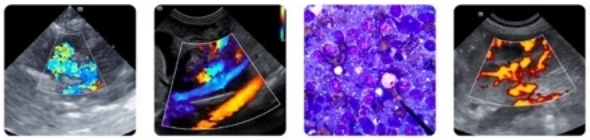


PATIENT

Diamond Fike

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

5 years

WEIGHT

82.13 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Cecelia Fisher

HOSPITAL NAME

Cape Coral Pet Vet

REFERRING VET

Dr. Vickers

INVOICE

74161

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Mast cell tumor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thickened (7.98 mm) and irregular along the cranial aspect. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified.

The left kidney is normal in shape and size, measuring 6.68×3.34 cm in the sagittal plane. Cortical thickness is 0.50 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 6.22×3.25 cm in the sagittal plane. Cortical thickness is 0.45 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland is not confidently visualized. The right adrenal gland measures 0.60 cm at the cranial pole and 0.69 cm at the caudal pole, within expected limits for a dog of this size (generally ≤0.7 cm).

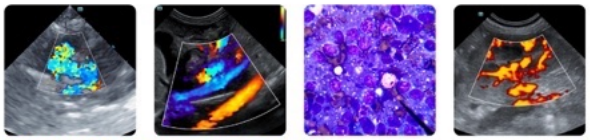
Spleen

Splenic thickness is 2.05 cm, with mildly rounded margins. The parenchyma demonstrates mildly heterogeneous echogenicity with a coarse echotexture. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is adequately distended. The wall is thin and regular. The luminal contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach contains gas and ingesta, with a wall thickness of 2.25 mm and preserved layering.

Duodenum: 2.86 mm. Jejunum: 3.65 mm, with preserved wall layering. No evidence of ileus, obstruction, or focal inflammatory change is identified.

Colon: 1.21 mm, containing formed fecal material.

Pancreas

The evaluated pancreatic areas 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 appears normal.

PRIMARY FINDINGS

- Marked focal urinary bladder wall thickening (7.98 mm) with irregular contour.
- Mild splenic enlargement with heterogeneous, coarse echotexture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder demonstrates focal wall thickening along the cranial aspect (up to 7.98 mm). While this measurement is markedly above expected values for a distended bladder (typically ≤2–3 mm), the lesion is not clearly mass-forming or protruding into the lumen.

Given its cranial location and sonographic appearance, this finding is considered most consistent with focal cystitis or mural inflammatory change, although infiltrative disease cannot be completely ruled out based on ultrasound alone.

The spleen shows mild enlargement with a coarse, mild heterogeneous echotexture. In dogs with mast cell tumors, splenic changes may represent reactive hyperplasia, extramedullary hematopoiesis, or infiltrative disease (including mast cell infiltration). The absence of discrete nodules does not exclude diffuse infiltration.

The remainder of the abdominal study is unremarkable, with no evidence of abdominal lymphadenomegaly or other metastatic lesions identified on ultrasound.

Recommendations

- Further evaluation of the urinary bladder lesion is strongly recommended:
  - Urinalysis and urine culture.
  - Urine cytology.

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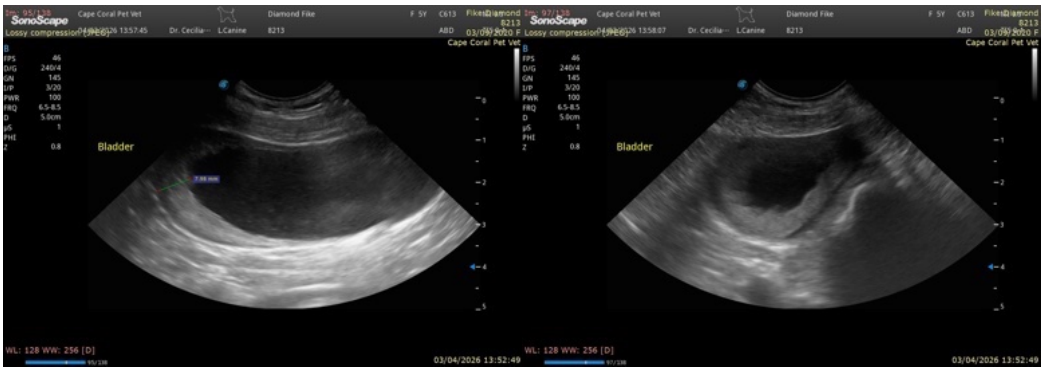
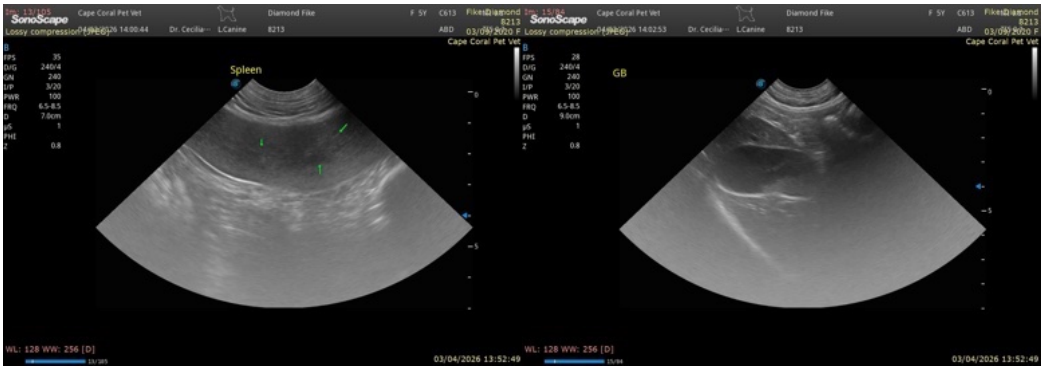
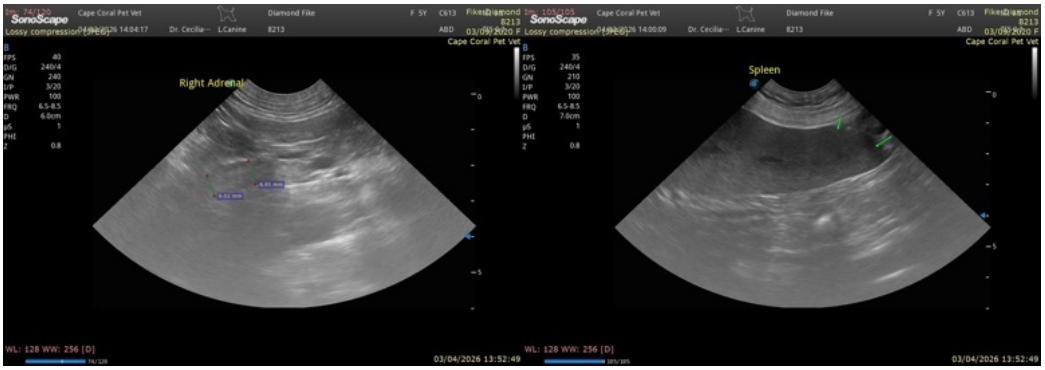
- Given the history of mast cell tumor and the mildly heterogeneous splenic appearance, fine-needle aspiration of the spleen may be considered as part of staging, recognizing that mast cell infiltration can be present even in the absence of ultrasonographic changes.

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







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.

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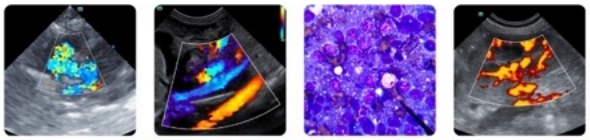

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