



**PATIENT**

Maxine Gramazio

**SPECIES**

Canine

**BREED**

Rottie Mix

**SEX**

Spayed Female

**AGE**

9 yrs.

**WEIGHT**

70 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Joan Gramazio

**HOSPITAL NAME**

Shohola Veterinary  
Hospital

**REFERRING VET**

Dr. Joan Gramzaio

**INVOICE**

10329

**DATE**

7/15/2023

**PRESENTING CLINICAL SIGNS**

Dr Gramazio dog. Past few months PU/PD, frequently urinates and sometimes seems as though she cannot hold it. Normal otherwise. Has food allergies on purina HA. Previous testing ACTH normal Urine cortisol normal, urine culture negative, rads show no stones, urine normal. Currently started on Levothyroxine for low thyroid. SG is always around 1014.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is normal in size and tone, with mild anechoic urine and no sediment, mineral, or calculi. Generalized thickened urinary bladder wall exhibiting mild asymmetrical luminal surface contour and mildly non-homogenous yet no-mineralized mural echogenicity. Ventral atypical urinary bladder wall 1.2 cm width. No definitive urinary bladder mass. Normal proximal urethra structure with subjective mild decreased proximal urethra tone to a depth of 3 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

The left kidney is normal in size and margination 1:3 cortex/medulla ratio with minor indistinct corticomedullary border demarcation. No pyelectasia noted. The left kidney measured 6.5 cm in length. The right kidney was not definitively visualized.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.86 cm in width at the caudal pole and 0.71 cm in width at the cranial pole. The right adrenal gland was not definitively visualized. No overt pathology in the area of the right adrenal gland.

**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 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 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 to moderate ingesta sonographically consistent with food. 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.



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

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**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 were evident.

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**Free Abdomen**

No overt peritoneal effusion was present.

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Spayed Female

No evidence of medial, iliac, or sub lumbar lymphadenopathy or masses.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**WEIGHT**

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- Generalized thickened mildly irregular urinary bladder wall – chronic cystitis potential for extensive urinary bladder tumor cannot be excluded.
- Normal proximal urethra with subjective mild decreased tone.
- Gastric ingesta/sonographically consistent with food.
- Left kidney mild age-related changes.
- Non visualized right kidney – nonspecific, potential for right kidney atrophy or agenesis
- Normal left adrenal gland

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cytospin cytology of free catch urine sample to assess for atypical transitional cells, as well as screening BRAF assay recommended. Urinary bladder biopsy for histopathology is likely required for definitive diagnosis. An incontinence trial may be considered if urinary pattern suggestive of incontinence.

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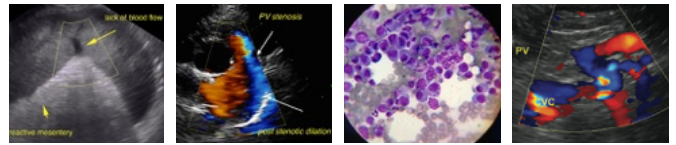
Although the right adrenal gland was not definitively visualized, no obvious evidence of adrenal or hepatic pathology as a contributing factor to the patients reported PUPD. Ideally, a definitive sonographic assessment of the right adrenal gland is recommended. Correlation with pending senior lab work suggested.

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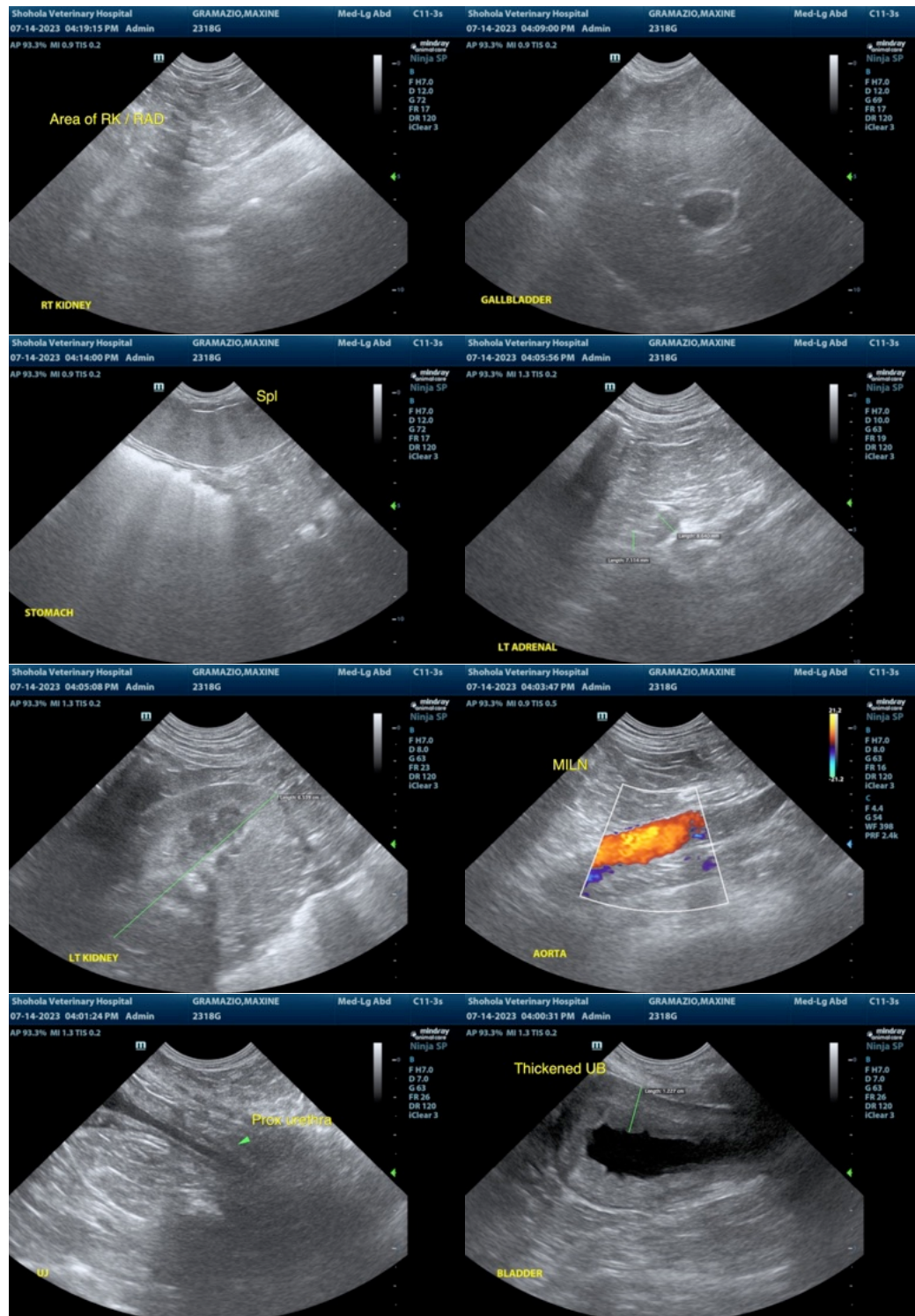
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

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info@SonoPath.com

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