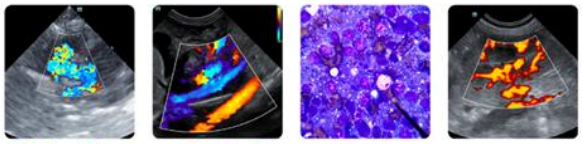


PATIENT

Ella Danow

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

10yr

WEIGHT

22.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassandra Van Nieuwal DVM

HOSPITAL NAME

Animal Emergency Volusia

REFERRING VET

Cassandra Van Nieuwal DVM

INVOICE
23185

DATE
12/9/2025

PRESENTING CLINICAL SIGNS

P had a UTI in July that seemed to resolve and then recur in the last 2-3 weeks. Rads, UA and BW at rDVM - UA: rbc, low SG and possible crystals. No BW abnormalities at that time - treated with NSAID - no improvement. Today's UA attached. BRAF and Urine Culture are being sent out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Thickened urinary bladder wall primarily noted in the ventral to ventroapical and apical to dorsoapical urinary bladder was present measuring 0.60 cm in width. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderates primarily non-dependent to accumulated particulate urine sediment and no evidence of macrocalculi.

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 6.4 cm in length. The right kidney measured 6.7 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 0.57 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 0.68 cm width at the caudal pole.

Spleen

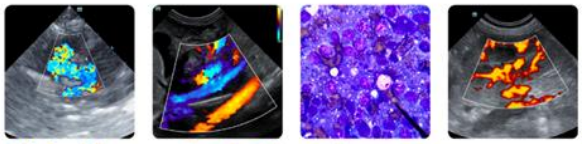
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate congealed hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild similar appearing non-shadowing ingesta/chyme with no signs of 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

- Thickened ventral to dorsoapical urinary bladder wall with urine sediment
- Normal bilateral kidneys

Secondary

- Congealed gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pattern of urinary bladder thickening is suggestive of cystitis criteria. Potential for urinary bladder neoplastic criteria thought less likely yet not excluded. Correlation with pending urine diagnostics to assess for underlying UTI or non-obvious neoplasia is recommended. Empirical UTI protocol is warranted pending urine C/S results. Assessment of the vulva and vaginal vault for evidence of structural abnormality which may predispose to ascending infection if UTI is confirmed may be considered. A urinary bladder wall biopsy with tissue histopathology and C/S if recurrent UTI may be required for definitive diagnosis.

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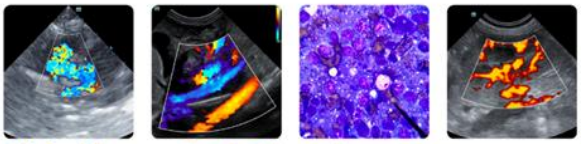

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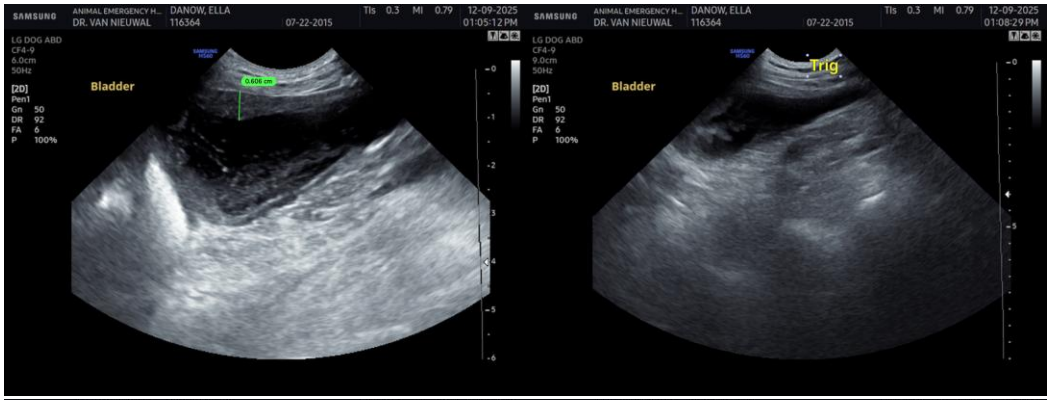

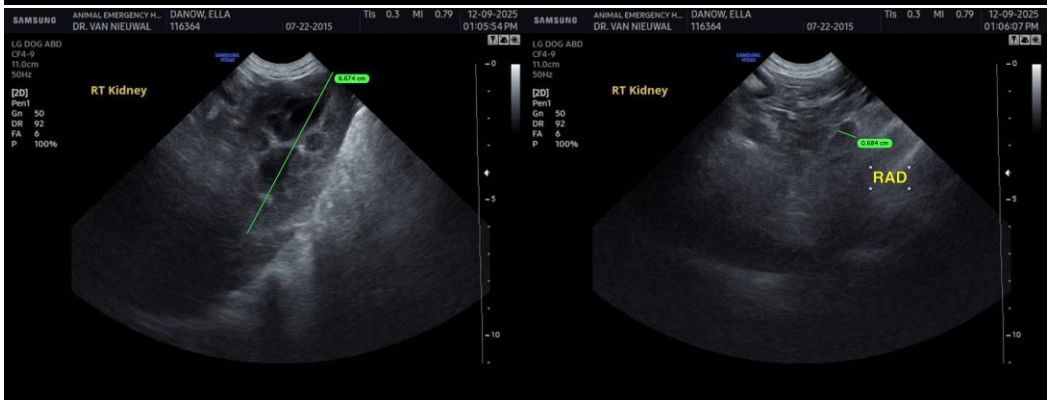

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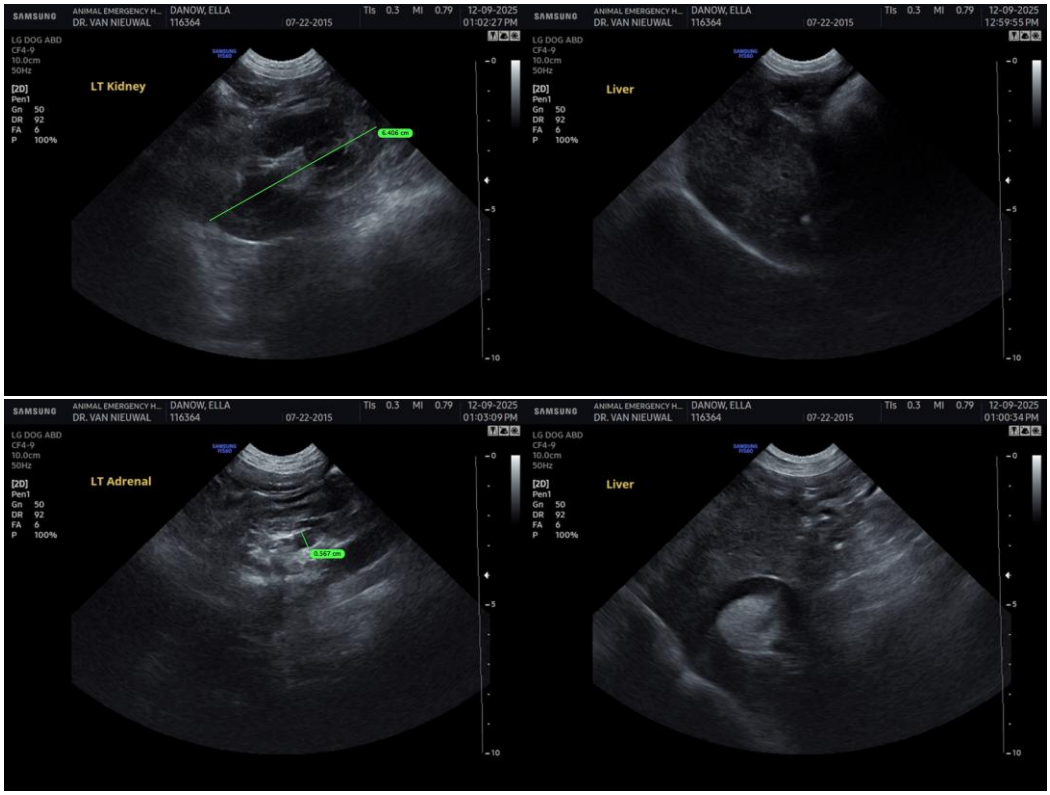

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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