



PATIENT

Goldie Green

SPECIES

K9

BREED

Lab Mix

SEX

FS

AGE

6

WEIGHT

94.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

10719

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- recurring UTI increased sediment

Abnormal PE/Chem/CBC/UA Results: proteinuria hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall. Minor apical wall polyploid changes were noted. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. Anechoic urine was present without evidence of sediment, mineral, or calculi. The trigone and cystourethral junction were free of pathology. The urethra exhibited normal structure and tone to a depth of 3.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal. The urinary bladder wall measured 0.83 cm in width.

No overt pathology was noted in the area of the uterine remnant.

No evidence of pathology in the area of the aortic trifurcation.

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 7.2 cm in length. The right kidney measured 7.0 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 0.67 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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. Normal hepatic vascular volume was present. 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 mild, nonshadowing ingesta, consistent with food echogenicity without 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 ileus, obstruction, or foreign material.

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

SEX

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Apical cystitis pattern with minor polyploid component
- Normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from cystitis criteria, there is no obvious visualized structural or congenital defect as a definitive contributing factor to recurrent UTI. Correlation with recheck urine C/S +/- baseline UPC level, if non-inflammatory proteinuria, is recommended. If a documented infection, assessment of the vulva and vaginal vault for evidence of structural abnormality, which may predispose to ascending infection, may be indicated. Potential for emerging bladder neoplastic criteria is considered unlikely. Screening BRAF assay for further assessment may be considered.

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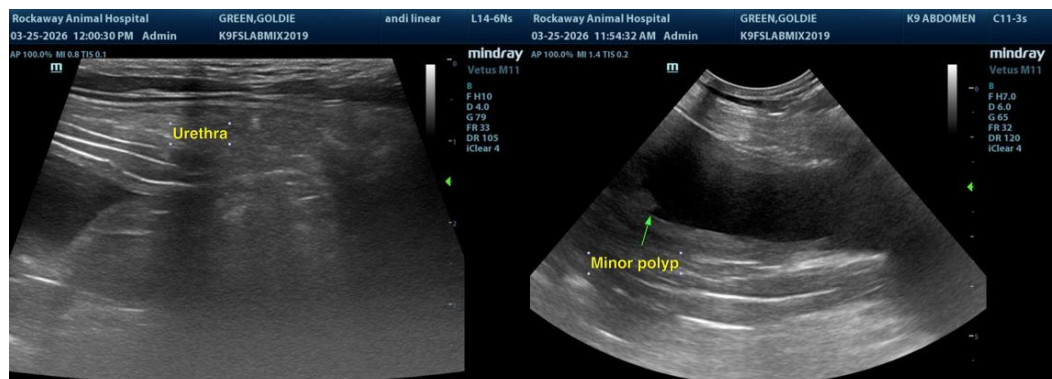
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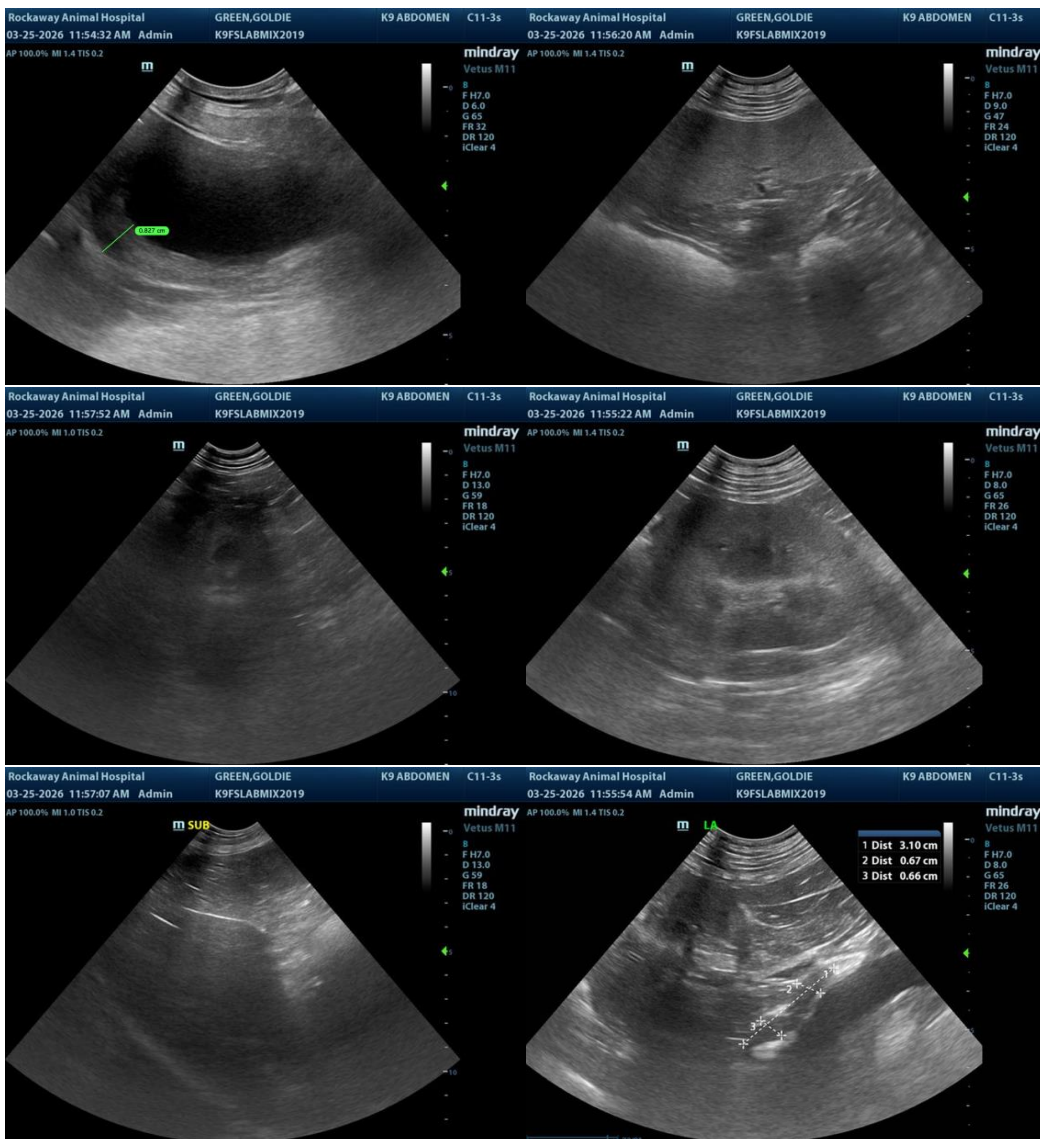
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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