



PATIENT

Leia Coburn (Courn)

SPECIES

Canine

BREED

Shepherd Mix

SEX

FS

AGE

10yr

WEIGHT

30kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Signal Hill Vet

REFERRING VET

Dr Sweet

INVOICE

24670

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

Strong , malodorous urine , previous UTIs

Abnormal PE/Chem/CBC/UA Results: UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder **was** normal in size and tone. Irregularly thickened ventral to ventroapical, urinary bladder wall with concurrent mildly thickened dorsoapical urinary bladder wall. The previously noted thickened ventral to ventroapical wall appeared mildly progressive compared to the previous study with associated asymmetrical luminal margination. The area of thickened ventroapical wall measured ~ 4.4 by 1.3 cm. Thickened dorsoapical wall measured 0.42 cm in wall width. Anechoic urine with concurrent mild urine sediment / mucus was present.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 8.1 cm in length.

The visualized medial iliac lymph nodes were sonographically normal.

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 0.76 cm width in the caudal pole. The right adrenal gland measured 0.76 cm width in the caudal pole.

Spleen

The spleen was normal in size with primarily symmetrical contour and homogenous parenchyma. Previously noted subjective static mildly expansive, non-homogenous to mildly cavitated splenic nodule was present measuring 2.0 cm in diameter in the mid-cranial spleen.

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. Normal vascular volume. 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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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



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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 evidence of peritoneal effusion was present.

Intermittent normal to mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly progressive previously noted thickened ventroapical urinary bladder wall with concurrent mildly thickened dorsoapical urinary bladder wall- progressive chronic cystitis vs neoplasia
- Mild age-related renal changes- no evidence of pyelonephritis
- Static expansive non-homogenous splenic nodule- hyperplasia, hematopoiesis, inflammation, cystic granuloma, tumor, i.e. sarcoma or other all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending UA as well as recheck urine C/S on sterile urine sample is recommended. Screening BRAF assay indicated. Assuming normal clotting status, and if not recently done, splenic nodule FNA cytology using 25ga needle is warranted for further clarification.

Assuming no pathology on 3 view chest radiographs and ideally with brief sonographic assessment of the heart to rule out cardiac metastasis or effusion, diagnostic and prophylactic splenectomy with bladder wall biopsies is recommended.



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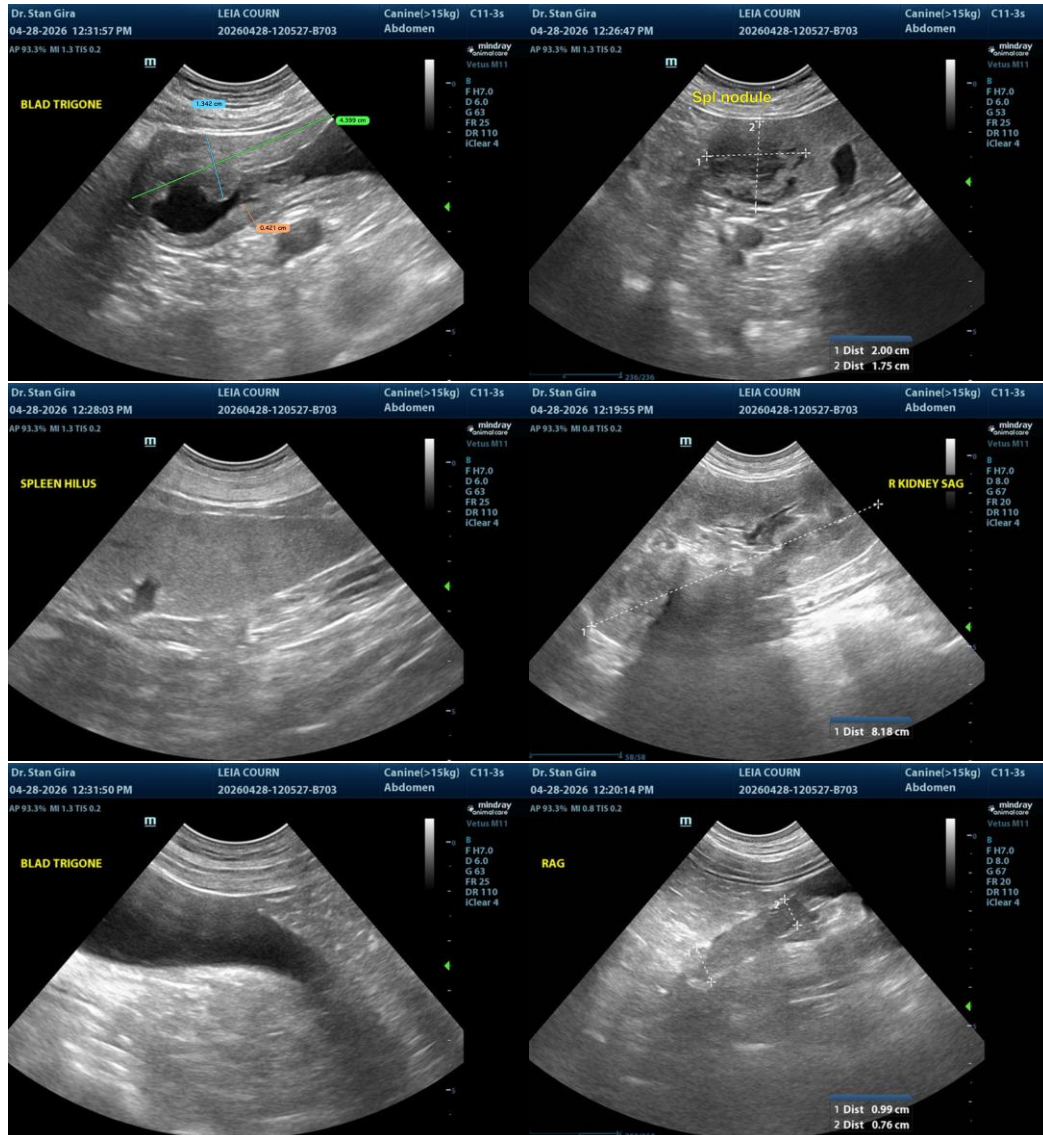
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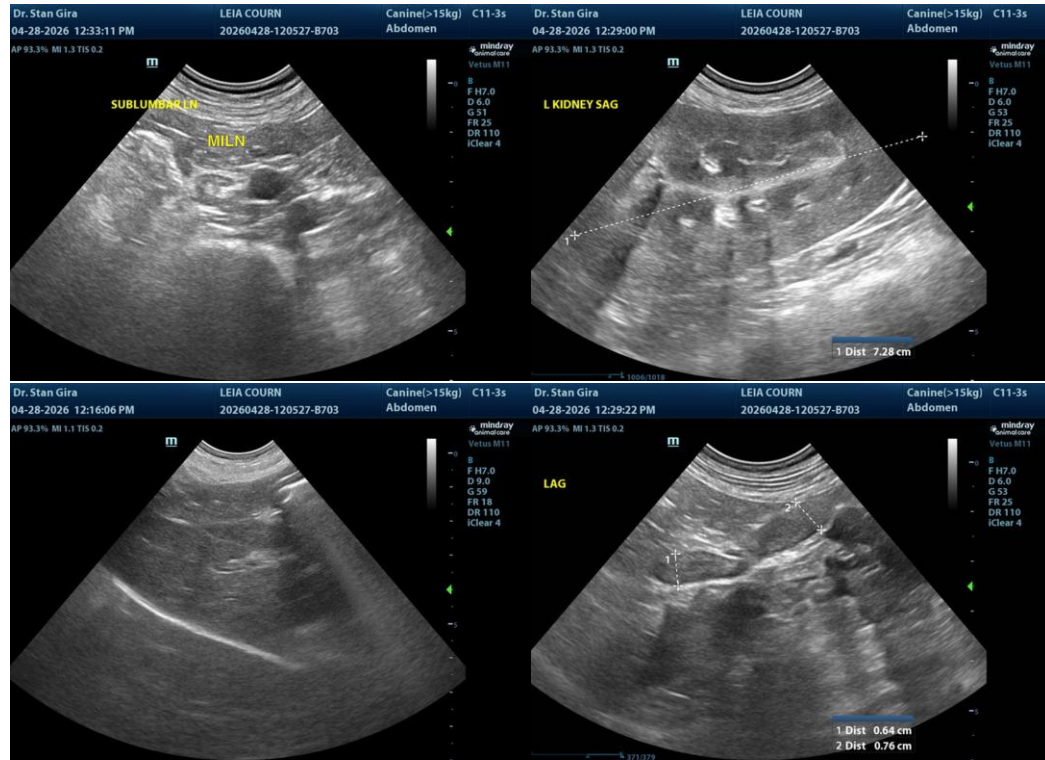
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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