

PATIENT

Pippa Melnyk

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

12y

WEIGHT

45.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Brittany Lang

INVOICE

13351

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History: Presented 3/31 for straining to urinate. Was seen 3 days prior at rDVM for urinary signs; had a UA performed which indicated a UTI (rods). Patient had a CBC/Chem/T4 performed 3/25 or 3/26 that was all WNL as well as an echo and abdominal ultrasound (verbally, the O states that it was a "cranial abdominal ultrasound" and on their invoice it states "abdominal organs unremarkable"). Imaging was performed prophylactically due to Pippa's sister passing away.

Medications: Started clavamox on 3/30.

Abnormal PE/Chem/CBC/UA Results: NS OU brown waxy debris AU moderate tartar/gingival erythema, dental wear On presentation -- urinary bladder palpates large and painful on palpation multiple soft dermal masses Lateral radiograph: No cystoliths or urethroliths seen. Significant superimposition of gastrointestinal tract with the urinary bladder. Urinary bladder markedly distended. Stomach full of normal food ingesta. Difficult to visualize the kidneys. EPOC: pH 7.48, BE -5.5, BUN 27 (H), Creat 1.49 UA: USG 1.018, trace protein, WBC >50/HPF, RBC 47/HPF, Hyaline casts >1/LPF Focal urinary POCUS: No stones, echogenic sediment or obvious masses visible. Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and trigone 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 changes were noted. A catheter exhibiting mild asymmetrical margination was present at the level of the cystourethral junction and proximal urethra.

No evidence of medial iliac or sublumbar significant lymphadenopathy or masses.

The area of the iliac trifurcation was free of pathology.

Symmetrical right kidney with asymmetrical left kidney margination. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild caudal pyelectasia was present in the left kidney subnormal size compared to the right kidney. The left kidney measured 6.0 cm in length. The right kidney measured 7.5 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 0.61 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 0.60 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged in size exhibiting primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of



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congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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

- Sonographically unremarkable visible proximal urethra with urethral and cystourethral junction catheter
- Age-related renal changes with mild left kidney pyelectasia
- Mild splenomegaly – suspect secondary to sedation, potential for incidental hyperplasia, hematopoiesis, inflammation, splenic neoplasia thought less likely
- Non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of urinary bladder or proximal urethral pathology as an obvious contributing factor to the patient's clinical signs. Non-visualized urethral pathology cannot be definitively excluded. Correlation with pending urine C/S as well as suggested screening BRAF assay is recommended. Assuming normal clotting status, using 25-gauge needle and if clinical signs are consistent with splenic disease or weight loss, screening splenic FNA cytology could be considered. No evidence of uterine remnant pathology.



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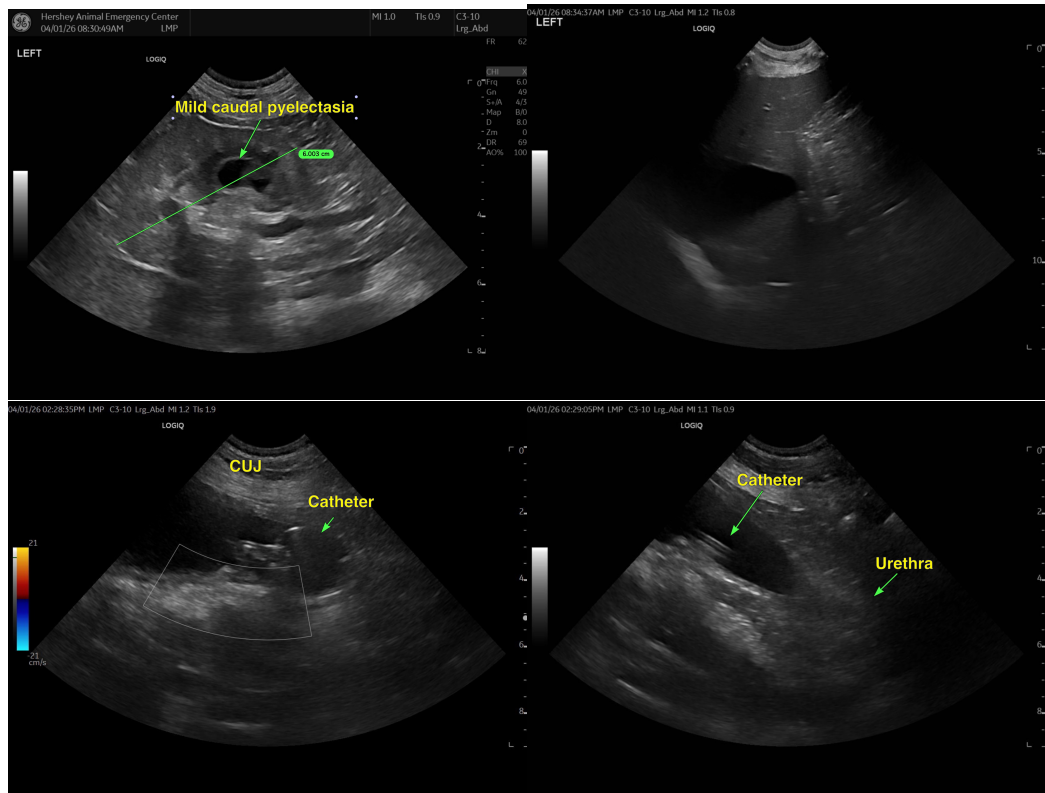
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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