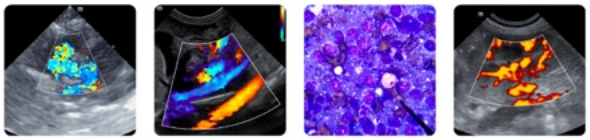


PATIENT

Juniper Long

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

12 weeks

WEIGHT

16 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

75060

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Returned to breeder for chronic UTI's urine leaking

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is noted. No uroliths are evident. Normal thickness and smooth appearance of the wall. Small, focal, mineralized area in the ventral wall measuring 0.2 cm in size.

Normal appearance of the trigone area, iliac blood vessels and iliac lymph nodes. The proximal urethra was not visualized.

Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.9 cm, right measured 5.5 cm), normal echogenic appearance, cortico-medullary differentiation, and capsule. Dilated proximal ureters evident. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

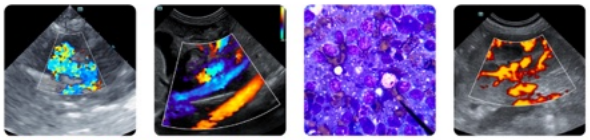
The spleen measured 1.2 cm in width with a diffuse, mottled echogenic and fine nodular appearance, but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of chyme is present in the small intestine.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology?
- Bilateral pyelectasia with dilated proximal ureters.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the spleen is most likely consistent with age related reactive hyperplasia, splenitis would be a differential diagnosis, but infiltrative neoplasia is a highly unlikely differential diagnosis.

The most likely diagnosis for the pyelectasia would be chronic pyelonephritis.

Although the dilated proximal ureters are most likely secondary to the pyelectasia/pyelonephritis, ectopic ureters needs to be considered.

The most likely etiology for the urinary bladder sediment be bacterial cystitis as per the patient's history.

The mineralized area in the urinary bladder wall can be considered incidental and secondary to the chronic cystitis.

Further assessment would be based on the pending urine culture results, but could include FNA cytology of the spleen and assessment for possible ectopic ureters (retrograde vaginagram or CT angiography).

Specific therapy would be dependent on an etiological diagnosis.

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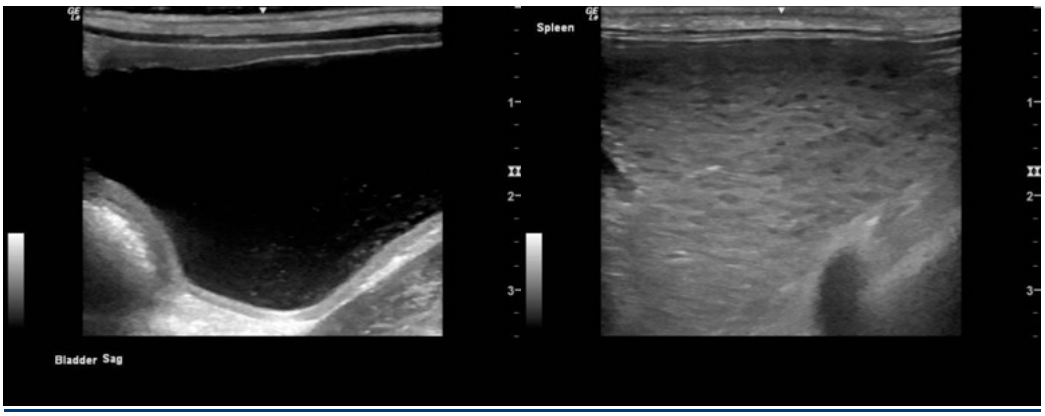

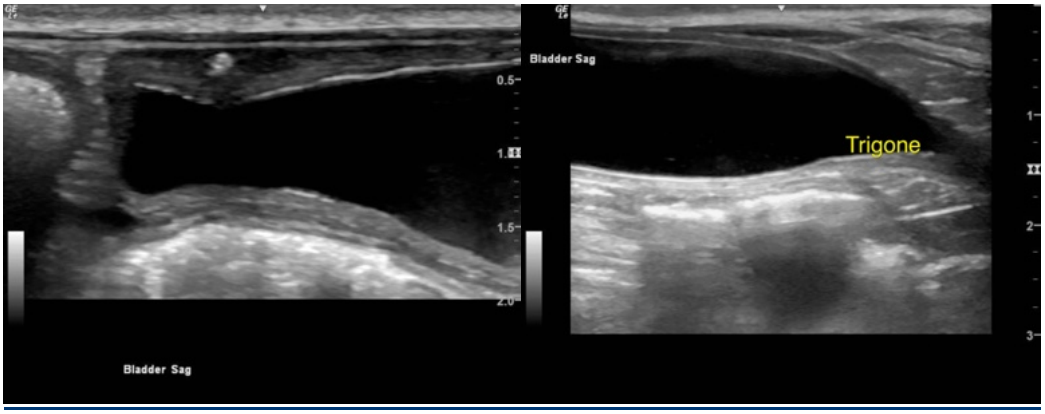

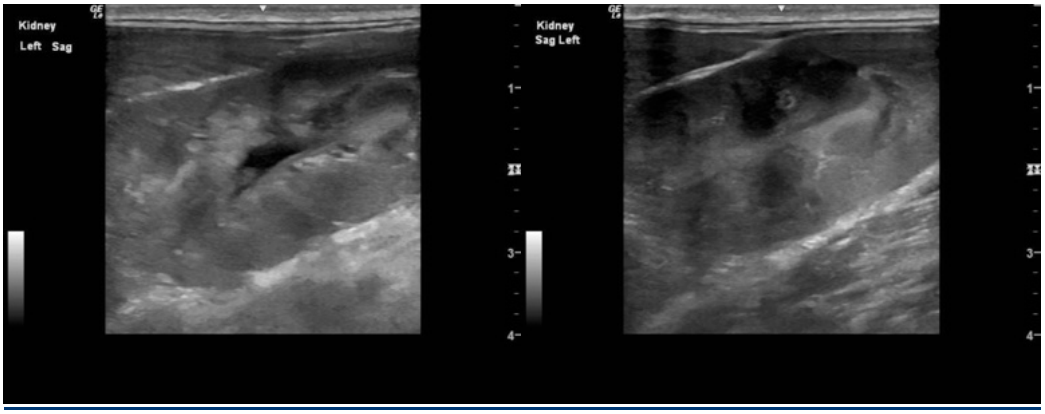

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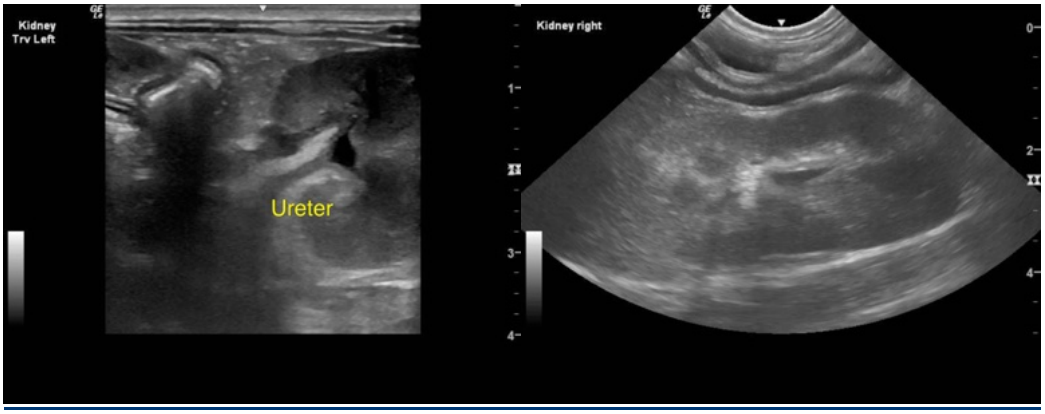

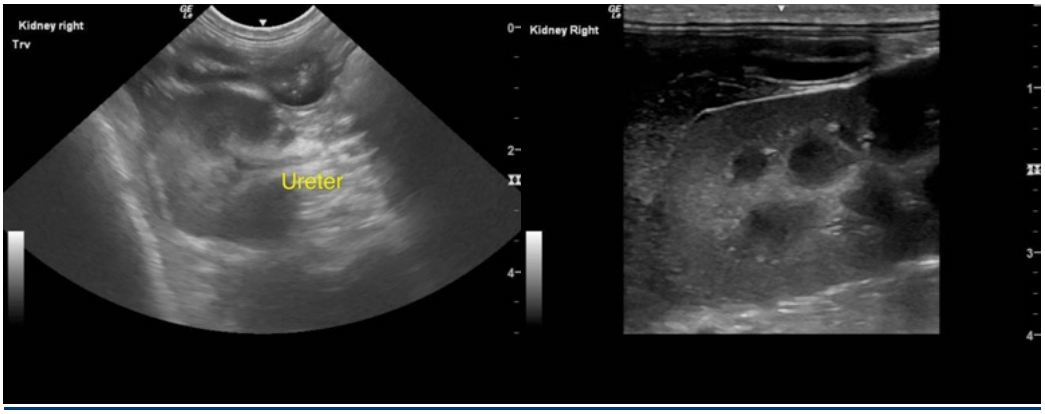

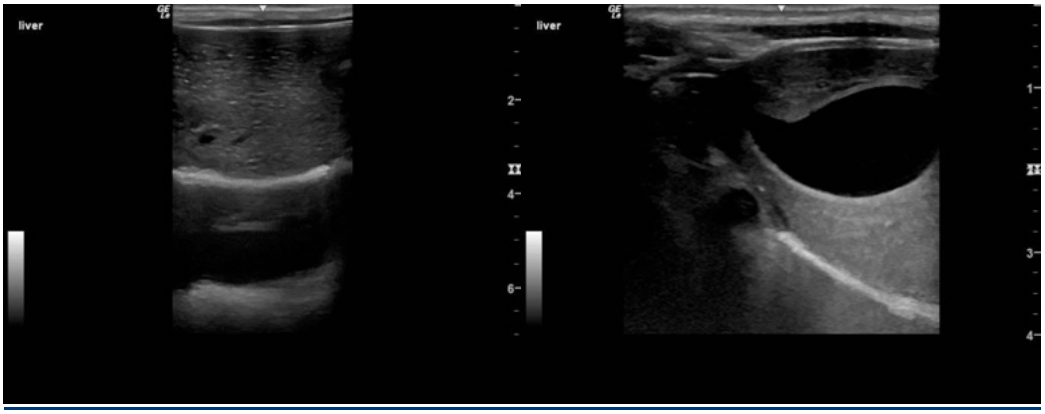

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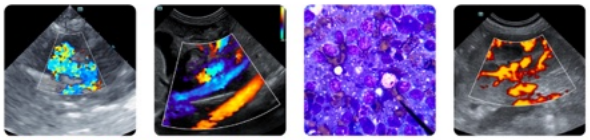

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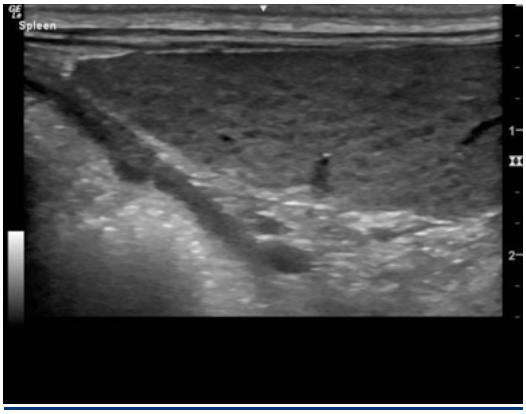

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com