



## PATIENT

Artie Wellhoefer

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

FS

## AGE

9.5yr

## WEIGHT

64.0

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A. Murphy CVT

## HOSPITAL NAME

Wauwatosa Veterinary  
Clinic

## REFERRING VET

Dr Elaine Binor, DVM

## INVOICE

24019

## DATE

02/27/2026

## PRESENTING CLINICAL SIGNS

history of chronic UTIs - was recently treated with Clavamox, however urinalysis indicated infection still present (9TNTC bacteria & WBCs). abdominal imaging to check for renal disease, pyelonephritis, cystolith, neoplasia as etiology for recurrent UTIs. currently doing well despite bacteriuria and pyuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly thickened ventroapical and dorsal urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was symmetrical in contour. Urinary bladder wall thickness measured 0.61 cm in width. No evidence of tumors. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with moderate, non-dependent particulate urine sediment. No mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the uterine remnant appeared normal and free of pathology

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 or pyelonephritis. The left kidney measured 5.9 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 0.57 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland measured subjectively 0.57 cm width at the caudal pole.

### Spleen

The spleen exhibited normal size and contour. Mild heterogeneous parenchyma exhibiting subtle hypoechoic parenchyma to indistinct nodules were present. An example of an indistinct splenic nodule measured 0.55 cm in diameter.

### Liver/Gallbladder

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 non-organized debris. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate strongly shadowing ingesta with no signs of obstruction.

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.

## 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 evidence of overt lymphadenopathy or peritoneal effusion was present.

Mild pericystic omental inflammation.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Mild chronic cystitis pattern with moderate urine sediment
- Normal kidneys
- Mild hepatomegaly
- Subtle hypoechoic splenic parenchyma /indistinct splenic nodules
- Strongly shadowing gastric ingesta

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pyelonephritis or overt lower urinary tract neoplastic criteria. A recheck urine C/S on sterile urine sample and consideration for screening BRAF assay is recommended.

The mild hepatomegaly is most consistent with benign criteria. Correlation with hepatic enzyme assessment is recommended.

Discrete splenic lymphoid hyperplasia, hematopoiesis or differentiation between red /white pulp is suspected, minor potential for emerging splenic neoplasia thought less likely. A screening splenic FNA cytology using a 25ga needle and assuming normal clotting status recommended vs sonographic monitoring.

Dense food echogenicity with potential for unknown gastric foreign material possible. Correlation with most recent meal ingestion recommended. If documented NPO, 12 hour fast and sonographic reassessment of the stomach is indicated.



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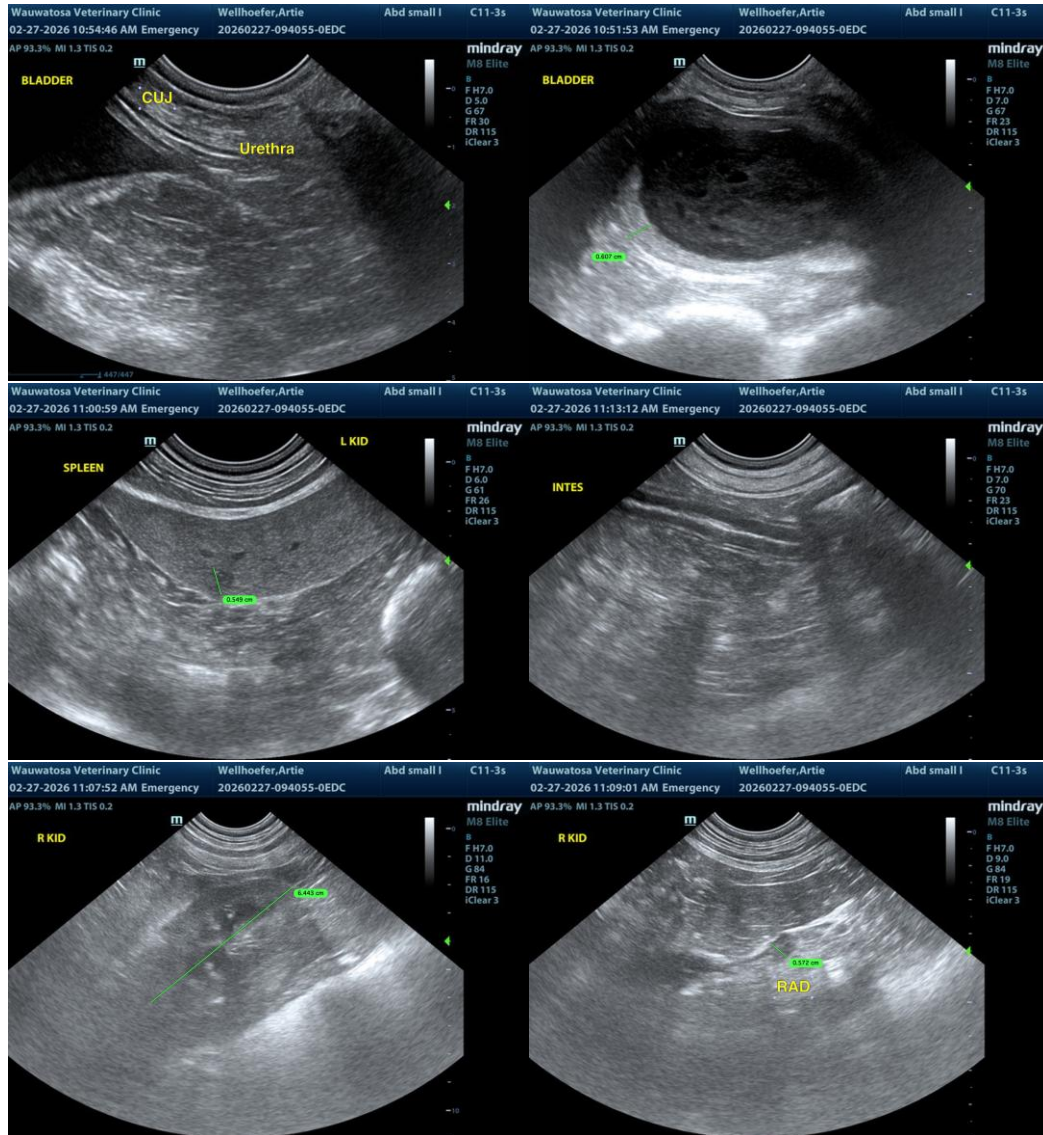
Dr Elaine Binor, DVM

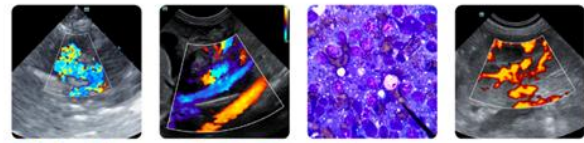
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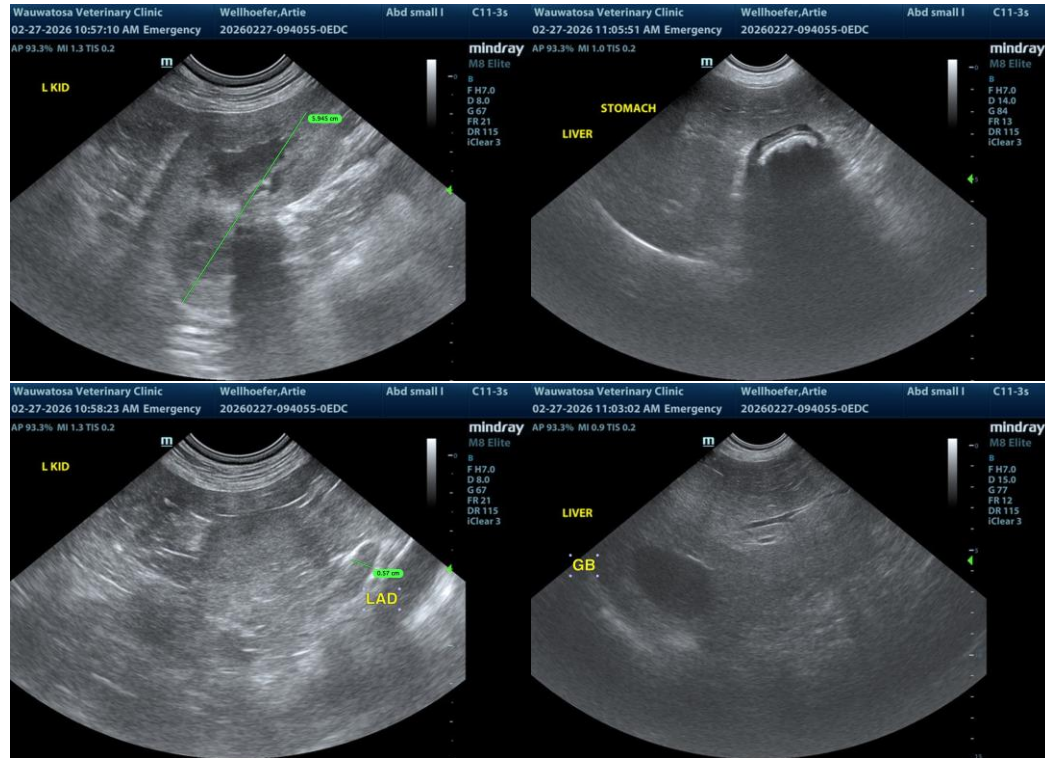
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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