



PATIENT

Hampton Sairrino

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

27 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Walden Animal Clinic

REFERRING VET

Dr. Kelly

INVOICE

14799

DATE

04/02/26

PRESENTING CLINICAL SIGNS

- Chronic UTI
- Hx of Pancreatitis
- Grade 3 cardiac murmur, DJD, facial paralysis
- Current meds: Gabapentin, Ursodiol, Denamarin, Carprofen, as of 3/31/26 nitrofurantoin

Culture: E.coli- very resistant Cystatin 308 U/A: 2+ protein, increased WBC, 3+ hematuria, USG 1.023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone. Mildly thickened ventral apical and dorsal apical urinary bladder wall with ventral apical wall measuring 0.40 cm wall width. The luminal margin of the thickened urinary bladder wall was symmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen with nondependent particulate mild sediment. No evidence of mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. The left kidney measured 5.4 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. Two visualized mildly expansive nonhomogenous hypoechoic splenic nodules were present without evidence of capsule distortion with an example measuring 1.6 cm in diameter.

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.

The gallbladder was non distended in size with moderate variably congealed dependent to nondependent nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing to focal mild progressively shadowing ingesta 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.

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

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Pancreas

The left/right pancreas presented enlarged in size with capsule asymmetry and heterogeneous remodeled parenchyma.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild cystitis pattern with mild urine sediment.
- Normal residual prostate and visible proximal urethra.
- Bilateral chronic renal changes.
- Mildly expansive splenic nodules.
- Early immature gallbladder mucocele.
- Prominent nonhomogenous remodeled pancreas.
- Gastric ingesta- consistent with food echogenicity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pyelonephritis, urinary tract masses, calculi or other overt abnormality as an obvious contributing factor to the recurrent UTI. Higher dose, shorter frequency antibiotic regimen based on urine culture and sensitivity results may prove beneficial. The splenic nodules are nonspecific with considerations including hyperplasia, hematopoiesis, granulomas or inflammation. Concern for emerging nodular splenic neoplastic criteria is warranted.

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Assuming normal clotting status using a 25 gauge-needle, splenic nodule FNA cytology is warranted for further clarification versus consideration for diagnostic and prophylactic splenectomy. Serial sonographic monitoring of the splenic nodules would be more conservative. Continued hepatosupportive medications with as needed sonographic monitoring of the gallbladder if progressive cholestasis or cranial abdomen/subxiphoid discomfort on palpation is recommended. If splenectomy is elected, gross inspection of the gallbladder at time of surgery +/- cholecystectomy is recommended.

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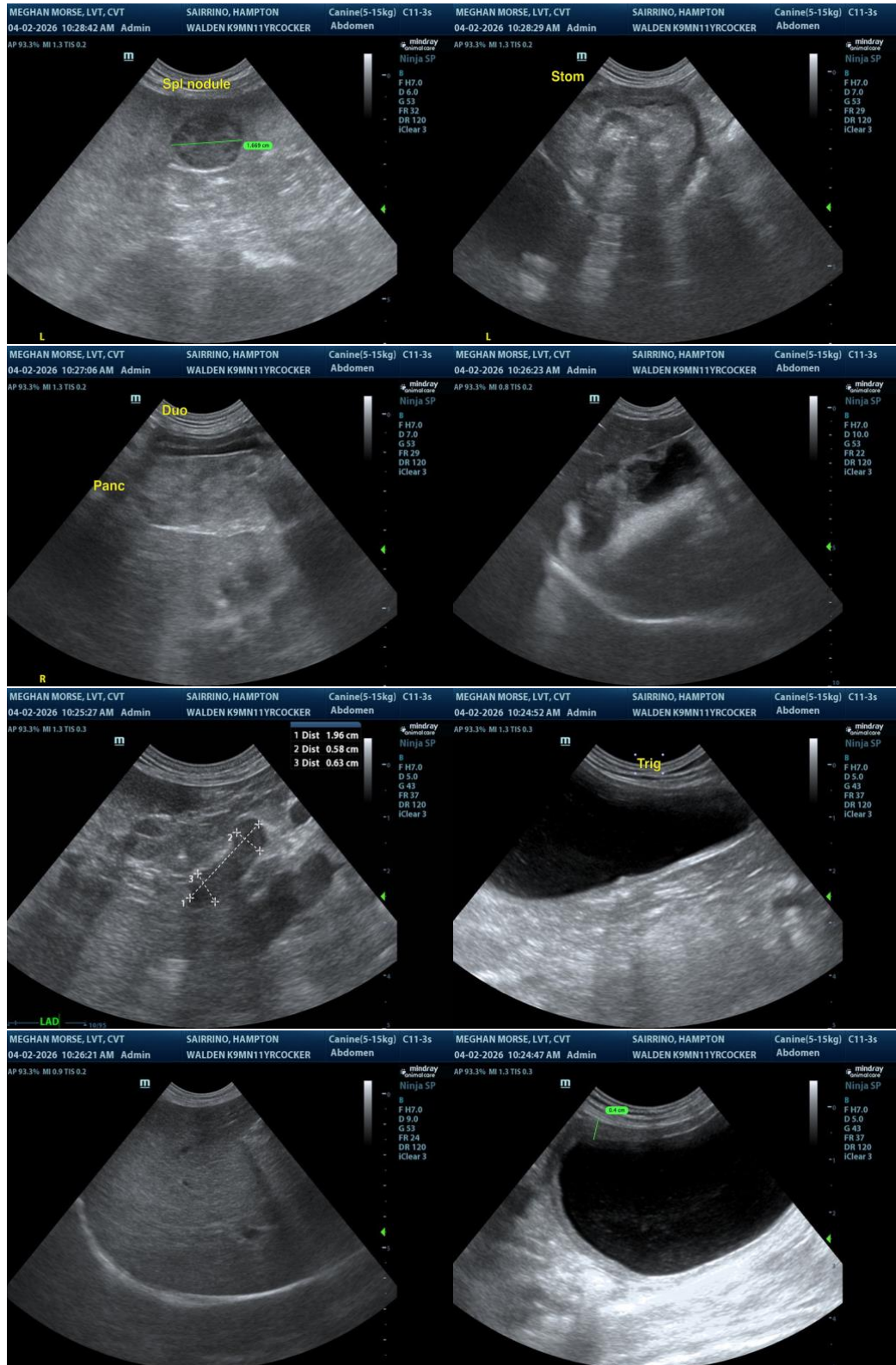
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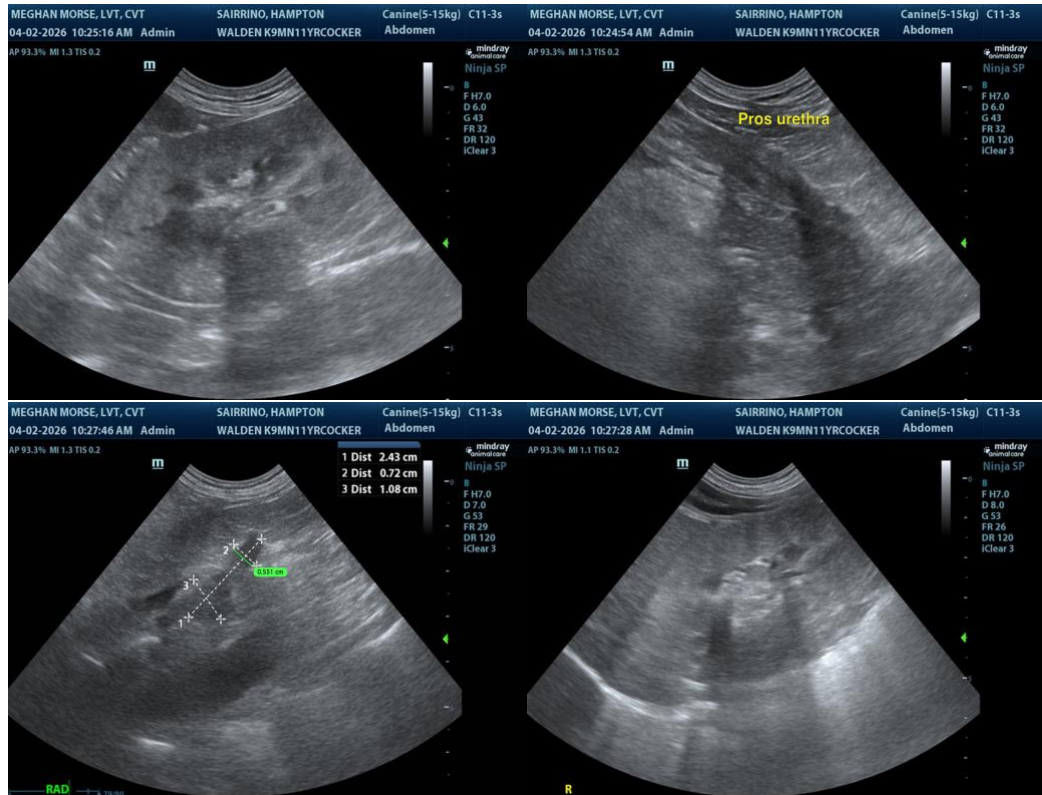
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com