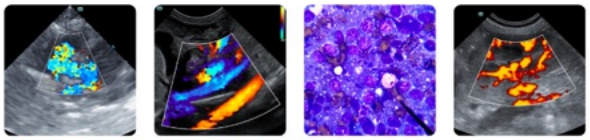


PATIENT

Stella Stalnecker

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

11 years

WEIGHT

69.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jenna Smith, CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Bardsley

INVOICE

71407

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- No exam taken place due to being scared. Owner noticed blood in the urine in the snow. Recommended ultrasound to rule out bladder mass. Was able to obtain urine sample and rule out UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. An intraluminal, heterogeneous soft-tissue mass is identified, arising from and contiguous with the urinary bladder wall. The mass projects into the bladder lumen and has irregular margins. It is predominantly hypoechoic to mildly heterogeneous and does not produce acoustic shadowing. The lesion occupies the majority of the caudal aspect of the urinary bladder, indicating extensive involvement of this region. Mild to moderate suspended echogenic material is present within the urine. Color Doppler interrogation was not performed; therefore, vascularity of the lesion could not be assessed. Transverse imaging planes were not available, which limits full characterization of the circumferential extent of the lesion. No ureteral dilation is identified, suggesting that the ureterovesical junctions are likely not involved at this time.

Normal shape and size, measuring 5.35×3.19 cm in the sagittal plane. Cortical thickness measures 0.64 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

Normal shape and size, measuring 5.44×2.93 cm in the sagittal plane. Cortical thickness was not recorded. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

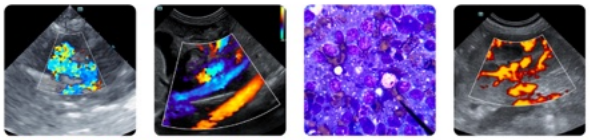
The left adrenal gland measures 0.70 cm at the cranial pole and 0.72 cm at the caudal pole in the sagittal plane. The right adrenal gland was not visualized.

Spleen

Splenic thickness measures 1.80 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

Assessment was limited to sagittal imaging of the left hepatic lobes. Additional coronal and subxiphoid views allowing evaluation of the right lateral, caudate, and right medial lobes were not available.
The visualized hepatic lobes are subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. The gallbladder, cystic duct, and common bile duct could not be evaluated.



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Gastrointestinal

The stomach contains ingesta. Gastric wall thickness measures 2.63 mm, with preserved wall layering. The jejunum measures 3.67 mm in wall thickness, with preserved wall layering. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 1.34 mm in wall thickness and contains formed feces within the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed.

The iliac trifurcation evaluated appears normal.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular intraluminal soft-tissue mass arising from the caudal urinary bladder wall.
- Mild to moderate echogenic urinary sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large, irregular, intraluminal soft-tissue mass arising from and contiguous with the urinary bladder wall is identified, occupying most of the caudal aspect of the bladder. This lesion represents a clinically significant structural abnormality and provides a clear explanation for the reported hematuria. The ultrasonographic appearance is highly suspicious for a primary bladder neoplasm, with transitional cell carcinoma being the leading differential diagnosis in an older dog. Other differentials, such as severe polypoid cystitis, are considered less likely given the size, irregularity, and extensive mural involvement of the lesion. Absence of ureteral dilation suggests that the ureterovesical junctions are not currently obstructed. No ultrasonographic evidence of renal involvement, upper urinary tract obstruction, or metastatic abdominal disease is identified on this examination.

Evaluation of the liver and biliary system is incomplete due to technical limitations, and therefore a disease to non-visualized hepatic lobes cannot be fully excluded.

Recommendations

- Definitive characterization of the bladder mass is recommended, with options including cystoscopy with biopsy, or surgical biopsy, depending on availability and patient stability.
- Advanced imaging (contrast-enhanced CT) is recommended for staging if neoplasia is confirmed or strongly suspected, to better assess local invasion and distant metastasis.

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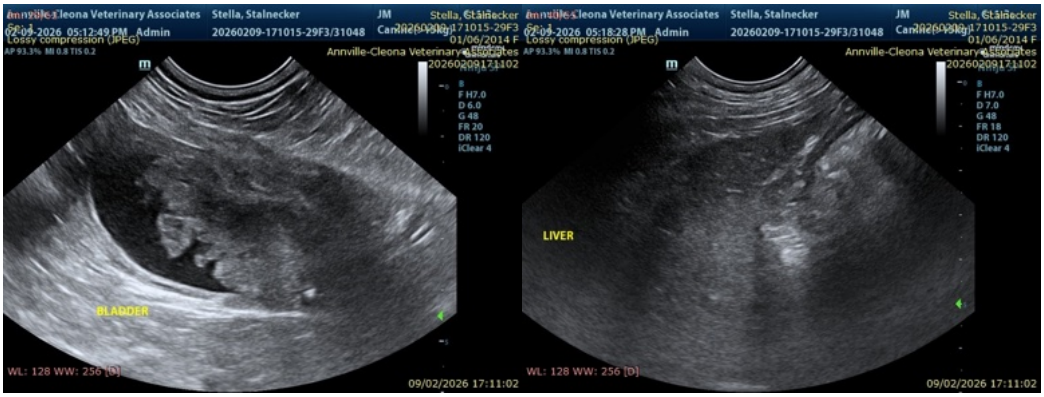
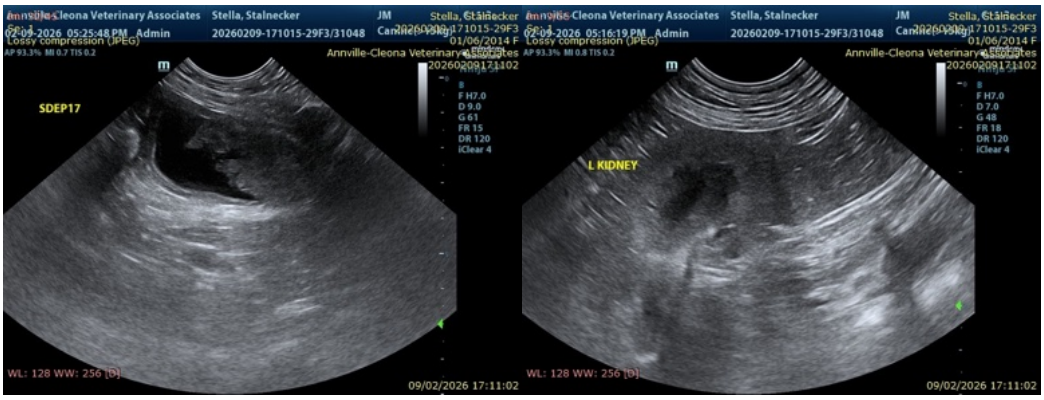
- Avoid traumatic urinary catheterization until neoplasia is further characterized, due to the risk of hemorrhage or tumor seeding.
- Correlate findings with ongoing urinalysis and clinical progression while awaiting definitive diagnosis.





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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.
MV Esp Ultrasound in Domestic and Wild Animals
info@SonoPath.com