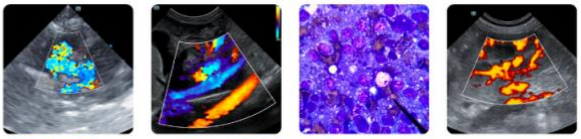


PATIENT

Honey Fagan

SPECIES

Canine

BREED

Coonhound Mix

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

42.45 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Brandywine Valley Veterinary Hospital

REFERRING VET

Dr. Karen Clark-Rubin DVM

INVOICE

14010

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate chronic discomfort/pain with urinating, hematuria. Negative urine culture 2/2/26. Previous trials with Clavamox and Cephalexin with no real improvement. PMH: Porteous resistant UTI (2 yrs ago).

Abnormal PE/Chem/CBC/UA Results: Jan 2026 - CBC: Hct 55.3%, plts 386-n - Chem: Alb 3.6-n, ALP 211 H, ALT 42-n, BUN 12, Cr 0.6-n, SDMA 7-n - T4: 1.5-n - 4Dx: Neg x 4 Dec 2025 - UA: USG 1.050, pH 7.0, pro 30 mg/dL, WBC > 50/hpf, RCB > 30/hpf, Rods present, CaOxDi 21-50/hpf, Struvite 6-20/hpf - Lat AXR: No urinary bladder calculi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of pathology in the area of the uterine remnant.

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 indistinct corticomedullary border demarcation. Areas of indistinct to discrete medullary mineral with no evidence of pyelectasia. A focal lateral cortical infarct was present within the right kidney. The left kidney measured 7.8 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

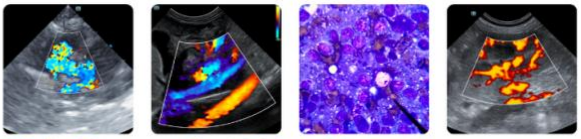
The adrenal glands were indistinctly visualized primarily owing to isoechoic parenchyma compared to adjacent omentum. No obvious pathology in the areas of the adrenal glands. The left adrenal gland subjectively measured 0.53 cm width at the caudal pole. The right adrenal gland subjectively measured 0.77 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 echogenic, mild nonshadowing ingesta without signs of 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

Primary Findings

- Sonographically normal urinary bladder and visible proximal urethra.
- Nonspecific chronic renal changes exhibiting discrete medullary mineral and right kidney cortical infarct.
- Sonographically normal liver/gallbladder- consistent with low-grade benign hepatopathy.

Secondary Findings

- Gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract or uterine remnant pathology as a contributing factor to the clinical signs and hematuria. Given recent negative urine culture, primary concern for renal hematuria, which may be secondary to non-specific chronic renal changes or idiopathic may be indicated.

Continued as needed screening urine culture and sensitivity is recommended if evidence of bacteriuria or inflammatory cells is recommended. Cystoscopy may be ideal primarily to visualize ureteral papilla for evidence of renal hematuria. Assessment of systemic BP +/- clotting status given right kidney cortical infarct may be considered.

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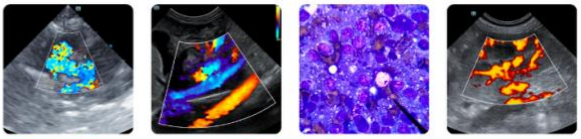

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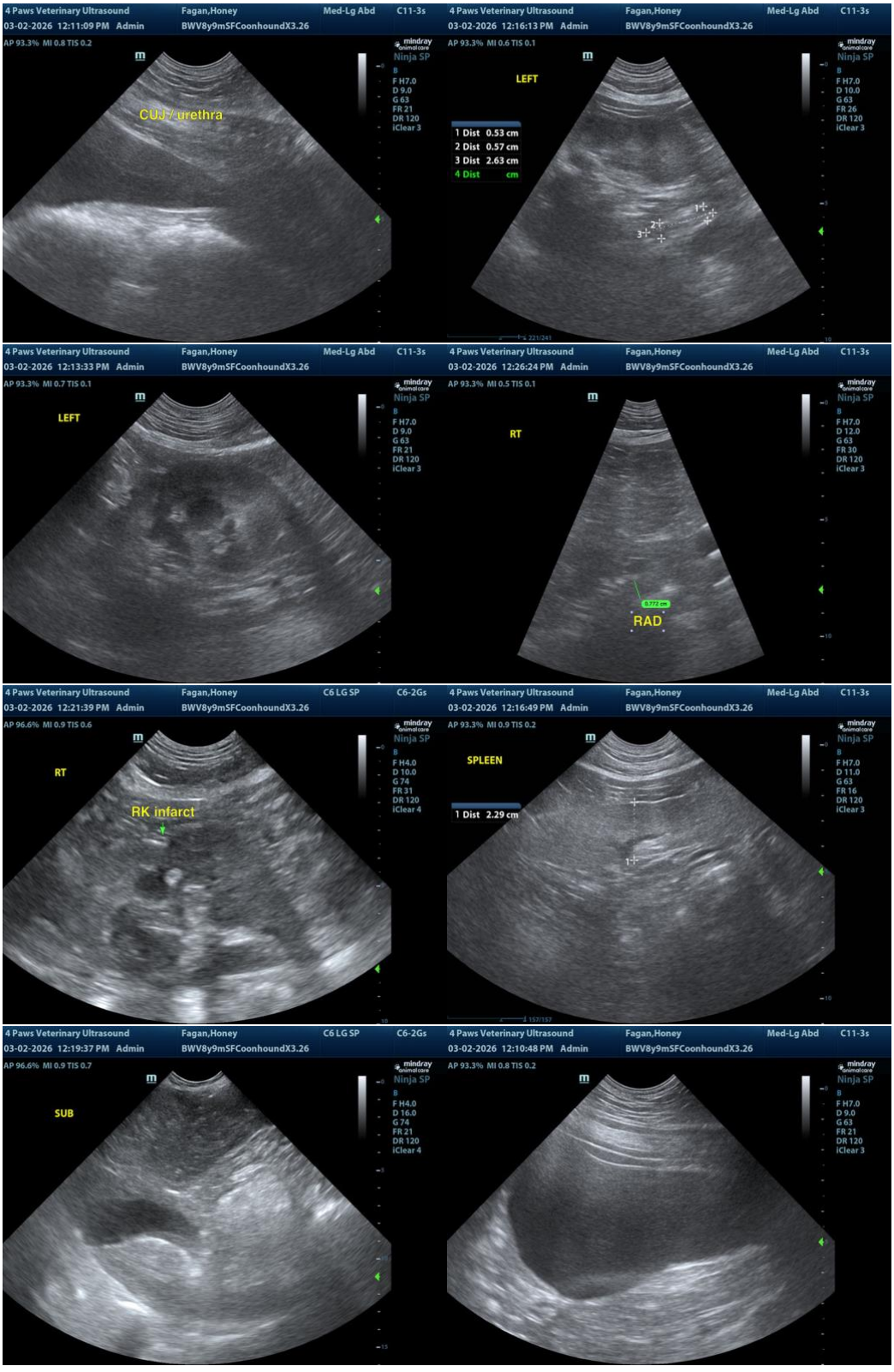

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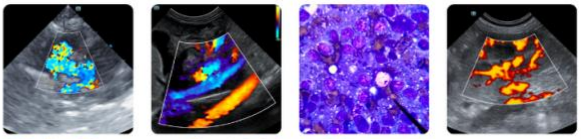

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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