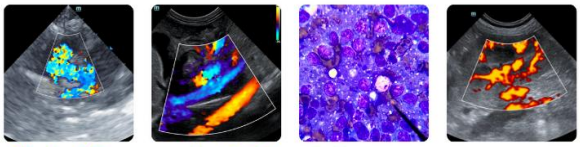


PATIENT

Ebony Patete

SPECIES

Canine

BREED

Schnauzer Mix

SEX

FS

AGE

2015

WEIGHT

43

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Nankman

INVOICE
24304

DATE
03/25/2026

PRESENTING CLINICAL SIGNS

- Urinary issues, increased frequency/urgency
- PU/PD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The proximal urethra was mildly thickened with mild retained urine to a depth of 3 cm. Proximal urethral wall measured 0.35 cm in width. No obvious visualized proximal urethral lumen calculi.

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

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 5.0 cm in length. The right kidney measured 5.0 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 0.52 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 0.42 cm width at the caudal pole.

Spleen

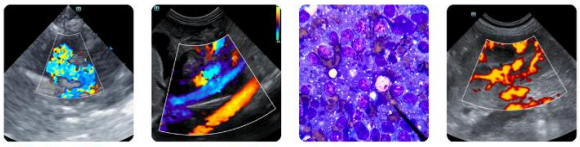
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild non-organized 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 was empty with lumen gas and no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering exhibiting propensity for borderline mild thickened small intestinal wall owing to prominent intestinal mucosa layer. 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 peritoneal effusion was present.

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal non-distended urinary bladder.
- Mildly thickened visible proximal urethra with mild urethral urine retention.
- Normal bilateral kidneys.
- Normal adrenal glands.
- Normal volume liver.
- Mild non-organized gallbladder debris (non-mucocele)

Secondary

- Subjective intact mildly thickened small intestinal wall, mild concurrent mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of distended urinary bladder is not overtly consistent with obstruction to urethral outflow. The thickened urethra is non-specific and may indicate urethritis. No overt visualized urethral neoplastic criteria yet not technically excluded. Correlation with urine C/S ideally on a sterile urine sample and consideration for screening BRAF assay is recommended. Cystoscopy is likely ideal for further assessment.

No evidence of hepatic or adrenal pathology as a contributing factor to the clinical signs. Ursodiol trial may be considered if evidence of cholestasis going forward.

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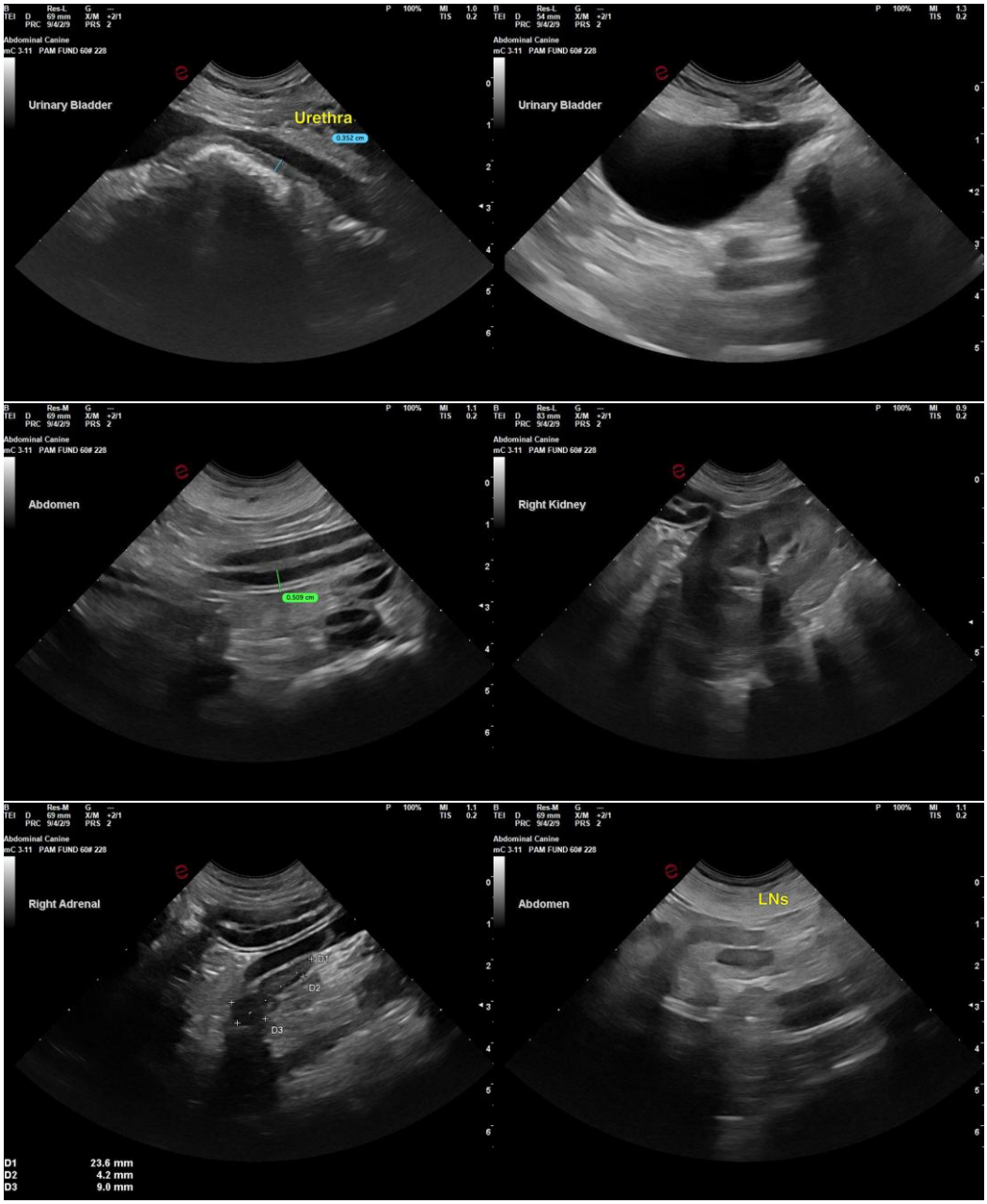

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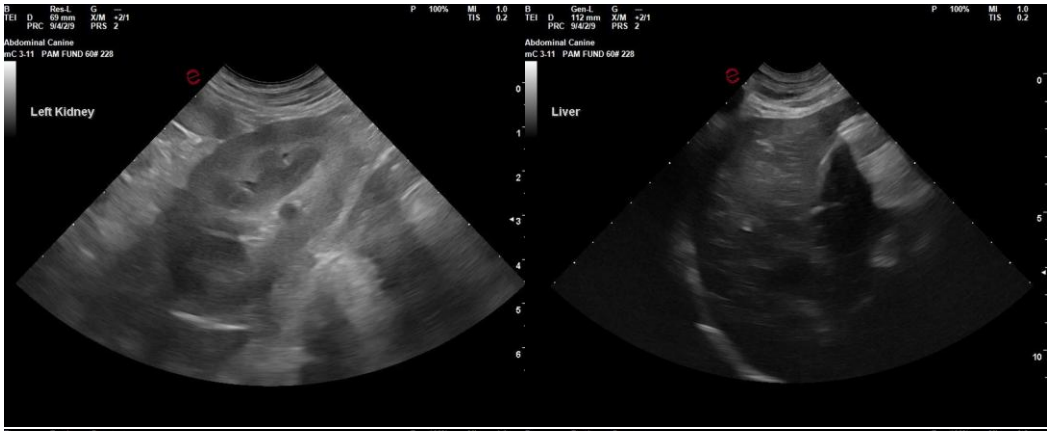
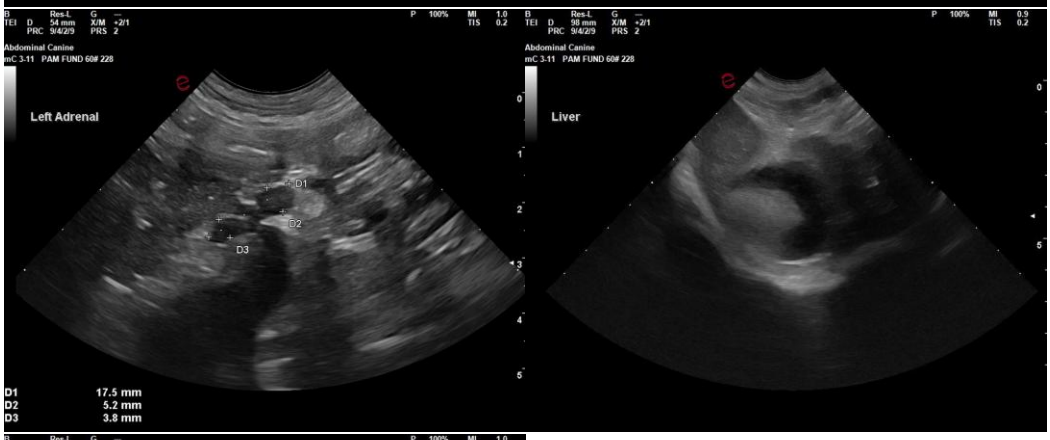
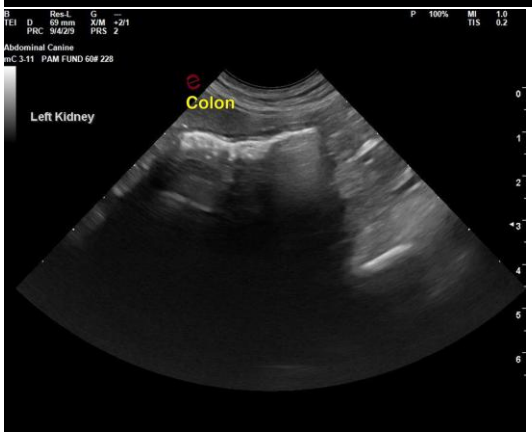


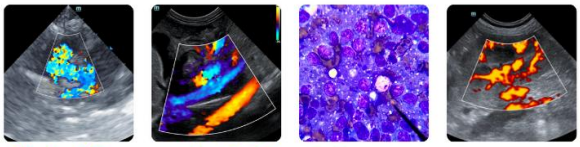




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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