



PATIENT

Prada Szydowski

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

7 Years 8 Months

WEIGHT

7.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Black River Veterinary
Hospital

REFERRING VET

Dr. Hewitt

INVOICE

15672

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Recurrent hematuria, partially responsive to antibiotics and weight loss. weight stable. mineralized both kidneys. Clindamax.

Abnormal PE/Chem/CBC/UA Results: UA hematuria. USG 1.013. Normal, but decreased HCT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size and nondistended with urine, prohibiting full evaluation of the urinary bladder wall. Subjective mild thickened ventroapical to dorsoapical urinary bladder wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild anechoic urine containing mild particulate urine sediment and minor to focal dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary renoliths with example of left kidney renolith measured 0.80 cm in diameter. Concurrent left kidney cortical cyst measuring 1.15 cm in diameter. A right kidney cortical cyst was also present. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 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 0.51 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.68 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 & Gallbladder

The liver was possible borderline subnormal in size. 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 mild gravity dependent 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 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. Nonspecific mild hyperechoic intestinal mucosal speckling.

Normal visible colon wall layers were present with formed 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.

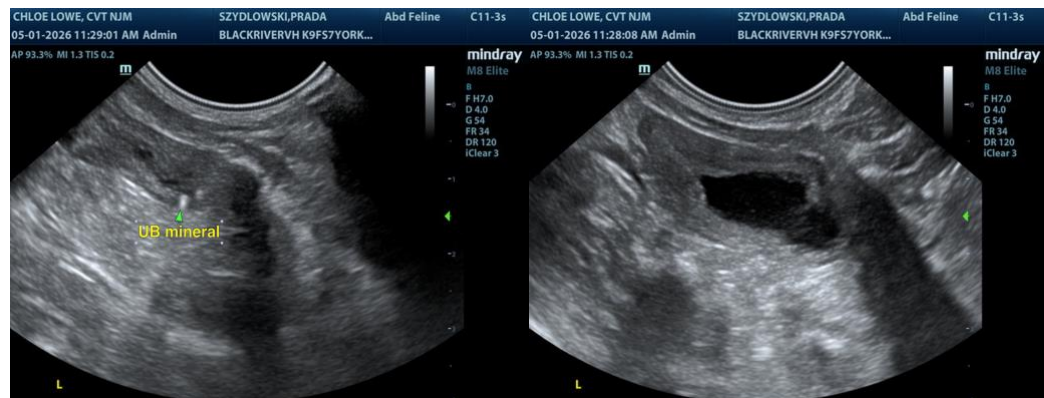
ULTRASONOGRAPHIC FINDINGS

- Probable mild cystitis with minor urinary bladder sediment/lumen mineral.
- Bilateral renolithiasis and cortical cysts.
- Possible borderline subnormal liver size.
- Mild gallbladder debris (non-mucocele).
- Nonspecific intestinal mucosal speckling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria is suspected to be deriving from the kidneys given bilateral renolithiasis although some degree of concurrent cystitis is suspected. This patient is likely passing small amounts of mineral from the kidneys into the urinary bladder. No current evidence of ureteral obstruction. Monitoring of urinalysis and urine culture and sensitivity, if off antibiotics for seven days is suggested.

The subjective borderline subnormal liver size is nonspecific with possible patient variant. Screening bile acid profile is suggested given renolithiasis. If persistent weight loss, a GI panel to include PLI, TLI, cobalamin and folate is suggested.





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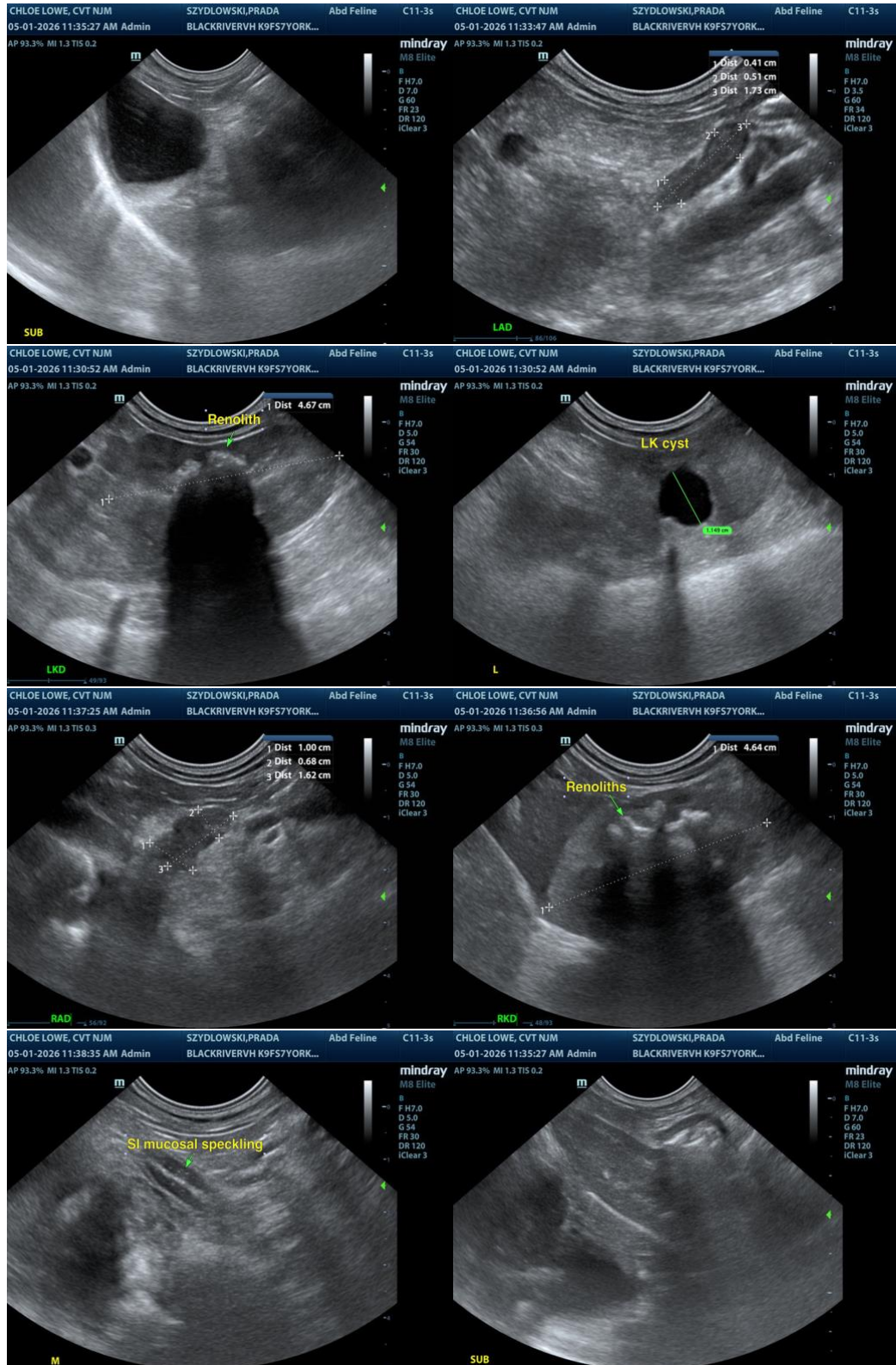
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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