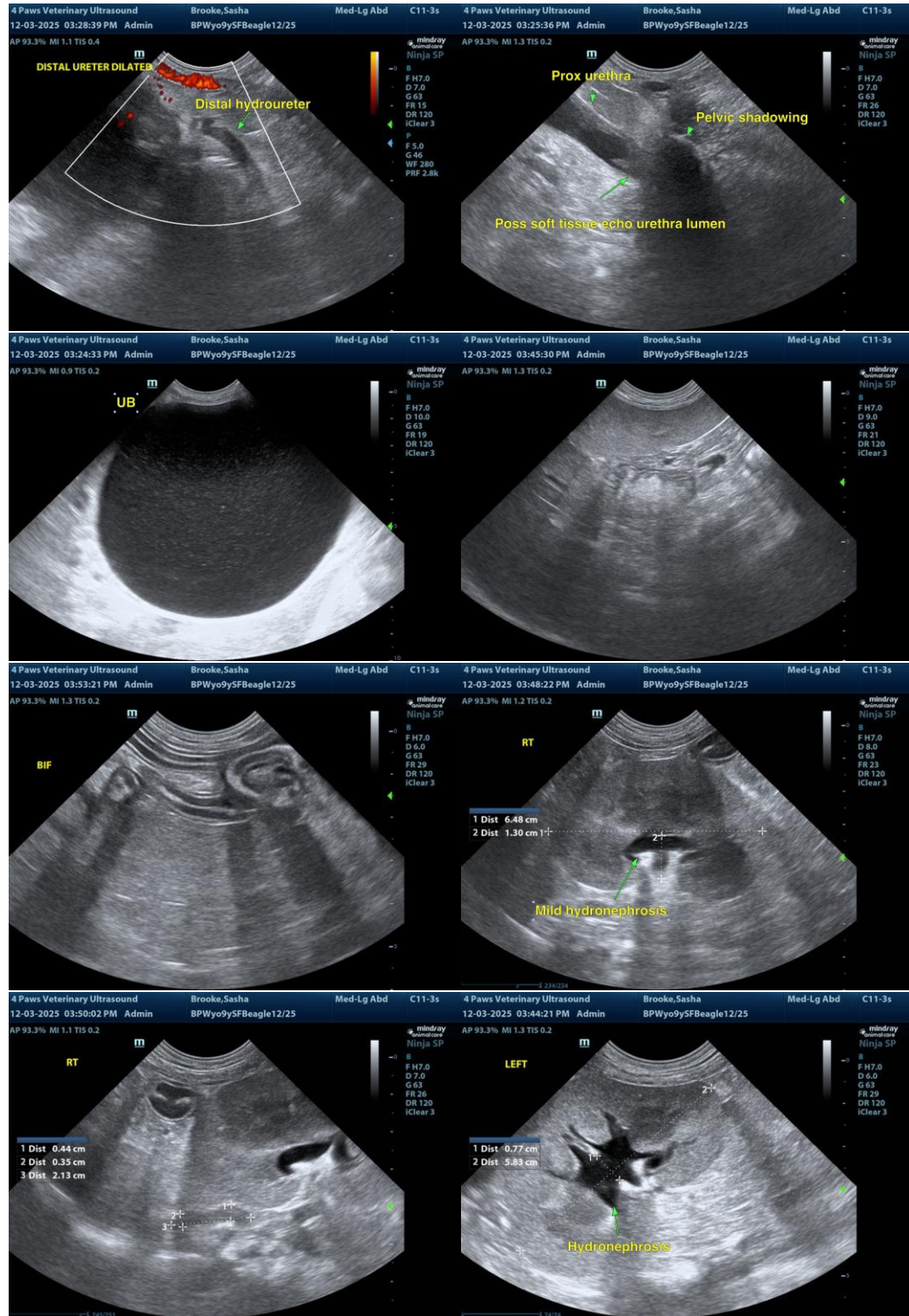
Oley Valley Animal
Clinic

REFERRING VET

Blue Pearl Wyomissing

INVOICE
23095

DATE
12/03/2025





PATIENT

Sasha Brooke

SPECIES

Canine

BREED

Beagle

SEX

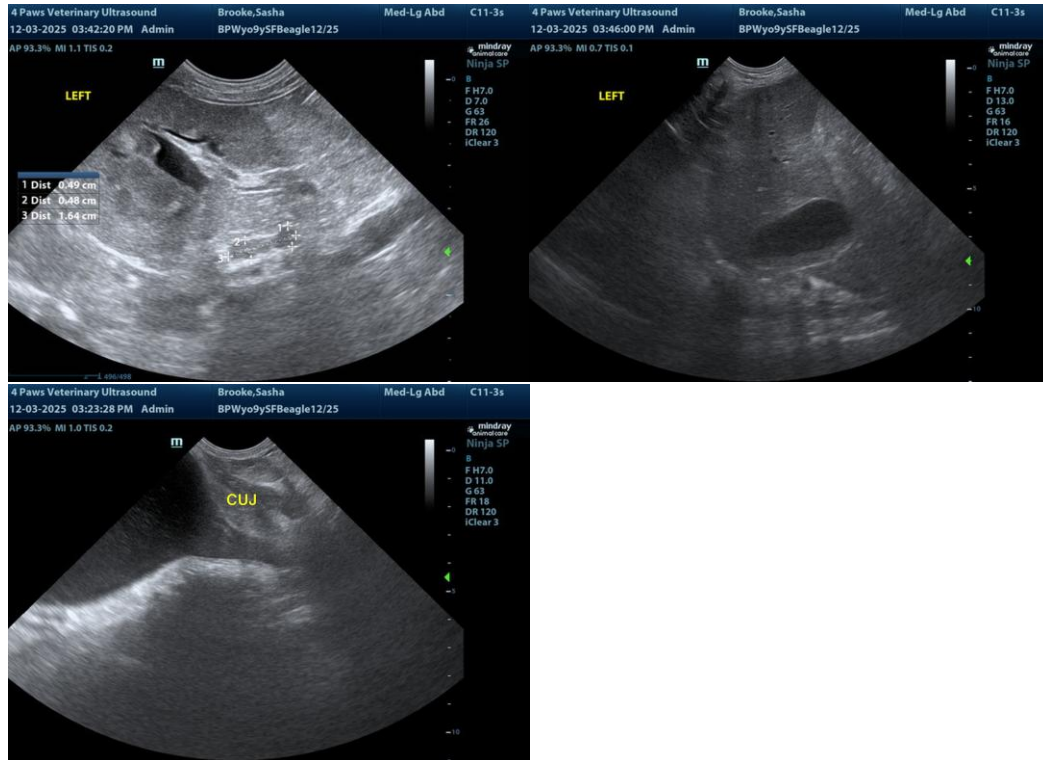
FS

AGE

9yr

WEIGHT

11.5kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Oley Valley Animal
Clinic

REFERRING VET

Blue Pearl Wyomissing

INVOICE
23095

DATE
12/03/2025

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