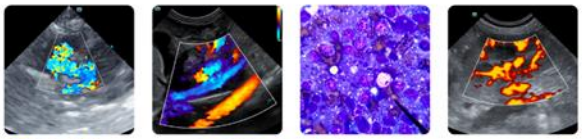


PATIENT

Sophia Santiago

SPECIES

Canine

BREED

Pug-Beagle

SEX

FS

AGE

12 years 2 months

WEIGHT

30.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Magnolia Veterinary Practice

REFERRING VET

Dr. Goldstein

INVOICE

10884

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Chronic UTIs. Had vulvoplasty. Has not helped recurrent utis, on Hills c/d metabolic.
Abnormal PE/Chem/CBC/UA Results: UA pyuria, hematuria, proteinuria, struvites, ca oxalate crystals. USG 1.034

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Normal bladder wall was noted without evidence of inflammation or tumors. Anechoic urine was noted with moderate dependent lumen hyperechoic to shadowing sand and nondependent particulate to mobile urine sediment. The trigone and cystourethral junction were free of pathology. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

Spleen

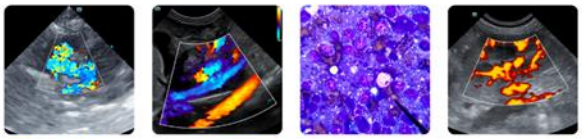
The spleen exhibited overall normal size and contour with subtle heterogeneous parenchyma. Two visualized isoechoic, nonhomogeneous mid and caudal splenic nodules were present without associated capsule distortion. The nodule measured 1.0-1.5 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 containing primarily anechoic content with nonorganized, congealed, hyperechoic gallbladder debris. 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 contained mild, variably echogenic to shadowing ingesta without signs of obstruction or foreign material.



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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 ileus, obstruction, or foreign material.

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

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.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable mild distended urinary bladder with moderate lumen sand / sediment, normal visible proximal urethra
- Mild age-related renal changes
- Mild nonhomogeneous splenic nodules
- Normal volume liver
- Congealed nonorganized gallbladder debris (non mucocele)
- Variably echogenic, focally shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

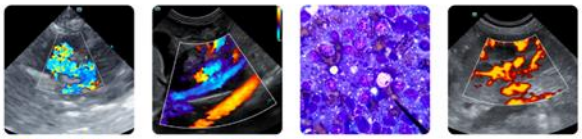
No definitive upper or lower urinary tract pathology, i.e., masses, pyelonephritis, etc., as an obvious cause of the patient's recurrent UTI. Cystoscopy for assessment of the non-visualized vaginal vault and urethra may be considered.

Potential etiologies for the splenic nodules 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 nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

No obvious evidence of hepatic shunt was noted. Hepatosupportive medications, including Ursodiol trial, is suggested if evidence of cholestasis.

The gastric ingesta is likely suggestive of variably dense food echogenicity with potential for treat or medication. Correlation with most recent meal ingestion is recommended.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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Educational Teleconsultation Services™

SonoPath
www.SonoPath.com
info@sonopath.com 800.838.4268

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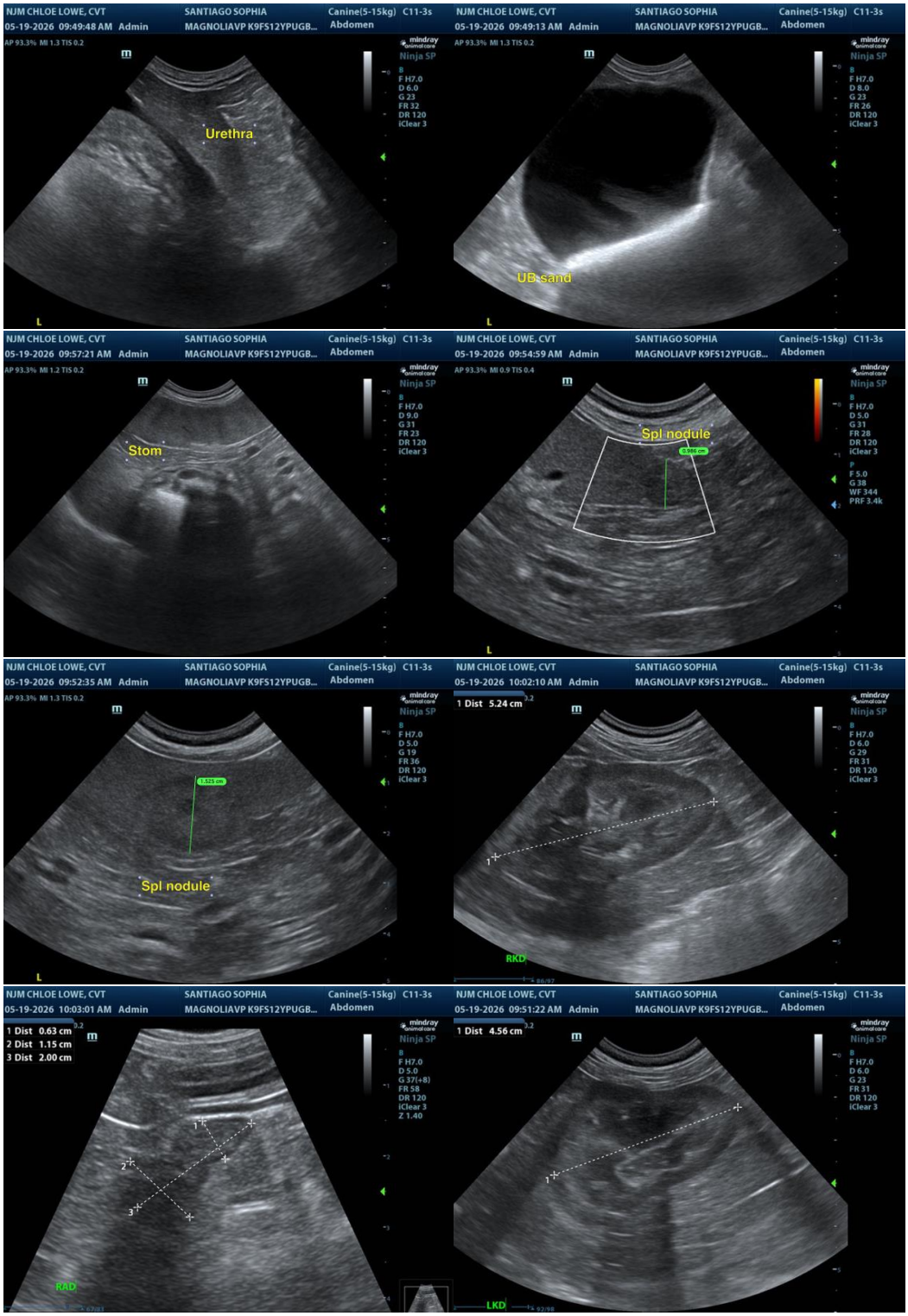

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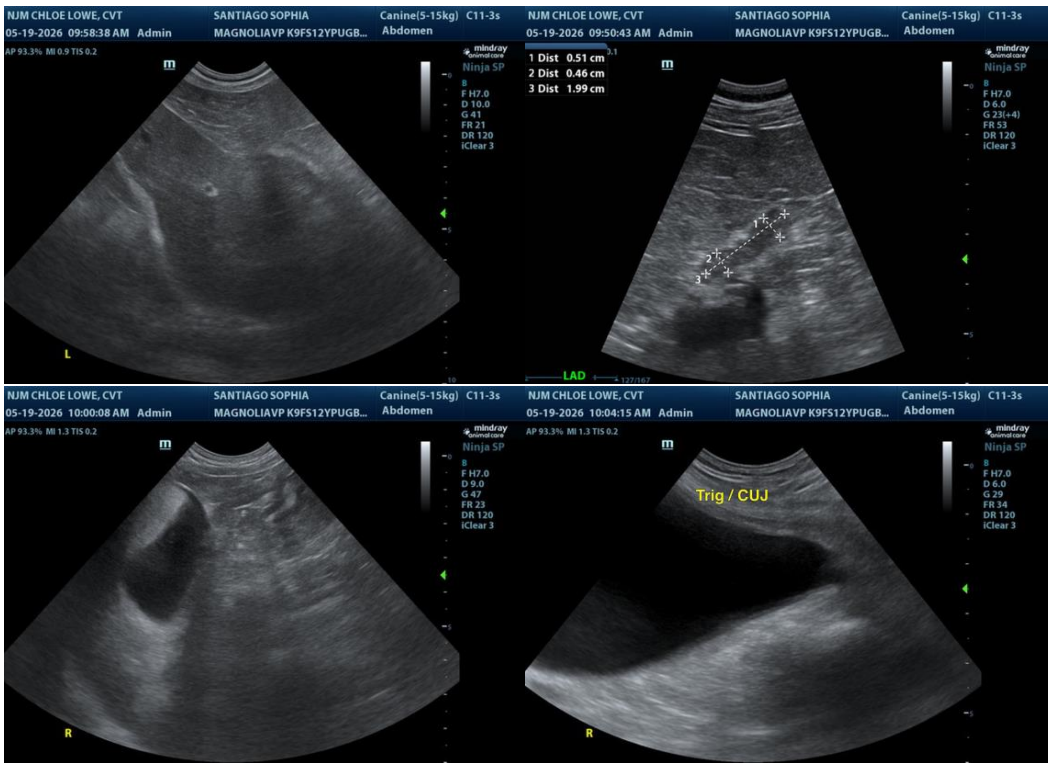

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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