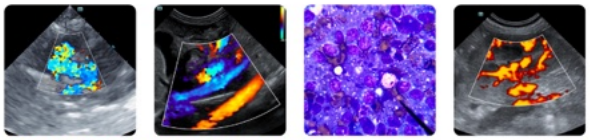

PATIENT

Blaze Barnhart

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Neutered male

AGE

11 years

WEIGHT

67 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K Vet AC

REFERRING VET

Dr. Hougentogler

INVOICE

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6/2/26

PRESENTING CLINICAL SIGNS

History: What were the organs/areas of interest? _Bladder; liver; spleen_
Please summarize the patient's history and clinical signs that prompted this ultrasound exam _Patient had recent episodes of urinary accidents; urinalysis showed hematuria; x-rays showed mineralization in the bladder; patient was treated with Amoxicillin but problem remained_
Please summarize the physical exam findings for this patient.
BAR; BCS - 7/9; no other significant findings on exam
Please describe any prior treatment for the current clinical signs and its effectiveness.
Amoxicillin - Did not help
Please summarize the sonographer's impressions for this exam: Mineralized mass on dorsal aspect of bladder well near the trigone; large solitary cyst in the liver on the cranio-dorsal region
What clinical question/concern you would like answered with this study? DVM only to fill out if applicable
_Tumor in bladder likely TCC? Any concerns for cystic lesion in the liver? _
Please list any differential diagnoses you would like us to comment on.DVM only to fill out if applicable
Transitional Cell Carcinoma; benign bladder mass; hepatic cyst; metastasis
Abnormal PE/Chem/CBC/UA Results: _hematuria; mineralization in the bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. Arising from the dorsal caudal bladder wall is a large irregular broad-based heterogeneous soft tissue mass measuring approximately 5.10×2.01 cm. Multifocal intralesional mineralized foci are present, producing distal acoustic shadowing. The lesion extends into the bladder neck/trigonal region and occupies a substantial portion of the caudal bladder lumen. The urine contains a small amount of echogenic suspended material. No free intraluminal calculi are identified.

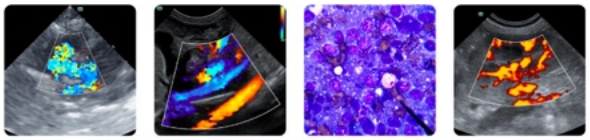
The left kidney is normal in shape and size, measuring 6.20×3.39 cm, with a cortical thickness of 0.54 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 6.48×3.62 cm, with a cortical thickness of 0.48 cm in the sagittal plane.

Both kidneys demonstrate cortical echogenicity isoechoic to the liver, with preserved corticomedullary definition and normal corticomedullary ratio. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation is unremarkable.

Prostate Gland

The prostate gland is small, measuring approximately 2.09 × 2.13 cm. The parenchyma is mildly hypoechoic and contains a few small mineralized foci. No prostatic enlargement, cystic change, or mass lesion is identified.



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Adrenal Glands

The left adrenal gland is markedly enlarged, measuring approximately **1.50 cm** in dorsoventral dimension at the caudal pole. The cranial pole is not confidently visualized.

The right adrenal gland is not confidently identified.

Spleen

Splenic thickness is 2.45 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is mildly enlarged, with rounded margins and a regular contour. The hepatic parenchyma demonstrates a mildly coarse, patchy echotexture and is isoechoic relative to the falciform fat.

A well-defined thin-walled anechoic cyst measuring approximately 4.38×5.04 cm is identified within the cranial dorsal hepatic parenchyma. Distal acoustic enhancement is present. No septations, mural nodules, or other complex features are identified.

No hepatic lymphadenopathy is observed.

Gallbladder

The gallbladder is normally distended. The wall demonstrates changes consistent with mucosal (mucinous gland) hyperplasia. A moderate amount of biliary sludge is present. No evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 2.56 mm and preserved wall layering.

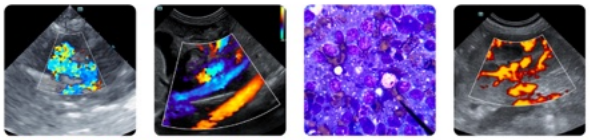
The duodenum measures 3.62 mm and the jejunum measures 3.67–3.81 mm. Wall layering is preserved throughout the examined small intestine.

No sonographic evidence of gastrointestinal obstruction, foreign material, inflammatory change, or infiltrative intestinal disease is identified.

The colon is diffusely filled with fecal material throughout its evaluated length and measures approximately 0.95 mm in wall thickness.

Pancreas

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



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Free Abdomen

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

PRIMARY FINDINGS

- Large mineralized urinary bladder mass (5.10 × 2.01 cm) arising from the dorsal caudal bladder wall and extending into the bladder neck/trigonal region.
- Marked left adrenal enlargement at the caudal pole.

SECONDARY FINDINGS

- Mild hepatomegaly with coarse hepatic echotexture.
- Large simple hepatic cyst (4.38 × 5.04 cm).
- Gallbladder mucosal hyperplasia with moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large irregular mineralized urinary bladder mass arises from the dorsal caudal bladder wall and extends into the bladder trigonal region. The ultrasonographic appearance, lesion location, associated mural mineralization, persistent hematuria, and lack of response to antimicrobial therapy are highly suspicious for urothelial carcinoma (transitional cell carcinoma). Other bladder neoplasms or polypoid cystitis and are considered less likely differential diagnoses.
The lesion occupies a substantial portion of the caudal bladder lumen; however, there is currently no sonographic evidence of complete urinary outflow obstruction, ureteral obstruction, hydronephrosis, regional lymphadenopathy, or abdominal metastatic disease.

Small prostatic mineralizations are present and are considered most consistent with chronic involutional and/or fibrotic change associated with castration status.

Marked enlargement of the left adrenal gland is present. Differential considerations include adrenal hyperplasia, or adrenal adenoma. Correlation with clinical findings and endocrine testing is recommended.

Mild hepatomegaly with coarse hepatic echotexture, gallbladder mucosal hyperplasia, and moderate biliary sludge are present. These findings are nonspecific but may be associated with chronic hepatobiliary disease, vacuolar hepatopathy, or endocrinopathy.

A large hepatic cyst demonstrates benign ultrasonographic characteristics consistent with a simple hepatic cyst and is considered an incidental finding.

Recommendations

- CADET BRAF testing, cystoscopic biopsy, traumatic catheterization cytology, or tissue biopsy is recommended for definitive diagnosis of the urinary bladder mass.
- Complete oncologic staging, including three-view thoracic radiographs (if not already

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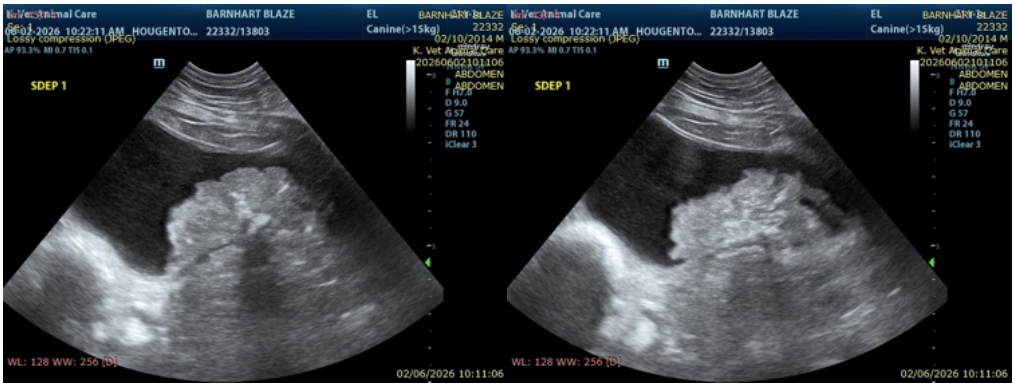
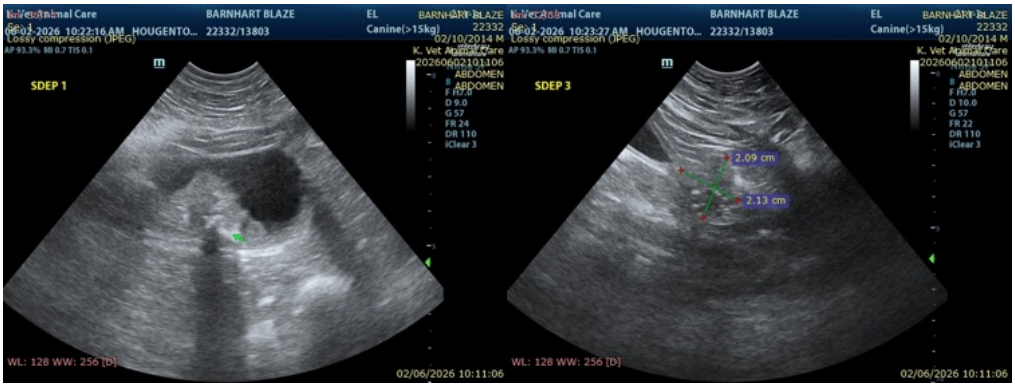
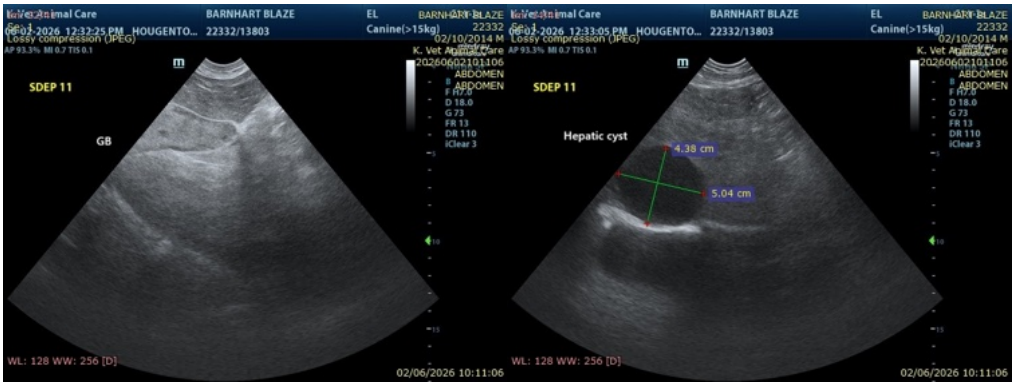
performed), is recommended.

- Periodic monitoring of the kidneys and ureters is advised, as progression of trigonal/bladder neck tumors may result in secondary ureteral obstruction.
- Consider endocrine evaluation (ACTH stimulation test or low-dose dexamethasone suppression test) if clinically indicated given the marked left adrenal enlargement and concurrent hepatobiliary 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.







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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