



PATIENT

Nora Reames

SPECIES

Female Spayed

BREED

French Bulldog

SEX

Female Spayed

AGE

9y

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

13422

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Patient presented for heart and abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: CHEM: WNL U/A: USG 1.028, trace protein, 1+ leukocytes, pH 8, cocci present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized the cranial / apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 3.0 cm. 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 exhibited normal tone. Mild to moderate, dependent mineral with non-dependent particulate to mineralized, non-dependent sediment. Focally adhered mineral to urinary bladder lumen surface was present. The trigone and cystourethral junction were free of pathology. The ureteral papillae were normal. The ureters were not visible which is normal. Apical urinary bladder wall measured 0.6 cm width.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in 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.



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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.

Heart

Brief subjective cardiac assessment revealed normal left and right chamber dimension and adequate LV systolic function. No evidence of cardiac tumors or pericardial effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with dependent to non-dependent, focally adhered mineral and non-dependent sediment
- Age-related kidneys with pinpoint to focal medullary mineral
- Normal volume liver
- Nonspecific bilateral mild adrenomegaly
- Subjective normal cardiac structure/function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on sterile urine sample to assess for underlying infection and +/- UPC level for renal staging if inflammatory proteinuria is recommended. The bilateral adrenomegaly is nonspecific and benign in appearance without reported clinical signs or evidence of concurrent hepatopathy. Adrenal screening could be considered if clinical signs consistent with Cushing's Syndrome or hepatopathy arise. No evidence of intrahepatic or extrahepatic macroscopic shunt. Urinary diet with sonographic monitoring of the bladder may prove beneficial.



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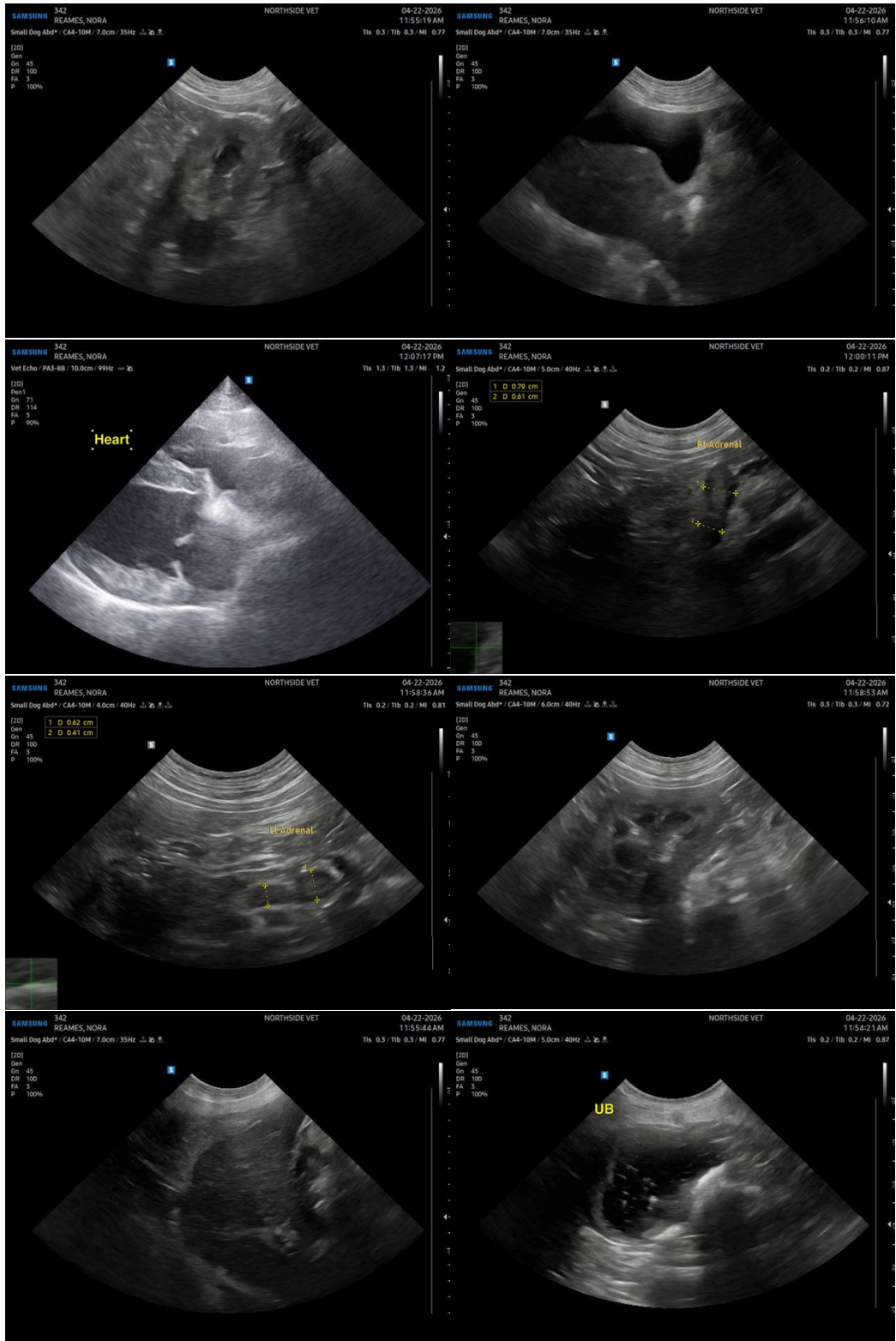
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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