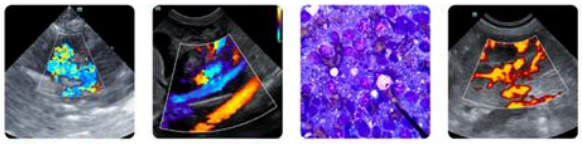


PATIENT

Nikkie Laureta

SPECIES

Canine

BREED

Bulldog

SEX

FS

AGE

12yr

WEIGHT

59lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley McCaughan, DVM

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Ashley McCaughan, DVM

INVOICE
24765

DATE
05/08/2026

PRESENTING CLINICAL SIGNS

Winking and stranguria. No hematuria. Hx of bladder stones. Previous pertinent hx: BOAS surgery done years ago. Suspect UTI, pet parent worried about bladder stones.

Abnormal PE/Chem/CBC/UA Results: Partial squatting in exam room; Panting, Stiff ambulation due to stifle OA. CBC/Chem in-house nsf. T4- wnl. Bacteriuria - positive for Gram Negative bacteria on bench top test in house. Three view chest films - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 5.8 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape with indistinct visualization. The left adrenal gland measured 0.68 cm width at the caudal pole. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

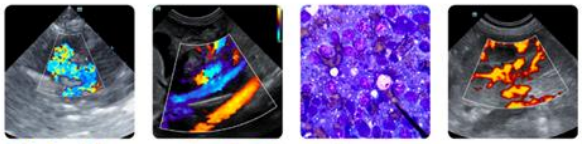
The spleen was normal in size, with primarily homogenous parenchyma. A mildly expansive isoechoic to mild non-homogenous, caudal splenic nodule was present measuring 1.8 cm diameter. A potential second similar appearing mid-cranial splenic nodule with mild associated symmetrical capsule distortion measuring 2.0 cm in diameter was present.

Liver/Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental intestinal hyperechoic mucosal speckling was present. 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.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal urinary bladder and visible proximal urethra
- Mild age-related renal changes
- Mildly expansive isoechoic/ non-homogenous splenic nodule / nodules
- Mild non-specific intestinal mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract pathology including no evidence of tumors or current calculi. Empirical UTI protocol ideally based on C/S results is warranted.

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.

The mild intestinal mucosal speckling is non-specific with possible patient/age variant yet may be associated with non-specific enteritis. Correlation with clinical history and monitoring for gastrointestinal signs is suggested.

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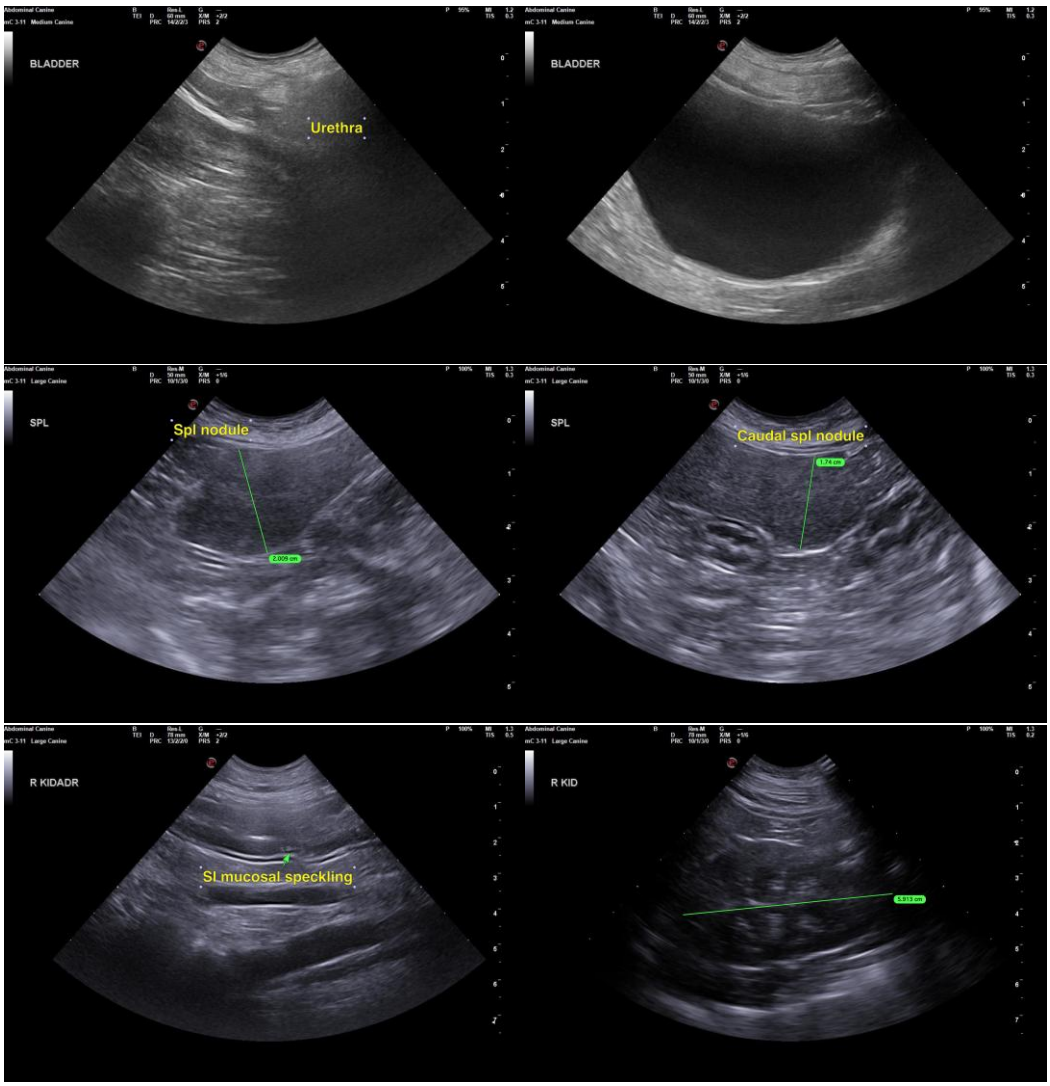

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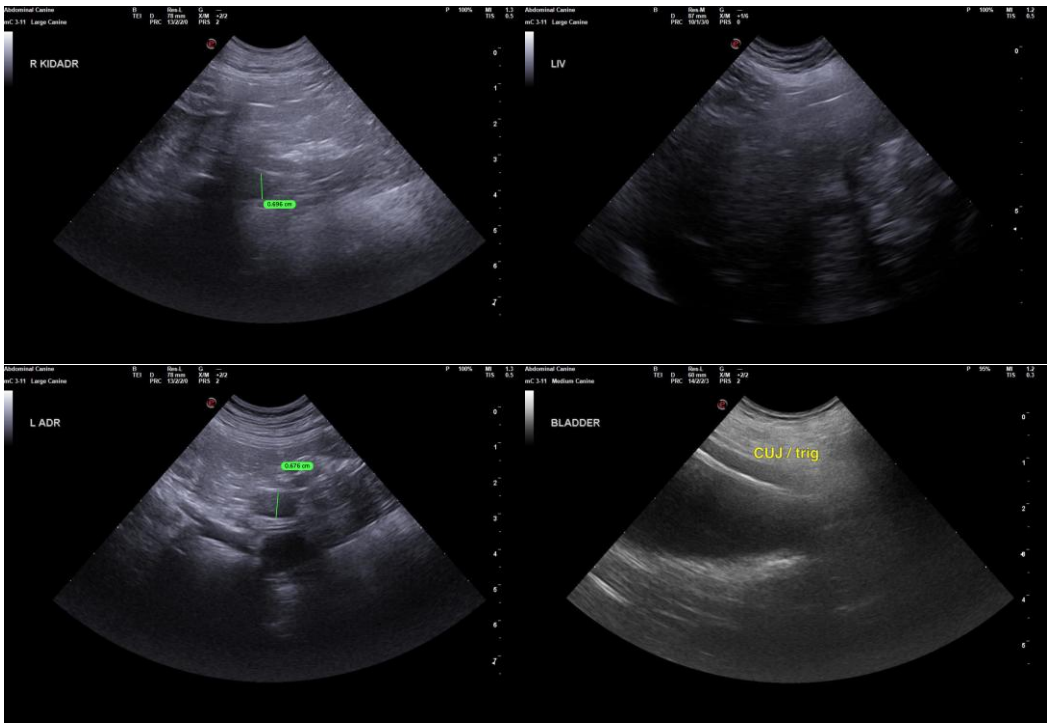

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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