



PATIENT

Oscar Kaur

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

2y

WEIGHT

49 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Dhaliwal

INVOICE

13449

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: This study is limited to urinary tract. Has a history of cystine uroliths. Had a cystotomy about 6 months ago. Just want to rule out uroliths again as had very mild hematuria, which could have been iatrogenic from collection. Owner reports no more hematuria since then

Abnormal PE/Chem/CBC/UA Results: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was normal and free of pathology measuring 1.2 cm in diameter.

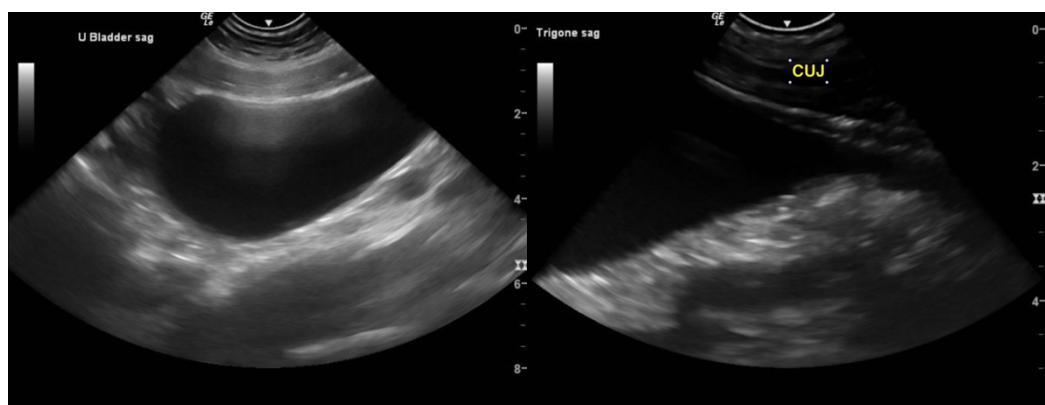
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 7.3 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder, residual prostate and residual proximal urethra
- Normal kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract or residual prostate pathology, including no evidence of recurrent uroliths.





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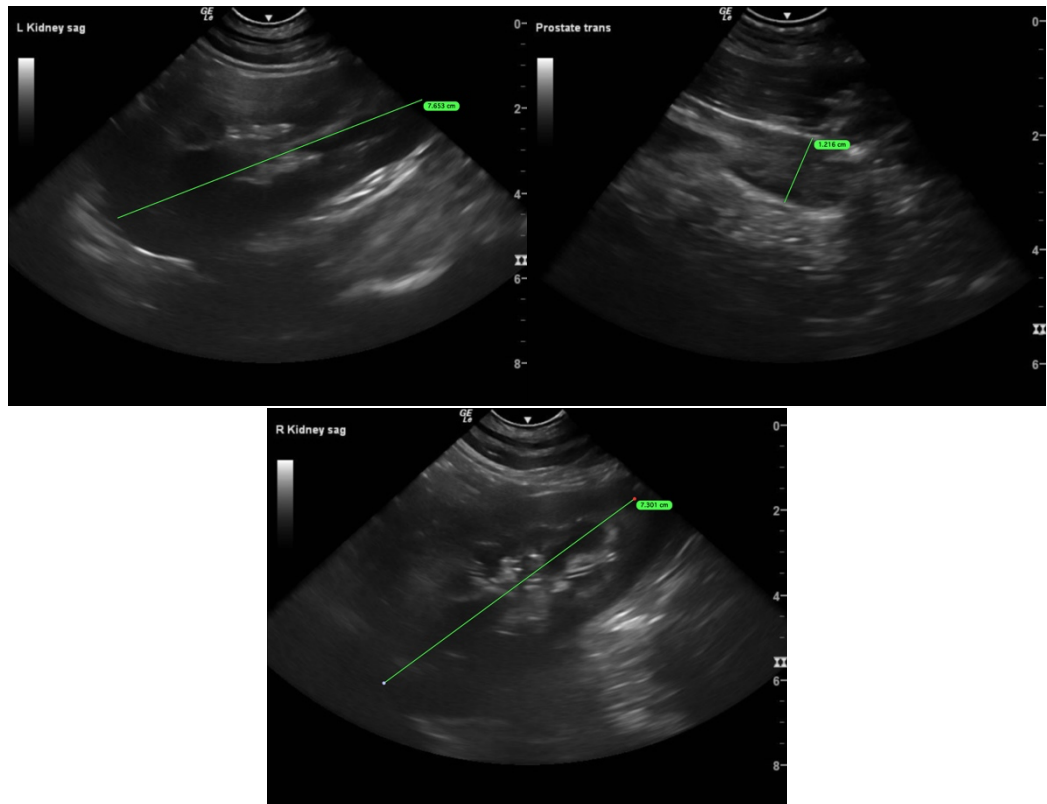
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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