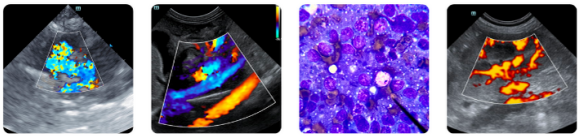



**PATIENT**

Mila Beshentseva

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Female Spayed

**AGE**

10m

**WEIGHT**

6.4 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Bond Vet Edgewater

**REFERRING VET**

Dr. Ordonez

**INVOICE**

13418

**DATE**

4/22/26

## PRESENTING CLINICAL SIGNS

History: HX hematuria- freq urinalysis and MIC shows unremarkable result x3. P otherwise fine at home. Symptoms improve w/ antibiotics but get worse once meds stop.

Abnormal PE/Chem/CBC/UA Results: UA- ph-5.0 hematuria2+ +wbc usg-1.012

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was subnormal to non-distended in size owing to lack of urine distention prohibiting full evaluation of the urinary bladder wall. Subjective mildly thickened wall with homogeneous mural echogenicity and without evidence of mural mineralization. Minimal anechoic urine present with mild particulate urine sediment without mineral or calculi. Urinary bladder wall measured 0.6 cm. No obvious pathology at the level of the trigone or cystourethral junction. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone.

Normal size and margination was 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 4.6 cm in length. The right kidney measured 4.8 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 0.42 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 0.40 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*

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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.

### *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.

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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.

### *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*

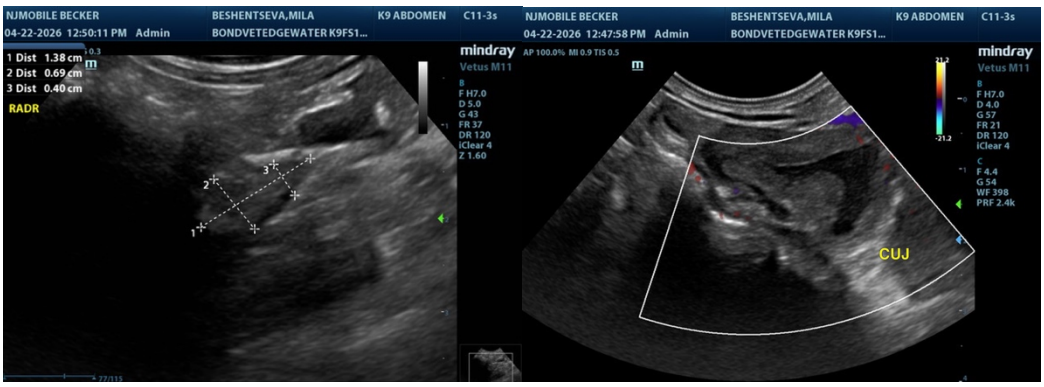
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Non-distended urinary nladder with subjective cystitis pattern
- Mild urine sediment
- Normal bilateral kidneys

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from probable cystitis, no overt sonographic evidence of upper or lower urinary tract pathology or definitive congenital defect as an obvious contributing factor to the patient's urinary signs. A small structural or congenital, abnormality may be difficult to visualized sonographically. Definitive rule out would likely require advanced imaging such as contrast, urography, Gold Standard CT with contrast or if possible, cystoscopy. Monitoring of urinalysis and urine C/S with consideration for higher dose, shorter frequency antibiotic regimen, ideally based on C/S results if underlying infection, may prove beneficial.



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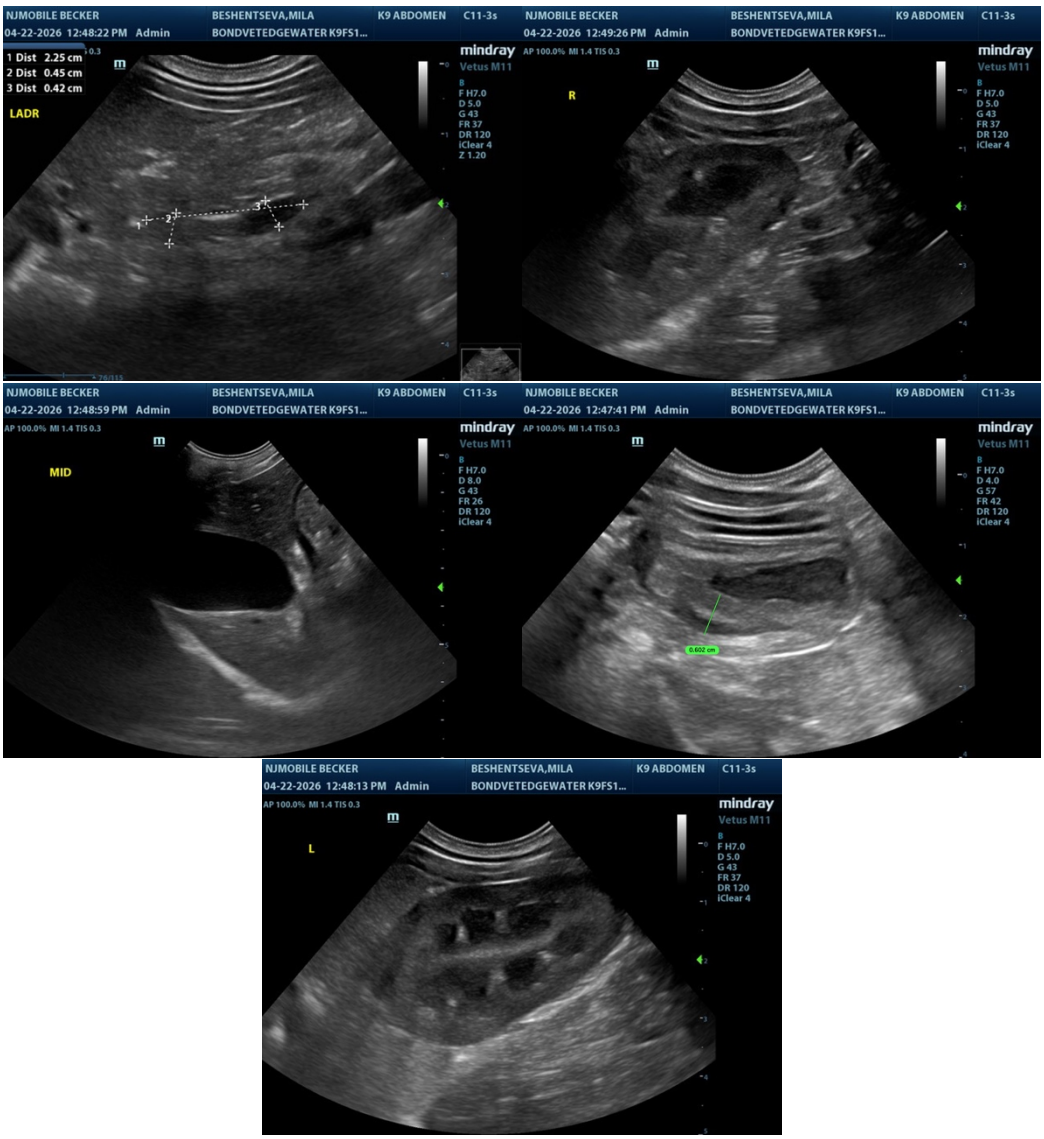


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

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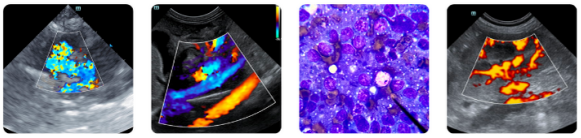

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