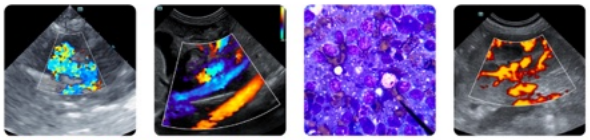


PATIENT

Lexi Oriolo

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

14 years

WEIGHT

56 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Ross

INVOICE

74875

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Weight loss, urinating blood,
Abnormal PE/Chem/CBC/UA Results: Blood pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended, which limits accurate wall assessment. The urine is turbid with floating hyperechoic material. Arising from the dorsal bladder wall, there is a heterogeneous intraluminal mass with irregular margins, occupying a moderate portion of the lumen. Due to underdistension, the proportion of luminal involvement is difficult to accurately assess. Doppler evaluation of vascularity was not performed. The bladder neck and proximal urethra appear normal.

The left kidney is normal in shape and size, measuring 6.71×3.46 cm, with a cortical thickness of 0.69 cm. The cortex is isoechoic relative to the liver. There are a few small cortical cysts measuring 2–3 mm. Corticomedullary definition is preserved. No pyelectasia or hydronephrosis is identified.
The right kidney is normal in shape and size, measuring 6.99×3.69 cm, with a cortical thickness of 0.70 cm. The cortex is isoechoic relative to the liver. Corticomedullary definition is preserved. No pyelectasia or hydronephrosis is identified.

Adrenal Glands

The left adrenal gland measures 0.65 cm at the cranial pole and 0.73 cm at the caudal pole (within normal limits for this size dog). The right adrenal gland is not visualized.

Spleen

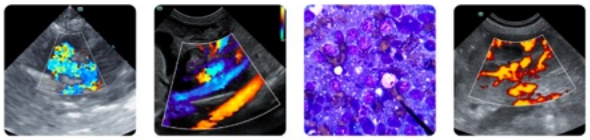
Splenic thickness is approximately 2 cm. Multiple hyperechoic nodules are present, particularly in the splenic hilum, the largest measuring 1.4×1.6 cm, compatible with myelolipoma-like lesions. The splenic capsule is smooth and vasculature appears normal.

Liver

The liver is subjectively normal in size and contour. The parenchyma is overall homogeneous and isoechoic relative to falciform fat. Several small hypoechoic foci (~1 cm) are identified in the left lobes. No hepatic lymphadenopathy is observed.

Gallbladder
The gallbladder is normally distended, with a thin wall and a moderate amount of biliary sludge. No biliary duct dilation is observed.

Gastrointestinal



PATIENT

Lexi Oriolo

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

14 years

WEIGHT

56 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Ross

INVOICE

74875

DATE

4/27/26

The stomach is empty and folded, with a wall thickness of 3.79 mm and preserved layering.
Jejunum measures up to 4.31 mm, with normal wall layering.
No evidence of obstruction, ileus, or foreign material is identified. The colon appears within normal limits.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Heterogeneous intraluminal urinary bladder mass arising from the dorsal wall
- Turbid urine with suspended echogenic material

SECONDARY FINDINGS

- Multiple splenic hyperechoic nodules (myelolipoma-like).
- Small hypoechoic hepatic foci (~1 cm).
- Mild gallbladder sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is a intraluminal urinary bladder mass with irregular margins, arising from the dorsal wall. Despite the bladder being underdistended, the lesion clearly occupies a substantial portion of the lumen and demonstrates features highly suspicious for neoplasia.

In an older dog presenting hematuria and weight loss, this appearance is most consistent with a urothelial (transitional cell) carcinoma, although other lesions (polypoid cystitis or less common tumor types) cannot be completely excluded on imaging alone. Lack of Doppler evaluation limits assessment of vascularity. The presence of turbid urine with echogenic debris is likely secondary to hemorrhage and/or inflammation associated with the mass.

The kidneys are structurally normal, with only small incidental cortical cysts, and there is no evidence of upper urinary tract involvement or obstruction.

The liver contains several small hypoechoic foci, which are nonspecific. In this clinical context, these may represent benign changes (nodular hyperplasia); although metastatic disease is considered less likely given their appearance and the liver being a less typical target organ for this tumor type, it cannot be completely excluded by ultrasound alone.

The spleen shows multiple hyperechoic nodules with features typical of myelolipomas or nodular

PATIENT

Lexi Oriolo

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

14 years

WEIGHT

56 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Ross

INVOICE

74875

DATE

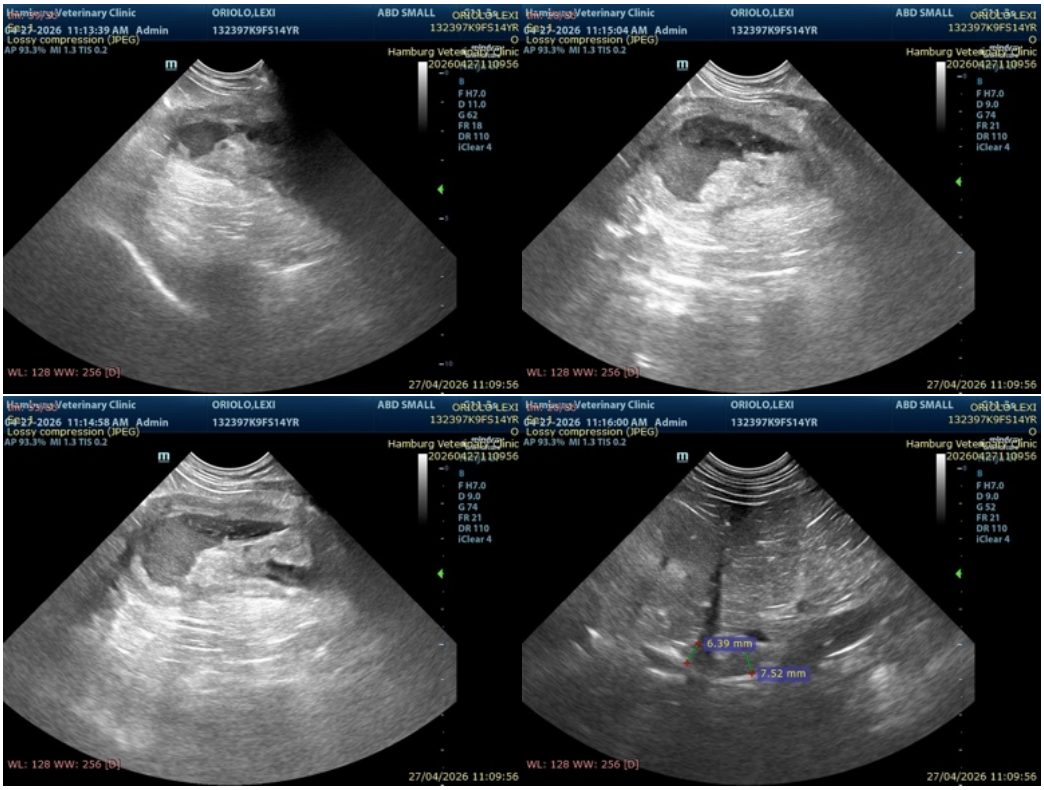
4/27/26

hyperplasia, which are common incidental findings in older dogs and are considered of low clinical concern in this context.

Recommendations

- Ultrasound-guided FNA or traumatic catheterization for cytologic evaluation of the bladder mass.
- Consider urine cytology or BRAF testing (CADET BRAF) to support diagnosis of TCC.
- Thoracic imaging (if not already performed) for staging.
- Referral to oncology for treatment planning (NSAIDs, chemotherapy, or palliative options).

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



PATIENT

Lexi Oriolo

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

14 years

WEIGHT

56 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

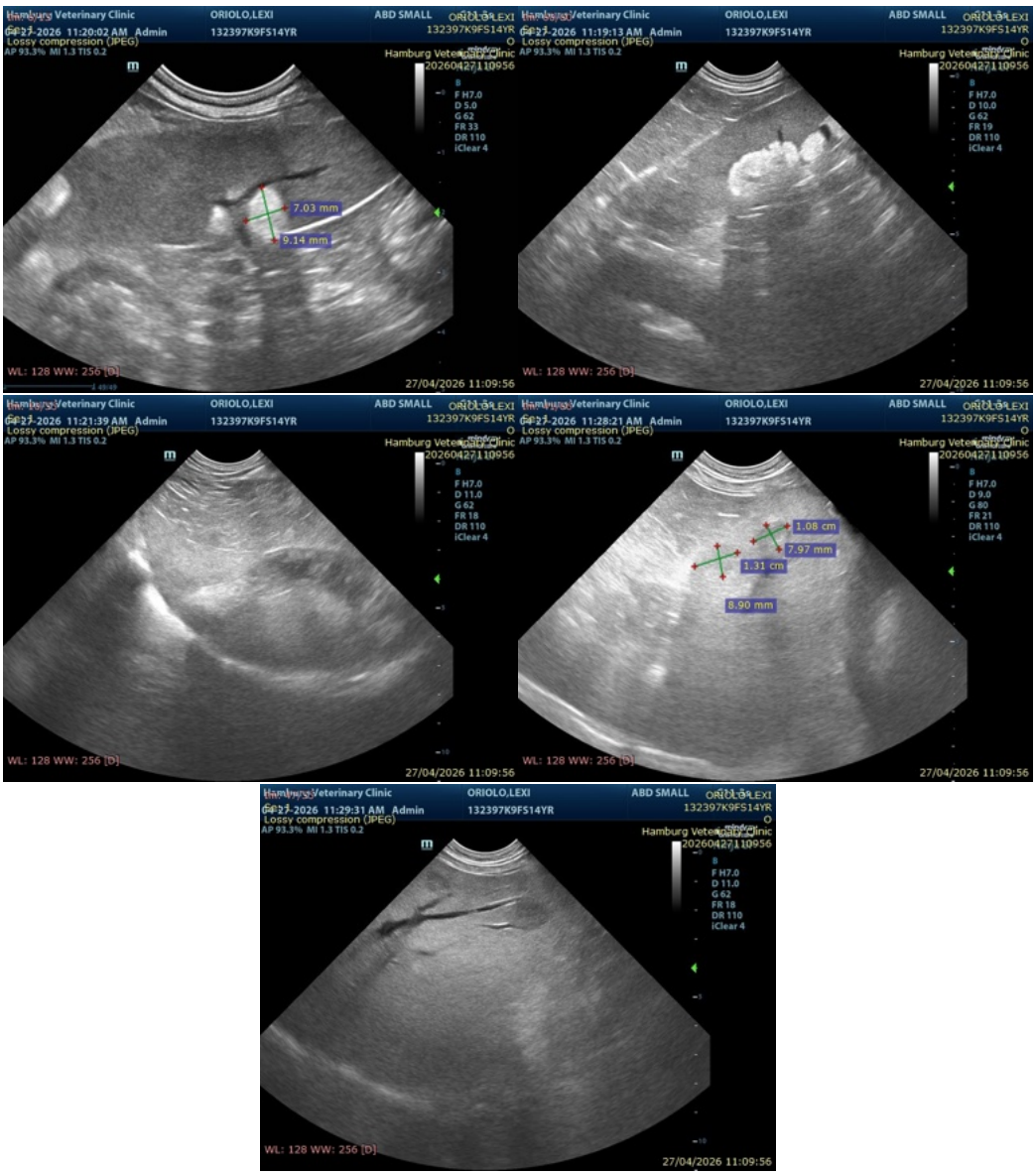
Dr. Ross

INVOICE

74875

DATE

4/27/26



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.

info@SonoPath.com