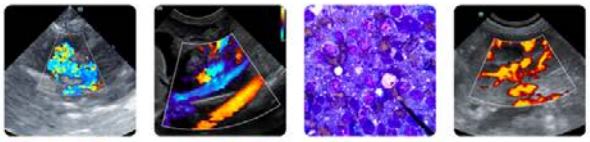


PATIENT

Marley Mcneil

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Kim Davidson

INVOICE

75551

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Seen by primary care veterinarian approximately 10 days ago (May 19th)

- Full bloodwork performed showing slightly elevated kidney values, otherwise normal
- Radiographs revealed markedly distended bladder
- Bladder was manually expressed at that visit
- Diagnosed with urinary tract infection, started on antibiotics
- Urinated normally after initial treatment until last night
- Client reports missing approximately one antibiotic dose
- Has not eaten today, affecting medication administration
- History of similar episodes occurring intermittently over the past year that previously resolved spontaneously
- Most recent episode began on a hot day when patient was panting and drinking large amounts of water
- Continues to drink water normally
- Experiencing overflow dribbling

Abdomen: Markedly distended bladder, discomfort on palpation.
Urogenital: Markedly distended bladder, no discharge or inflammation, neutered
Grade 4/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: 5/19 at rDVM - BUN 36, creatinine 1.4, hypokalemia (3.8 - T4 WNL - CBC: stress leukogram, - 4dx negative - UA: RBC and cocci present. - Radiographs: markedly distended urinary bladder with no uroliths present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone and anechoic urine. No mineral, calculi or tumors present. The visible proximal urethra to a depth of 3.0 cm and to the level of the pelvic inlet exhibited normal structure, with urine dilation.

The residual prostate was normal, measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

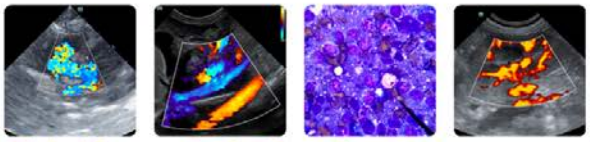
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild pyelectasia noted in the right kidney. Left kidney measured 4.2 cm. Right kidney measured 4.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The adrenals measure 0.55 cm at 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



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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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate congealed cranial lumen debris. The common bile duct was not visualized.

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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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.

PRIMARY FINDINGS

- Normal yet distended urinary bladder
- Normal residual prostate
- Distended non-thickened urethra to level of pelvic inlet
- Sonographically normal kidneys with mild right kidney pyelectasia
- Normal gastrointestinal tract

SECONDARY FINDINGS

- Congealed, non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for nonvisible urethra pathology post pelvic inlet indicated given clinical history, distended urinary bladder and visible urethra and lack of sonographic urinary bladder, prostate or visible urethral pathology assuming normal neurologic status. Cystoscopy if possible or advanced imaging of the urethra is recommended. The mild right kidney pyelectasia is nonspecific with concern for emerging pyelonephritis. Recheck urine C/S is recommended.

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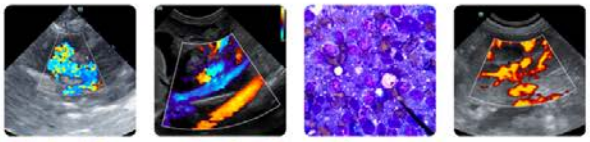

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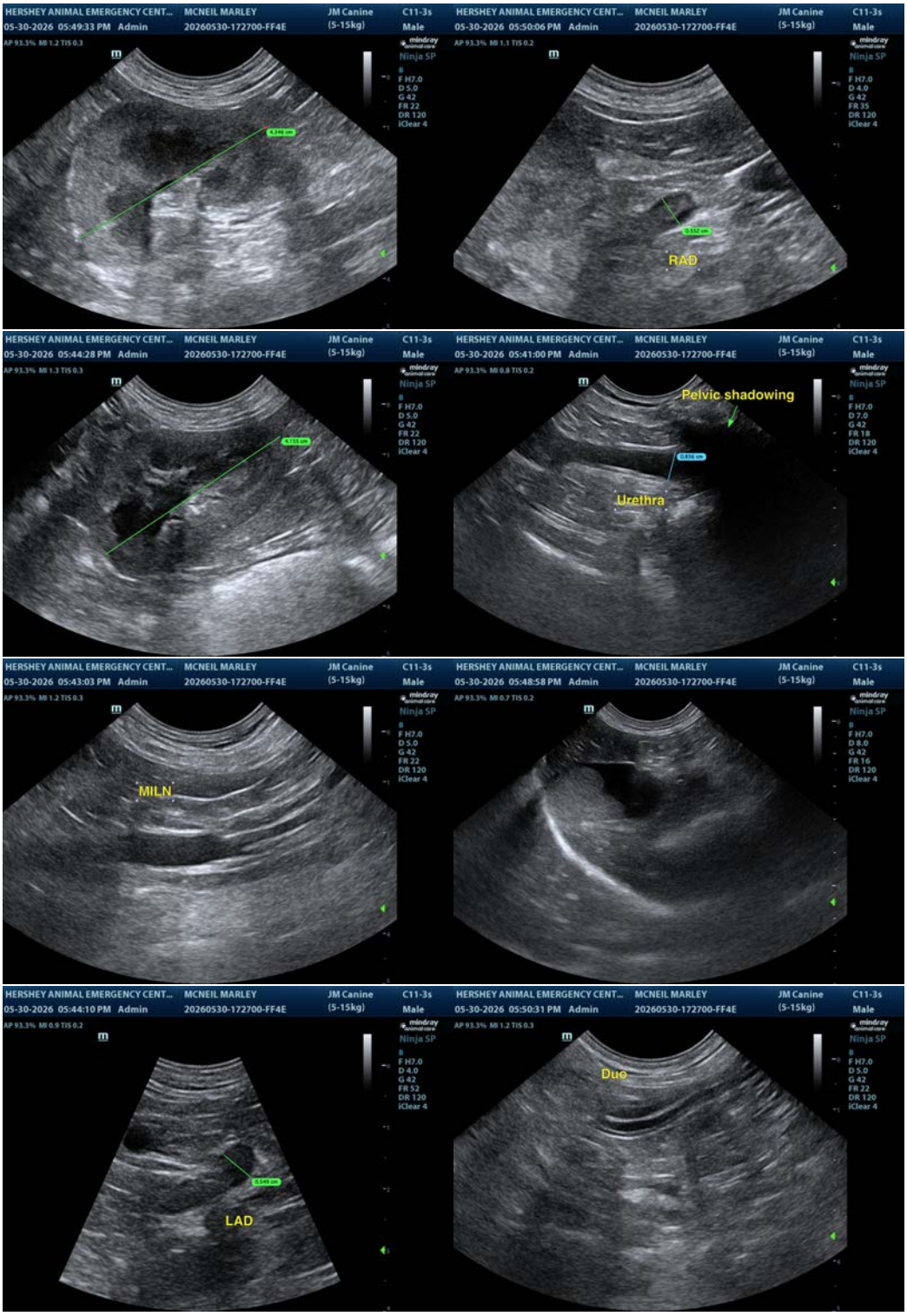

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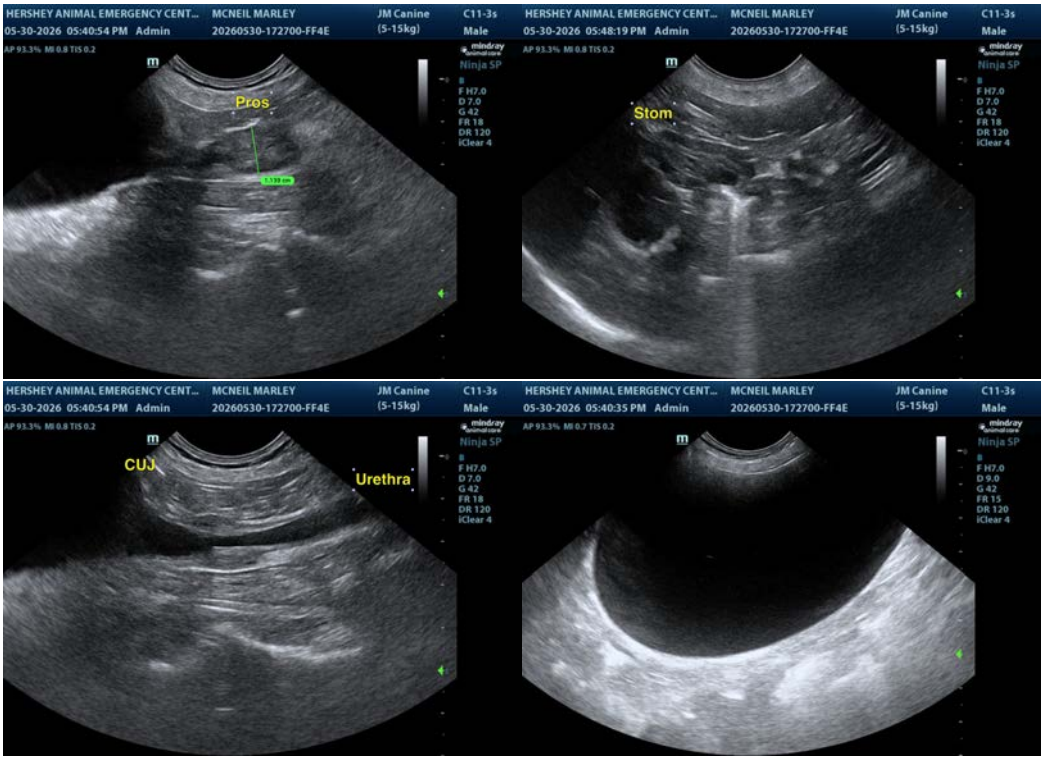

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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