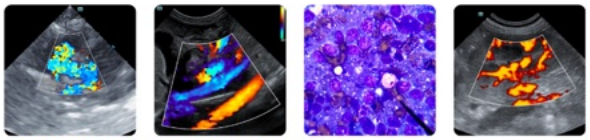


PATIENT

Riley Boudria

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

75328

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Past few weeks PU/PD and urinating on bed.
Splenomegaly on exam Labwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. Along the dorsal bladder wall, there is a focal irregular mural thickening measuring approximately 2.71 cm in length and up to 1.46 cm in thickness, protruding into the urinary bladder lumen. Mild associated hyperechoic intraluminal echoes/debris are also present.

The left kidney is normal in shape and size, measuring 7.74×3.80 cm, with a cortical thickness of 0.70 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 7.92×3.97 cm, with a cortical thickness of 0.69 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity similar to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Prostate

The prostate measures 2.56×1.73 cm, is small and mildly hypoechoic, compatible with post-castration atrophy.

Adrenal Glands

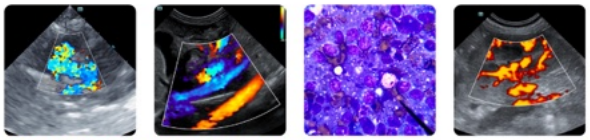
The left adrenal gland measures 0.56 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measures is not confidently visualized.

Spleen

Splenic thickness measures approximately 4 cm, with mildly rounded margins. The splenic parenchyma is mildly diffusely hyperechoic relative to the hepatic and renal parenchyma and demonstrates a mildly coarse echotexture. Multiple small hypoechoic foci are present, measuring up to approximately 5.46×3.39 mm. No discrete splenic mass is identified. 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 appears homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.



PATIENT

Riley Boudria

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

75328

DATE

5/11/26

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

Gastrointestinal Tract

The stomach contains ingesta, with mural thickness measuring 2.71 mm and preserved wall layering. The duodenum measures 3.18 mm in thickness. The jejunum measures 3.46-3.58 mm in thickness, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon contains formed fecal material within the descending segment.

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

- Focal irregular dorsal urinary bladder wall mass-like thickening protruding into the lumen
- Mild intraluminal urinary debris
- Moderate splenomegaly with mildly coarse echotexture and multiple small hypoechoic splenic focus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is a focal irregular dorsal urinary bladder wall thickening/mass-like lesion protruding into the bladder lumen. The appearance is highly concerning for a proliferative urinary bladder lesion. Differential diagnoses include transitional cell carcinoma/urothelial carcinoma, or focal inflammatory lesion.

Given the focal irregular mural proliferation and intraluminal extension, neoplasia is considered a major differential diagnosis, although severe focal inflammatory disease cannot be completely excluded sonographically.

The spleen is moderately enlarged with mildly rounded margins, diffuse coarse echotexture, and multiple small hypoechoic focus. In dogs, this pattern most commonly reflects benign/reactive nodular hyperplasia, extramedullary hematopoiesis, congestion, or nonspecific chronic splenic change. Diffuse infiltrative disease is considered less likely in the absence of discrete mass lesions or abdominal lymphadenopathy, although it cannot be entirely excluded sonographically.

PATIENT

Riley Boudria

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

75328

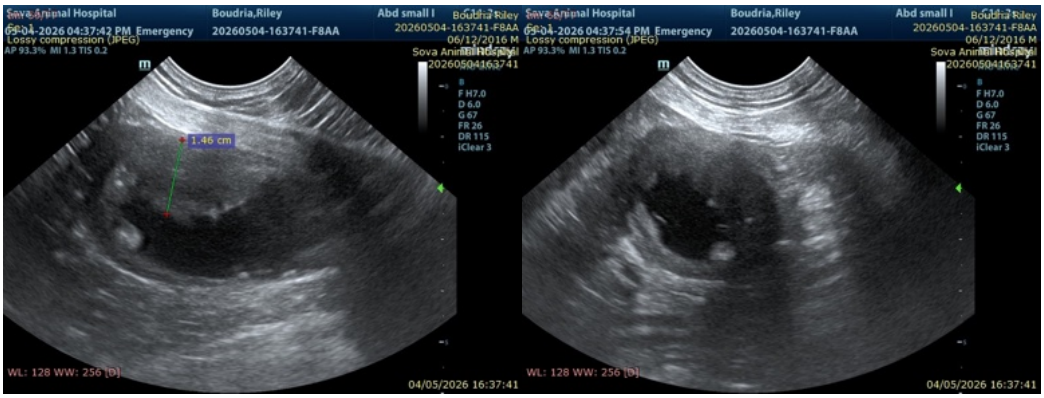
DATE

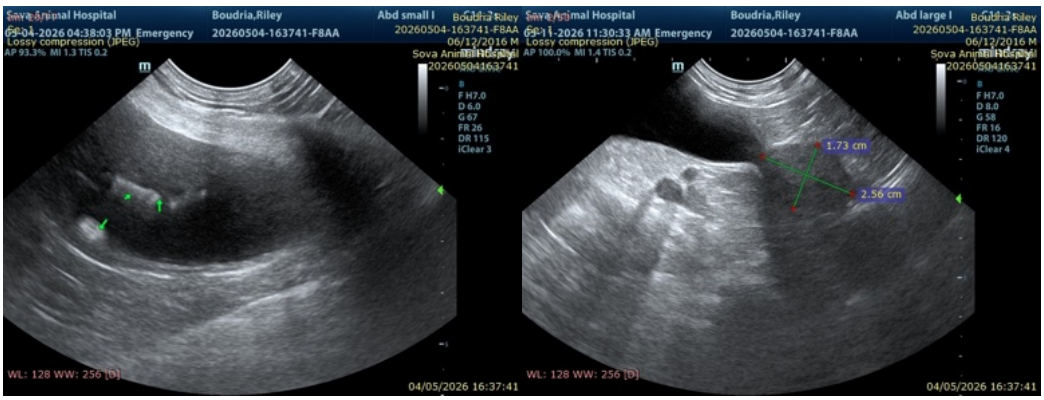
5/11/26

Recommendations

- Correlation with a complete urinalysis is recommended if not already performed.
- CADET BRAF testing may be considered, particularly if transitional cell carcinoma/urothelial carcinoma is clinically suspected.
- Cystoscopic evaluation and/or tissue sampling is recommended for definitive diagnosis if clinically feasible.
- Clinical and ultrasonographic monitoring of the splenic changes may be reasonable if laboratory findings remain unremarkable and no systemic signs develop.

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

Riley Boudria

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova

REFERRING VET

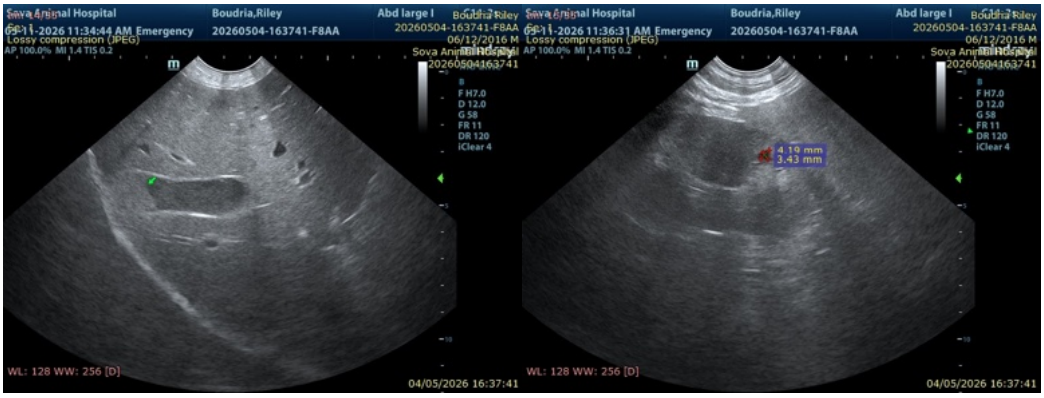
Dr. Ammeraal

INVOICE

75328

DATE

5/11/26



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