



PATIENT

Noelle Moore

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

12 Years

WEIGHT

47 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Parker Vet Hospital

REFERRING VET

Dr. White

INVOICE

15464

DATE

04/24/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to recurrent UTI's. P has been on several rounds of antibiotics; clinical signs improve and then return. No stones seen on rads.

Abnormal PE/Chem/CBC/UA Results: Urinalysis TNTc WBC, Rods, Pro 3+, usg 1.017

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly irregularly thickened apical urinary bladder wall measuring 0.73 cm wall width. The trigone and cystourethral junction were free of pathology. The urethra was normal in structure and tone to a depth of 4.0 cm. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the uterine remnant.

The visualized medial iliac lymph nodes were sonographically normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Nonhomogenous to variably hyperechoic renal cortex and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.8 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 0.58 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 0.43 cm width at the caudal pole.

Spleen

The spleen presented normal in size and overall contour with generalized variable to mild heterogeneous parenchyma. A solitary discrete nonhomogenous noncapsule deforming splenic nodule was present and measured 1.3 cm in diameter.

Liver & Gallbladder

The liver was subjectively borderline enlarged. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing mild ingesta to the level of the colon.

Normal visible colon wall layers were present with soft fecal matter.

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

Primary Findings

- Mildly thickened apical urinary bladder wall with urine sediment.
- Bilateral chronic renal changes.
- Heterogeneous spleen with discrete nodule.
- Nonorganized gallbladder debris (non-mucocele).

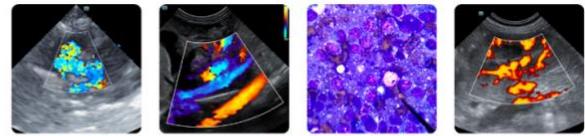
Secondary Findings

- Sonographically normal gastrointestinal tract with gastrointestinal ingesta and soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly thickened apical urinary bladder suggests cystitis given apical location. Potential for emerging tumor is thought less likely yet not technically excluded. Assessment of the vulva and vaginal vault for evidence of structural abnormality which may be predisposed to ascending infection is recommended. Recheck urine culture and sensitivity if not recently done and consideration for screening BRAF assay is recommended. A higher dose, shorter frequency antibiotic regimen based on urine culture and sensitivity, i.e. enrofloxacin or Clavamox 20 mg/kg PO SID for 5-7 days may prove more effective at eliminating recurrent infection.

Potential etiologies for the generalized spleen and discrete splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



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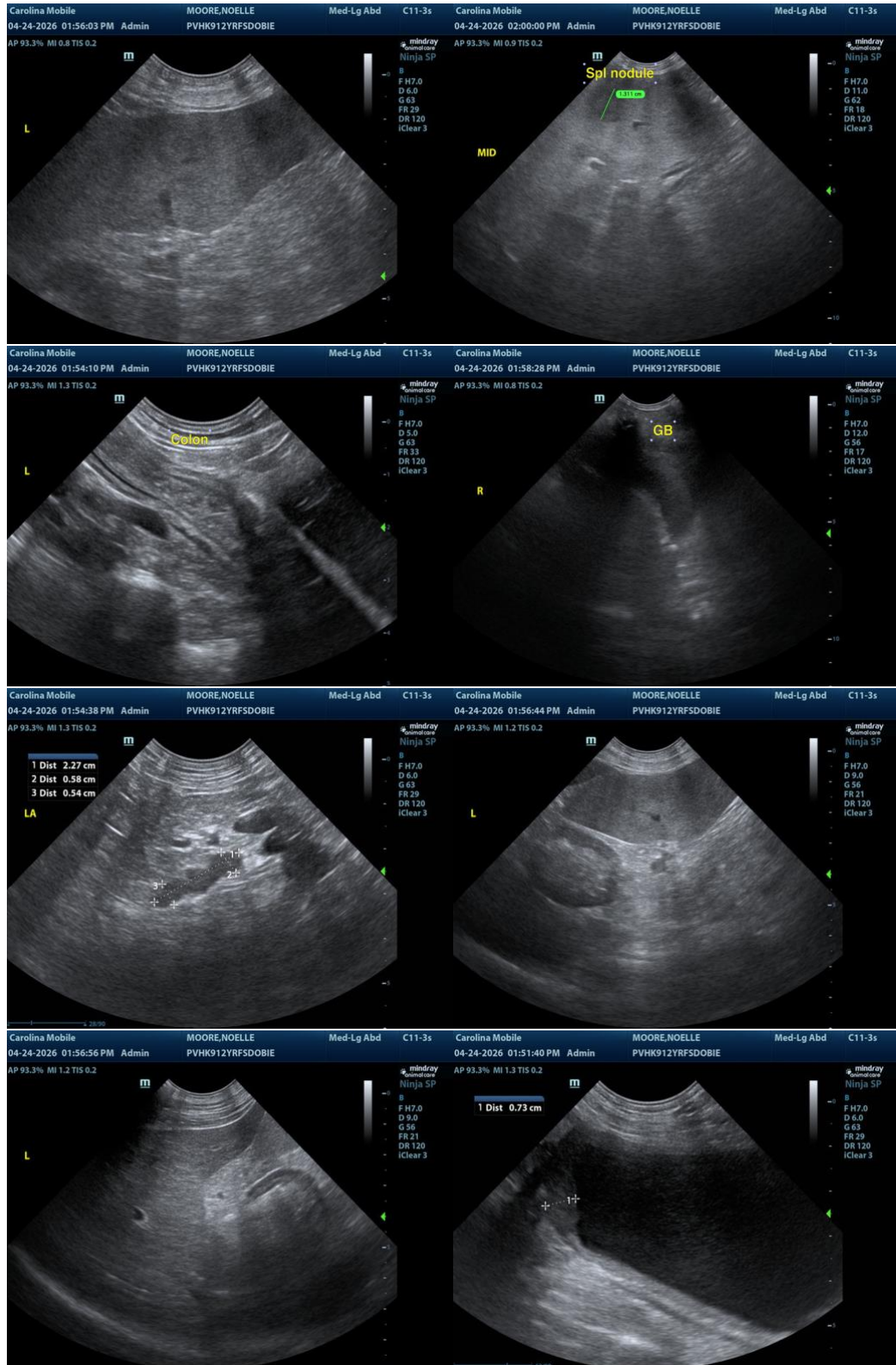
Dr. White

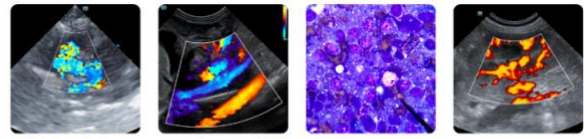
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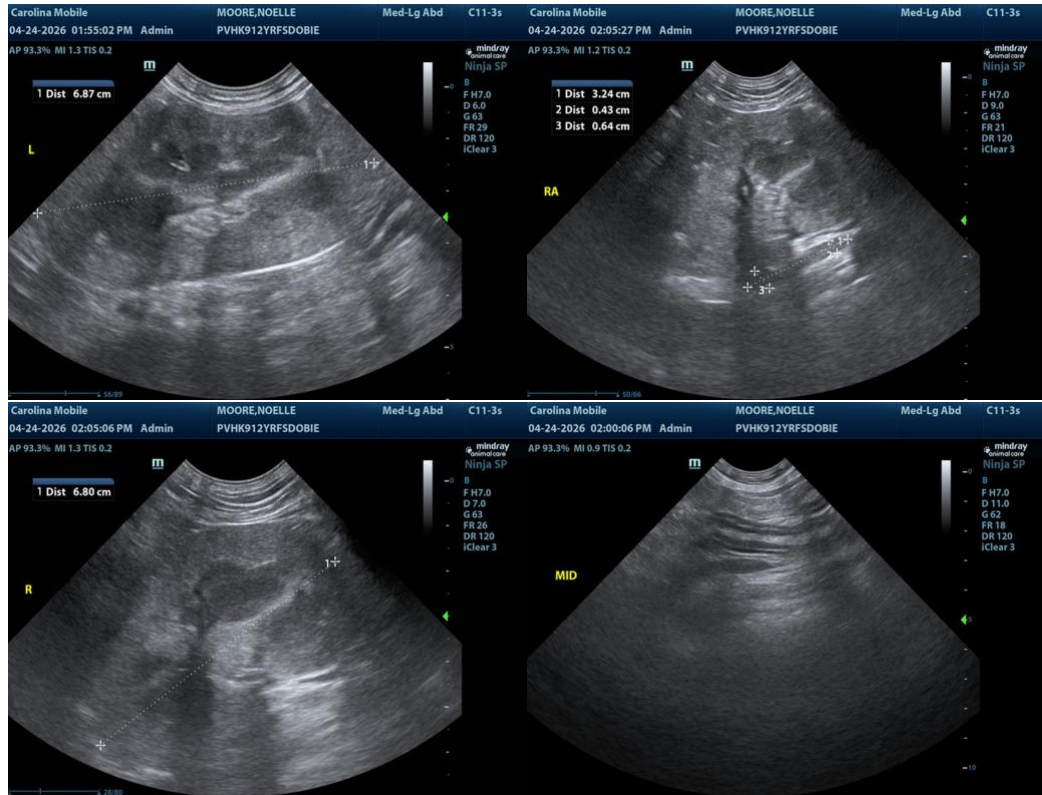
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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