



PATIENT

Widge Murkin

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

6Y

WEIGHT

50.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
 Clinic

REFERRING VET

Dr. Cox

INVOICE

74416

DATE

3-31-26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- Persistent UTI symptoms
- Eyelid mass
- ABNORMAL Labwork Values
- Spgr 1.020, ph = 6.5, WBC >100, 2-5 rbc, marked bacteria, 1+ epi cells
- Current Medications
- Carprofen 100mg, 0.5 BID; Amoxicillin 375mg 1 BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal size and tone. Mildly thickened ventral apical to apical wall with maintained homogeneous mural echogenicity and subtle asymmetrical luminal surface contour. The remainder of the urinary bladder wall was sonographically normal. Anechoic urine with mild nondependent to particulate urine sediment was present. No evidence of lumen mineral or calculi. No evidence of a urinary bladder mass. The trigone and cystourethral junction were free of pathology. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted. Subjective mildly thickened proximal urethra with normal structure and tone and without evidence of urine retention to a depth of 4.0 cm. Proximal urethra width 0.58 cm.

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

The kidneys exhibited adequate size with mild asymmetrical margination. A normal 1:3 cortex / medulla ratio with indistinct corticomedullary border demarcation. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild left kidney pyelectasia is present. The left kidney measured 5.2 cm in length. The right kidney measured 5.7 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 0.59 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 0.54 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. Normal vascular volume. The gallbladder was non-



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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 was empty without evidence of retained ingesta, fluid, 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

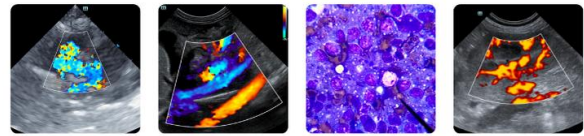
- Mild cystitis pattern with mild urine sediment.
- Subjective mildly thickened visible proximal urethra.
- Nonspecific chronic renal changes with mild left kidney pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral mild chronic renal changes are nonspecific given no reported concurrent azotemia with potential considerations including bilateral mild nonspecific nephritis, mild dysplastic changes, or a combination. Left kidney pyelectasia owing to IV fluid therapy if applicable. Chronic renal changes and pelvic scarring with concern for chronic to mild left kidney pyelonephritis possible.

Recheck urine culture and sensitivity on sterile urine sample with UTI/pyelonephritis protocol, ideally based on urine culture and sensitivity results for 10-14 days with monitoring of urinalysis, and recheck urine culture and sensitivity post-completion of anti-biotics is recommended. Sonographic monitoring of the bilateral kidneys and left kidney pyelectasia indicated.

Assessment of the vulva and vaginal vault for evidence of structural pathology which may predispose to ascending infection is suggested.



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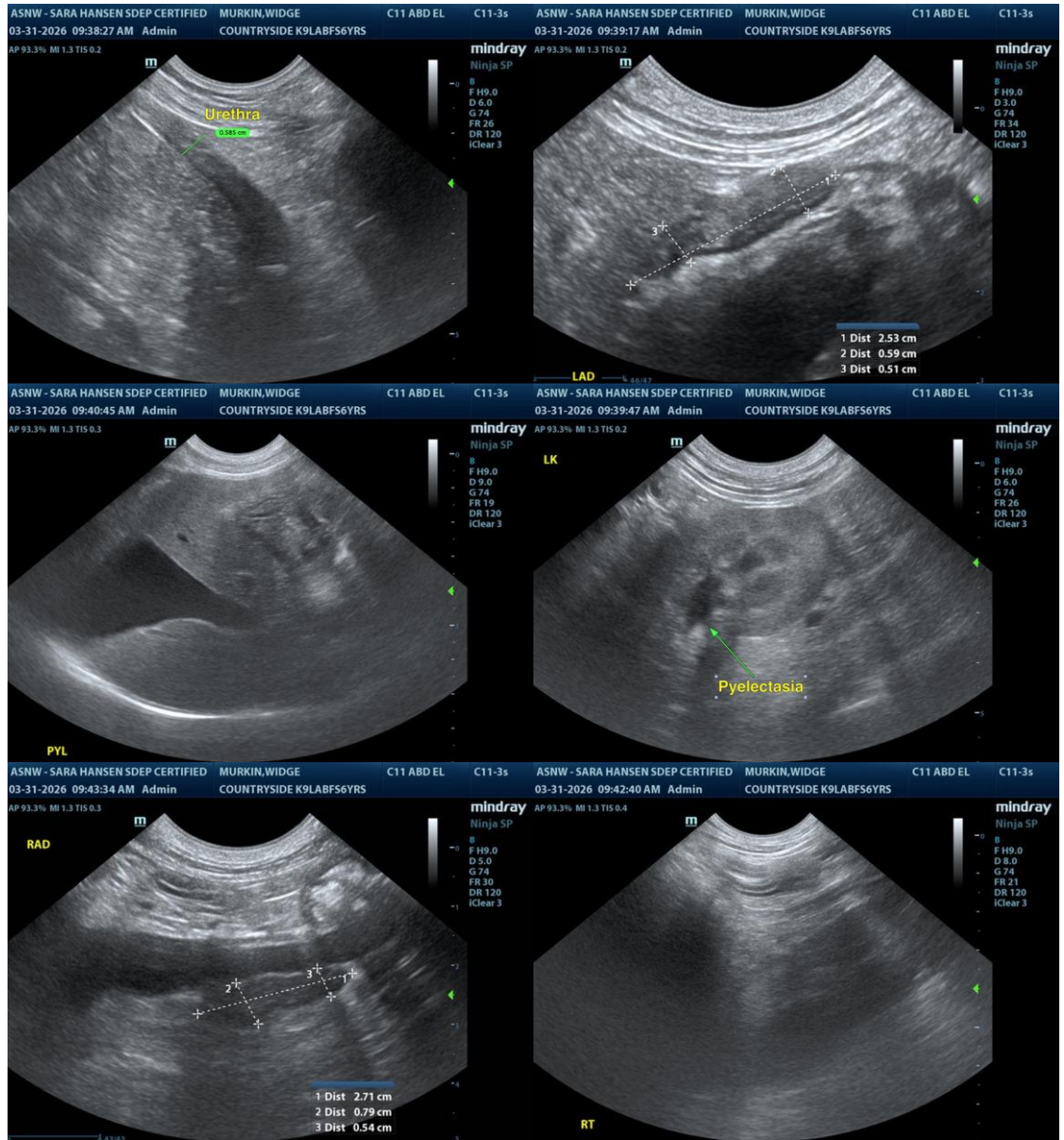
Dr. Cox

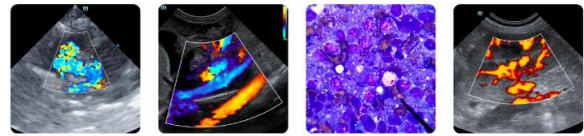
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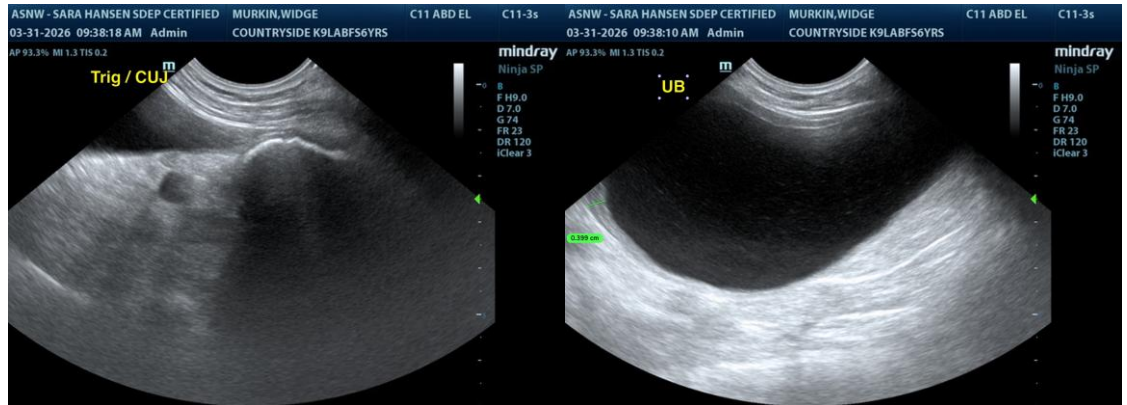
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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