



PATIENT

Luoie Sund

SPECIES

Canine

BREED

Frenchie

SEX

M

AGE

4

WEIGHT

24.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24208

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

presented for urinary obstruction with minimal urine production r/o stones Urethral structure , urethral plug Mild azotemia secondary to obstruction r/o bacterial bacterial cystitis , secondary infection

Abnormal PE/Chem/CBC/UA Results: WBC 21.06 BUN 28 proteinuria WBC 21.06 USG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and diffuse mildly thickened urinary bladder wall with areas of mild asymmetrical luminal surface contour. Potential for discrete to emerging urinary bladder polyps possible with thickened ventral urinary bladder wall measuring 0.62 cm in width. Moderate non-dependent to dependent accumulated sediment/sand and possible indistinct lumen mineral was present.

The residual prostate was mildly enlarged with mildly capsule asymmetry and non-homogenous hypoechoic parenchyma exhibiting discrete hyperechoic parenchyma foci. The prostate measured 4 cm x 2.3 cm. Mildly dilated to potential mild thickened post-prostatic urethra to depth of 2 cm.

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. Bilateral medullary mineral to small left kidney renoliths and mild pyelectasia was present. No overt definitive visualized left or right hydroureter. The left kidney measured 5.7 cm in length. The right kidney measured 5.5 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 0.6 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. Pinpoint hyperechoic parenchyma foci which may indicate pinpoint areas of microinfarction fibrosis or mineralization was present. 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.

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. Subjective adequate vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The



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gallbladder was non-distended in size with thin walls and gravity dependent mild non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta /chyme 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 was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Frenchie

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

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.

M

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Free Abdomen

No evidence of peritoneal effusion was present.

4

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Solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.9 cm x 0.87 cm.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary

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(Canine and Feline)

- Mild distended thickened urinary bladder wall with urinary bladder sediment, sand and possible indistinct lumen mineral
- Mildly enlarged non-homogenous hypoechoic prostate exhibiting discrete hyperechoic parenchyma foci
- Mildly dilated to possibly mild thickened visible post-prostatic urethra
- Mild medial iliac lymphadenopathy
- Bilateral renal medullary mineral/ small renoliths and mild pyelectasia
- Subjective adequate volume liver with non-organized gallbladder debris
- Gastric stasis with moderate retained ingesta /fluid, sonographically unremarkable empty small intestine

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatitis with concurrent cystourethritis is favored. Potential for lower urinary tract or prostatic neoplasia thought less likely given patient age yet not definitively excluded. Non-visible urethral obstruction urethral sediment such as sand or non-obvious calculus is of high concern. Urethral catheterization to assess urethral patency, concurrent urine C/S on sterile urine sample, screening BRAF assay, and prostatic sampling all warranted. Lower urinary tract CT would be ideal for further clarification.

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No overt pyloric or upper intestinal mechanical obstruction with metabolic or functional gastric ileus probable.

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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>

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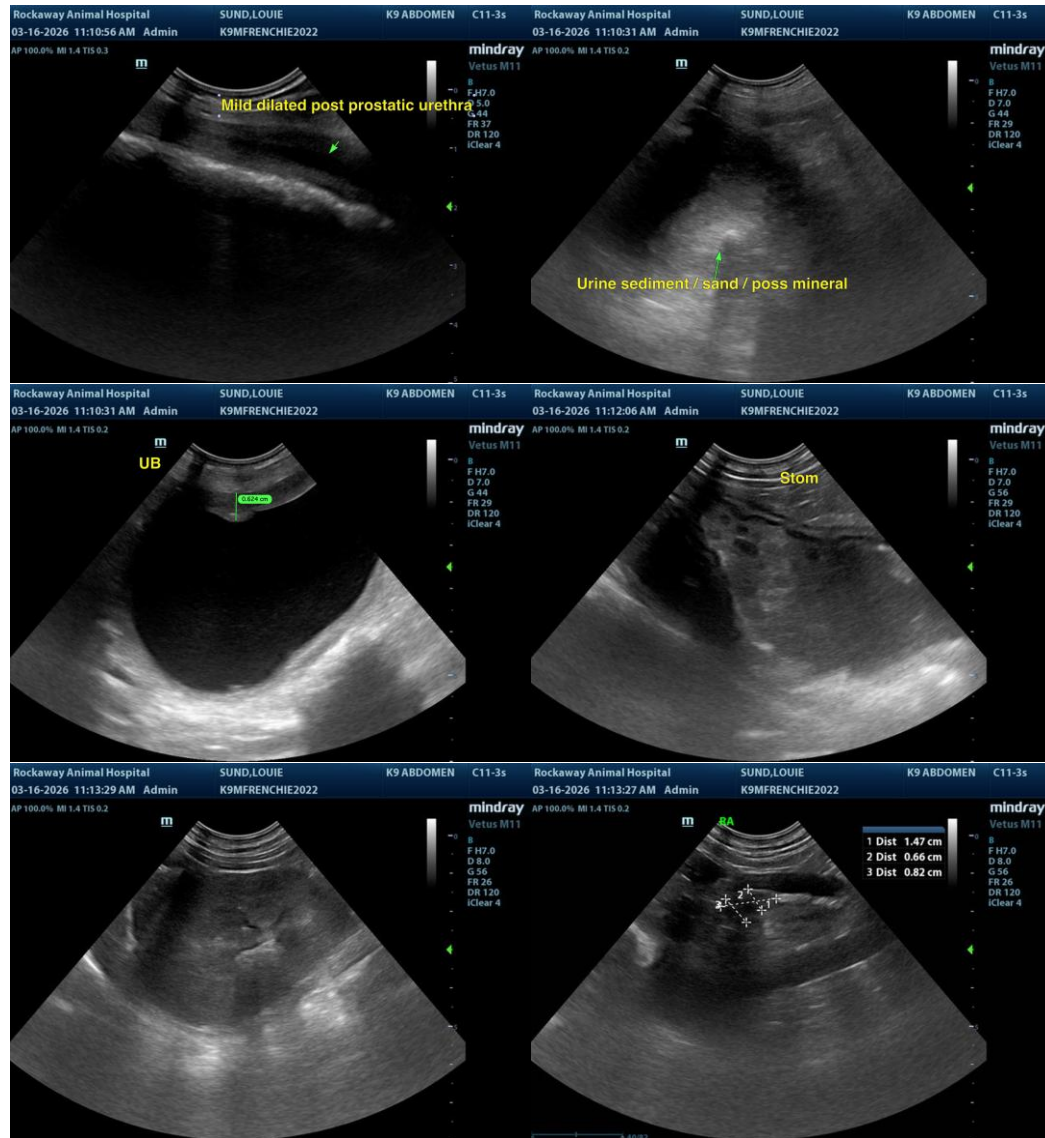
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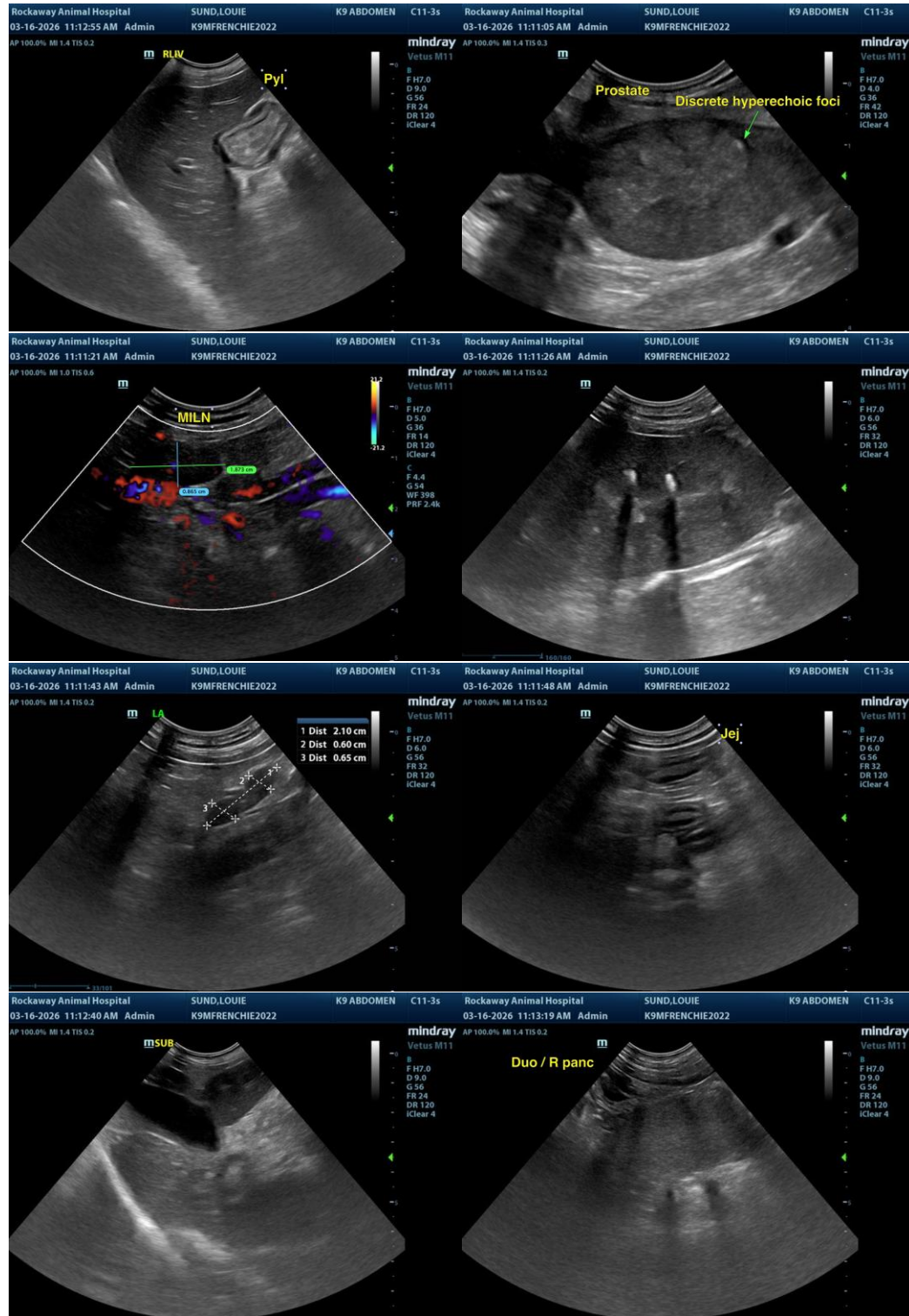
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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