

PATIENT PRESENTING CLINICAL SIGNS

Lily Lesh Acute onset hematuria
 Abnormal PE/Chem/CBC/UA Results: elev wbc and plt

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder was non-distended with urine and contracted in size prohibiting full evaluation of the urinary bladder wall. Non-distended urinary bladder wall measured 0.96 cm wall width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no visualized evidence of urine/lumen sediment, mineral, or calculi.

Lab Mix

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

FS

AGE Normal size and margination were 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 5.5 cm in length. The right kidney measured 5.8 cm in length.

8yr

WEIGHT The area of the aortic trifurcation was free of pathology.

61lb **Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to adrenal depth and patient conformation. No obvious pathology in the area of the right adrenal gland.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME Liver/Gallbladder

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

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.

INVOICE
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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.

DATE
 04/07/2026



PATIENT

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

SPECIES

Canine

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.

BREED

Lab Mix

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended contracted urinary bladder, subjective generalized thickened urinary bladder wall -acute cystitis, mild potential for occult urinary bladder neoplastic criteria
- Normal bilateral kidneys

AGE

8yr

WEIGHT

61lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of renal pathology as an obvious contributing factor to the acute onset hematuria. Correlation with urine C/S is recommended. Occult urinary bladder neoplastic criteria thought less likely yet concurrent screening BRAF assay is warranted. Sonographic monitoring or reassessment of a full urinary bladder would be ideal if possible. Assessment of systemic BP for evidence of hypertension as well as clotting profile is recommended.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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Lab Mix

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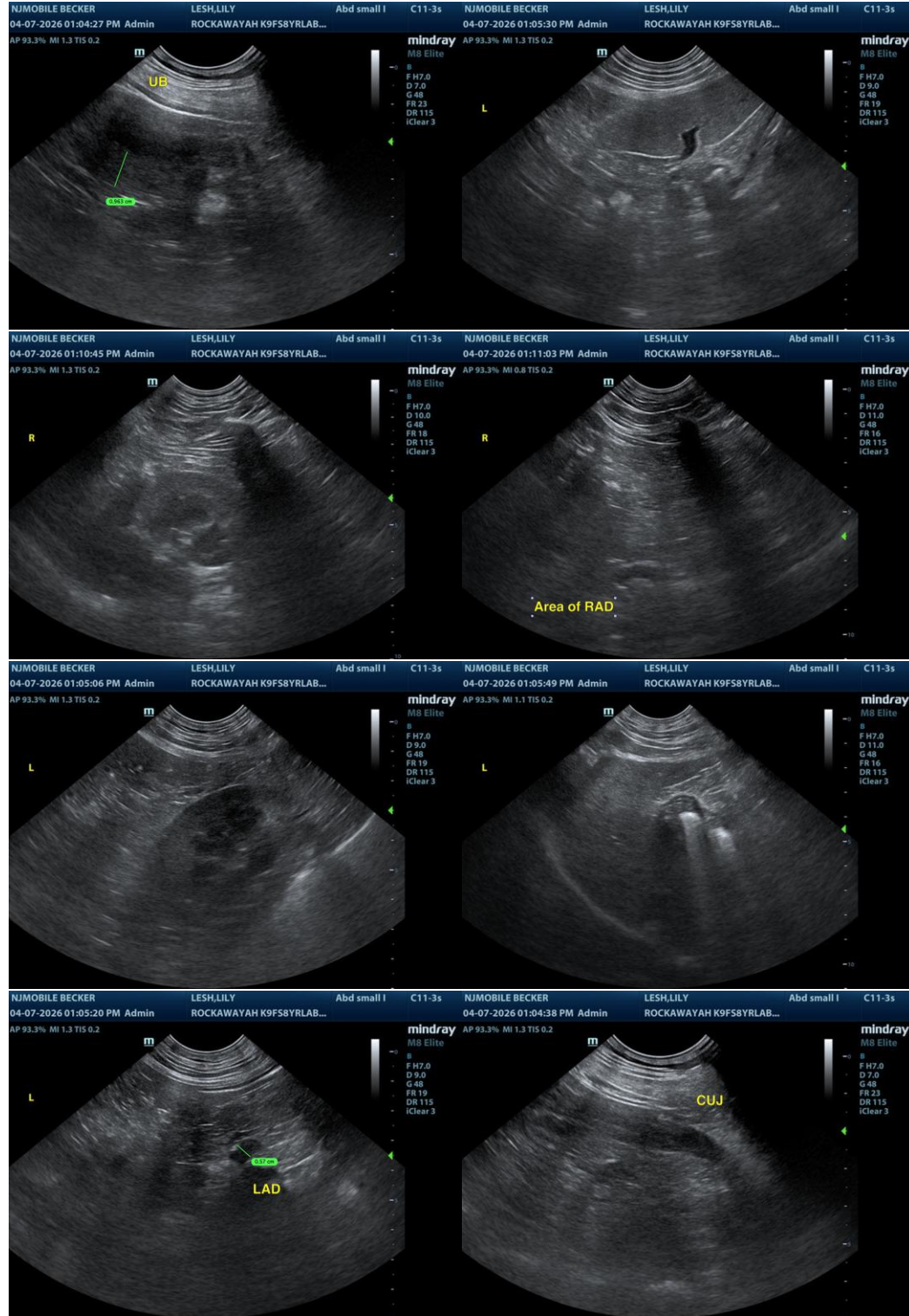
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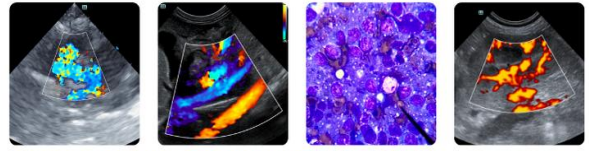
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PATIENT

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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.

SPECIES

Canine

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.

BREED

Lab Mix

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FS

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