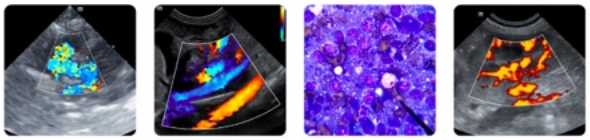


PATIENT

Pumba Rasamat

SPECIES

Canine

BREED

Bernedoodle

SEX

Spayed female

AGE

8 years

WEIGHT

80.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71762

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Chronic hematuria, sometimes pollakiuria
- Negative urine culture. Normal CBC/chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very distended, and the wall of the urinary bladder appears thin and smooth. The urine is turbid with abundant suspended echoes, and there is echogenic material consistent with possible fibrin or blood products based on its ultrasonographic appearance.

At the level of the distal bladder neck (transition to the proximal urethra), there is diffuse mural thickening that continues throughout the visible urethra. The total urethral diameter measures 1.36–1.43 cm, with individual wall thickness measuring 0.55–0.56 cm on each side. The thickening is diffuse, heterogeneous, and irregular in appearance.

The left kidney is normal in shape and size: 5.60×3.66 cm, and the thickness of the cortex is 0.59 cm in the sagittal plane. Renal size is appropriate for a large-breed dog. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size: 4.93×3.25 cm, and the thickness of the cortex is 0.56 cm in the sagittal plane. Renal size and cortical thickness are within expected limits. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

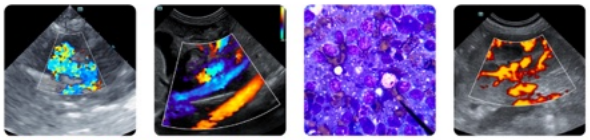
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.48 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.43 cm at the cranial pole and 0.39 cm at the caudal pole. These measurements are within normal limits for a dog of this size.

Spleen

Splenic thickness is 1.46 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is distended with ingesta. Mural thickness measures 2.19 mm and wall layering is preserved (within normal limits for a non-distended canine stomach).

Duodenum: 1.32 mm (within normal limits). Jejunum: 1.58 mm (within normal limits). No ultrasonographic signs of inflammation, ileus, or foreign material are identified.

Colon: 0.85 mm, with formed feces in the descending segment. Wall layering preserved.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or focal mass.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Abdominal lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Severe diffuse urethral mural thickening. Heterogeneous and irregular urethral wall architecture.
- Bladder with abundant intraluminal echogenic debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality in this case is marked diffuse urethral mural thickening extending from the bladder neck through the visualized urethra. The thickening is severe, heterogeneous, and irregular. This degree of urethral thickening in an 8-year-old spayed female dog with chronic hematuria and pollakiuria is highly concerning for urethral neoplasia, with transitional cell carcinoma (urothelial carcinoma) being the primary differential diagnosis. Chronic severe inflammatory urethritis could theoretically produce mural thickening; however, the magnitude, irregularity, and diffuse heterogeneity of the urethral wall strongly favor neoplastic infiltration over simple inflammatory change.

The bladder wall itself remains thin and smooth, without discrete intraluminal mass identified. It contains abundant echogenic intraluminal debris. The ultrasonographic appearance is nonspecific and may represent blood products, inflammatory sediment, cellular debris, or other particulate material. Correlation with urinalysis is recommended.

There is no evidence of regional lymphadenopathy, or distant abdominal metastasis on this examination. It must be recognized that ultrasonography has limited sensitivity for early metastatic disease.

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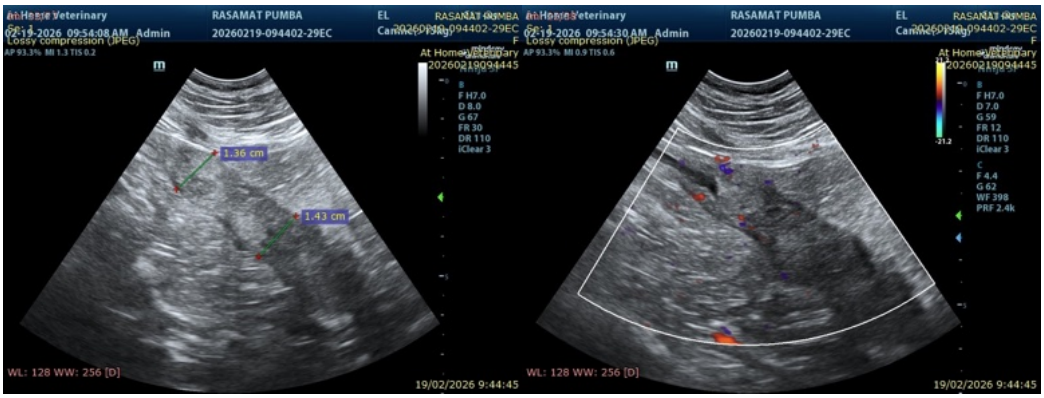
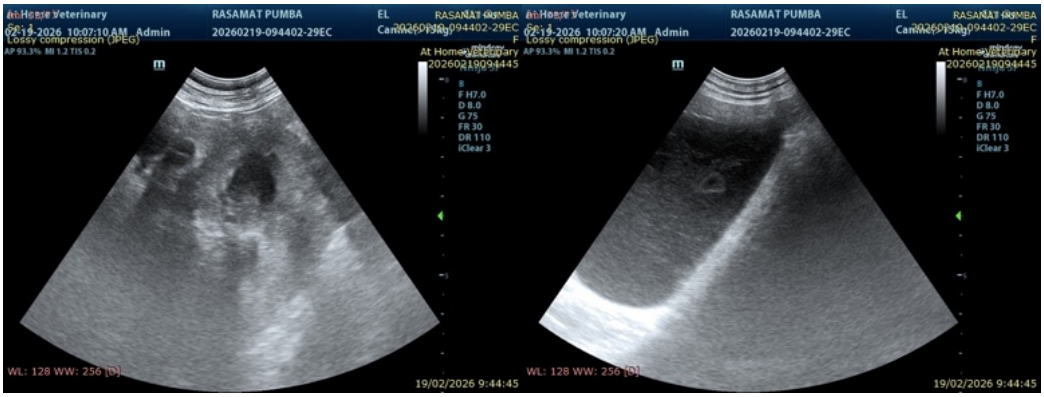
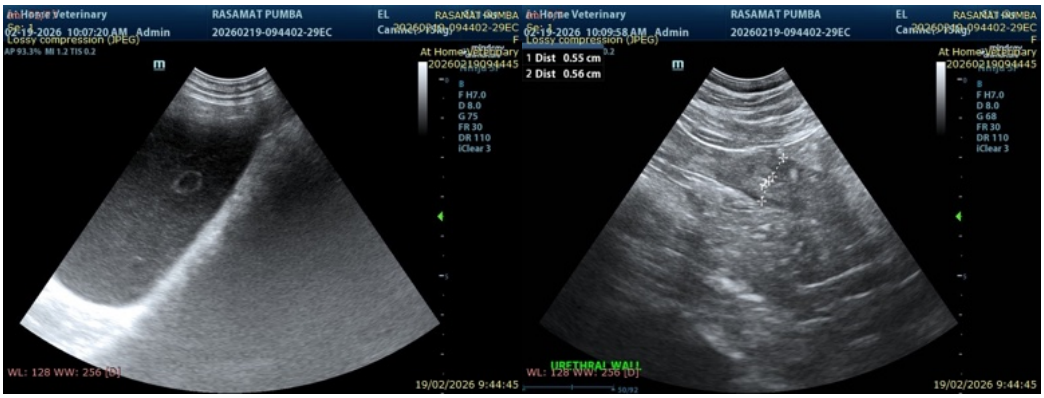
Recommendations

- Urine BRAF mutation assay (CADET BRAF) as a non-invasive first-line diagnostic test.
- Cystoscopy with biopsy for histopathologic confirmation and local assessment.
- Abdominal and thoracic CT for local extent evaluation and staging if neoplasia is confirmed.

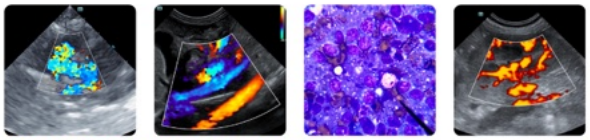






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com