



**PATIENT**

The submitted study contained 22 videos of the urinary system only.

Jackson Withrow

**PRESENTING CLINICAL SIGNS**

Hematuria. PU/PD. History UTIs. Treated with Kesium. Signs persist. r/o uroliths, prostate issue, kidney disease. BUN 26, creat 1.5

**SPECIES**

Canine

**LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

American Pit Bull Mix

The urinary bladder was normal in size and tone with primarily sonographically normal urinary bladder wall. Focally thickened dorsoapical wall adjacent to accumulated sediment / mineral measuring 0.5 cm wall width was present. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate primarily non-dependent to focally dependent accumulated particulate to hyperechoic sediments and potential mineral.

**SEX**

MN

**AGE**

12yr

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.

**WEIGHT**

51lb

The residual prostate appeared normal and free of pathology measuring 0.93 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Bilateral chronic renal changes with mild pyelectasia
- Non-dependent to focally accumulated dependent urine sediment / mineral
- Focally thickened dorsoapical urinary bladder wall

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS, Certified  
Veterinary  
Sonographer (IVUSS)

The focal thickened urinary bladder wall may suggest focal cystitis, potentially secondary to adjacent accumulated dependent urine sediment / mineral. Emerging sessile based polyp or tumor not definitively excluded. Recheck urine C/S on sterile urine sample recommended if not recently done. Screening BRAF assay vs serial sonographic monitoring of the focal thickened urinary bladder wall for evidence of progression is recommended. CKD therapy with consideration for renal vs urinary diet with monitoring of renal parameters is recommended.

**HOSPITAL NAME**

Norfolk County  
Veterinary Service

**REFERRING VET**

Jeremy Carignan, DVM

**INVOICE**

24325

**DATE**

03/29/2026



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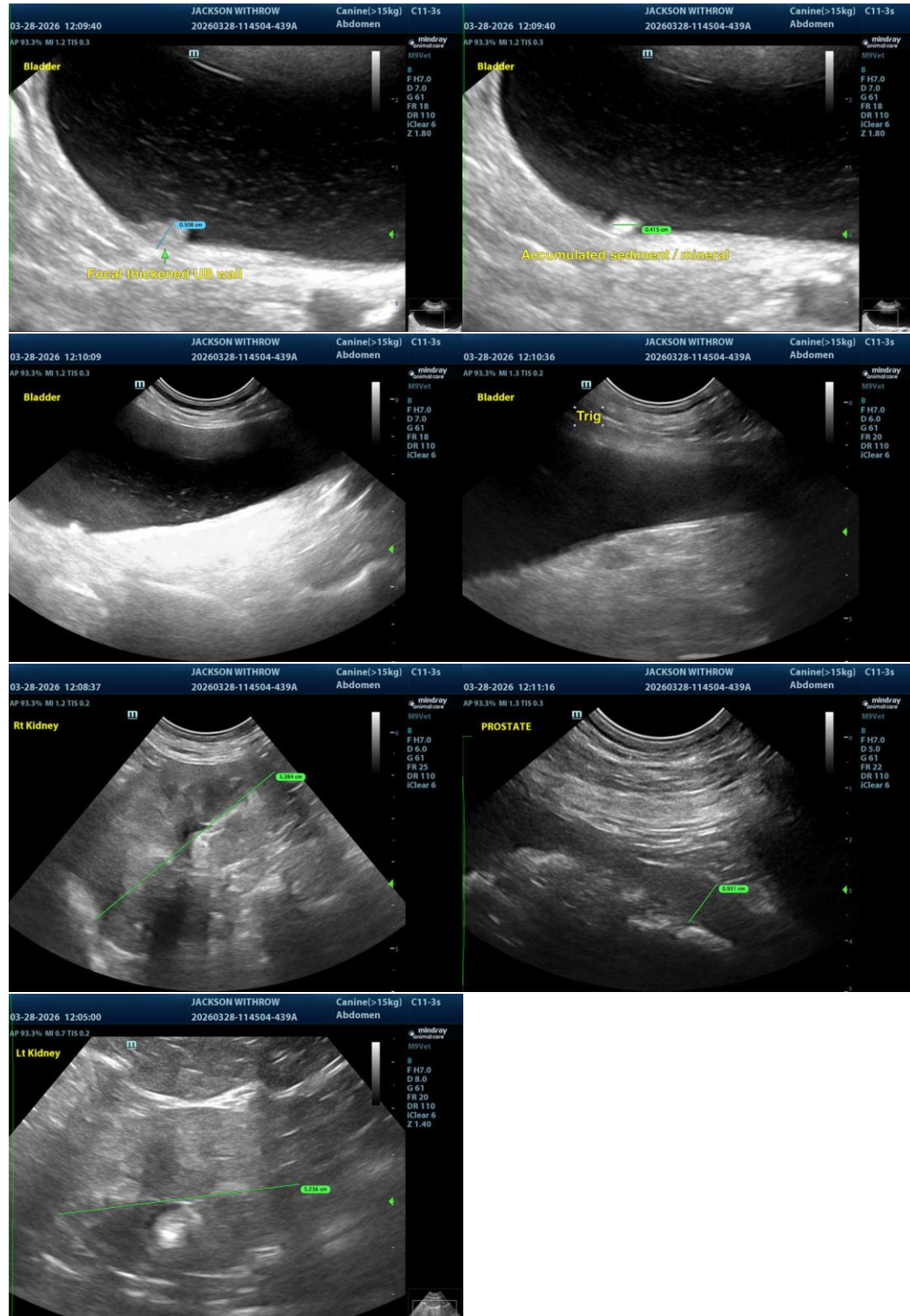
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The information and recommendations provided are based on the images presented by the referring



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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](mailto:info@sonopath.com)