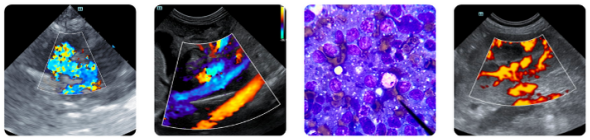


PATIENT

Sadie Biddle

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

8 years

WEIGHT

26 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. VIllarreal

INVOICE

11335

DATE

2/18/2026

PRESENTING CLINICAL SIGNS

- Metastasis check prior to referral to oncologist.
- Previous AUS attached from when urinary bladder tumor is first diagnosed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents. Along the apical wall is a solitary heterogenous, echogenic mass lesion measuring approximately 2.9 cm long x 1.6 cm thick. Additionally, along the trigone extending into the proximal urethra, is an at least 2.5 cm long x 1.0 cm thick heterogenous, irregular, echogenic density. The proximal urethra is thick and irregular, as far as can be seen in these images at this time.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed. Trace pyelectasia is noted bilaterally. Left kidney is small in size and measures 3.95 cm. The right kidney is normal in size, and measures 5.11 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.47 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.61 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

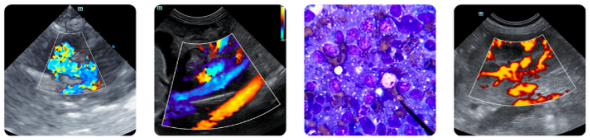
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal lesions except for an approximately 2.0 cm x 2.4 cm mildly heterogenous, largely hypoechoic non-capsular disrupting mass mid-spleen and a second similar appearing but smaller density near the cranial aspect of the spleen measuring approximately 1.0 cm x 0.8 cm in size. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder changes are concerning for infiltrative neoplasia such as uroepithelial neoplasia versus other. A benign inflammatory process/cystitis cannot be ruled out but is considered less likely.
- Mild bilateral chronic kidney disease changes are noted with the bilateral pyelectasia possibly related to chronic kidney disease versus ascending infection versus partial obstruction from the mass.
- The splenic mass/masses could represent benign changes such as cysts, hematomas, extramedullary hematopoiesis, other. Although infiltrative neoplasia or even metastatic lesions can't be ruled out without tissue sampling.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder/prostate cancer, could

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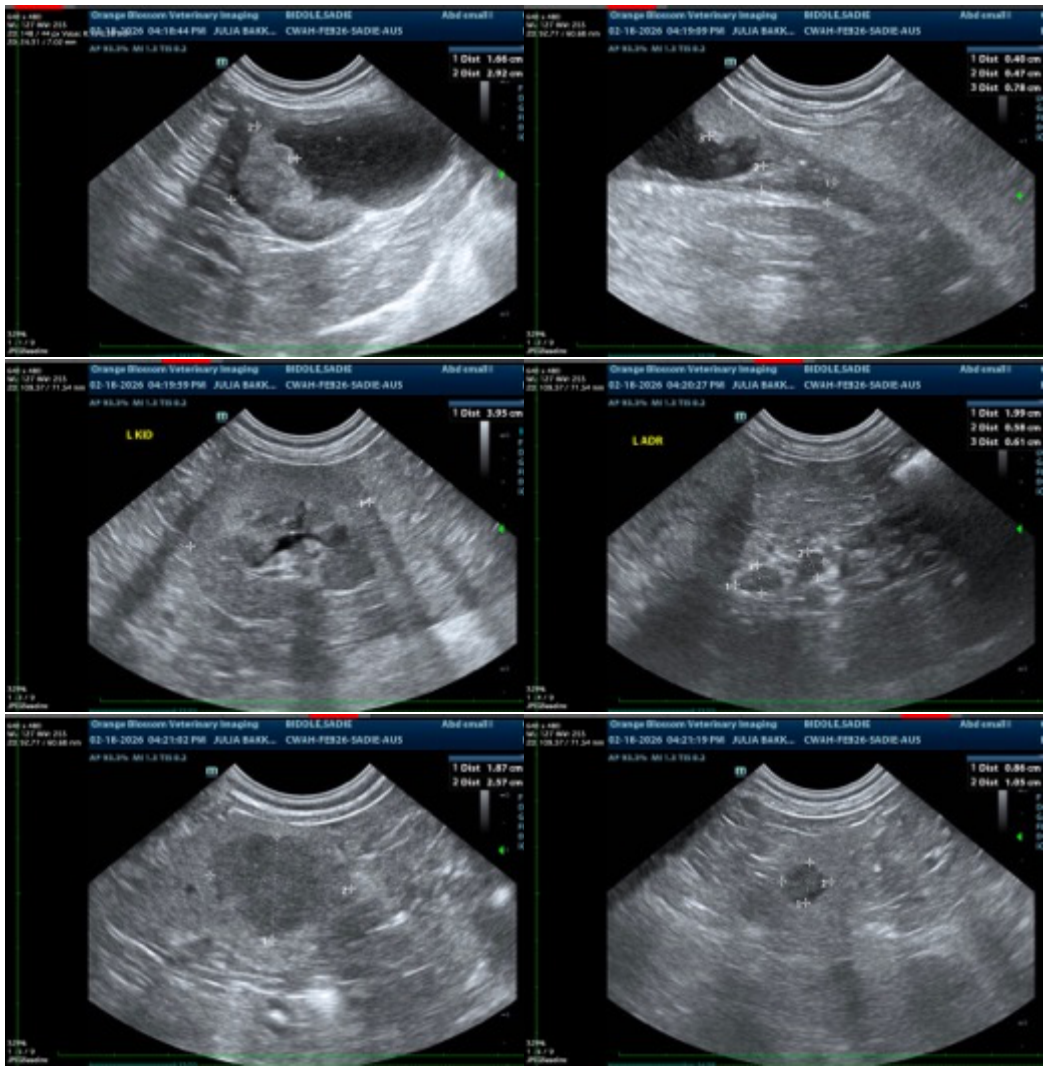
be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling. In the meantime, empirical therapy with a broad-spectrum antibiotic (or ideally an antibiotic based on culture and sensitivity results) as well as an anti-inflammatory (unless otherwise contraindicated based on patient co-morbidities) may begin to help alleviate clinical signs.

It'd be a little be unusual to have metastatic lesions within the spleen, prior to lymphadenopathy, however not impossible. Therefore, additionally, fine needle aspirates of the splenic masses is recommended if patient's coagulation status is appropriate. As is reportedly planned, consolation with a veterinary oncologist is recommended.

Subjectively, the appearance of these images and measurements is mildly progressive, both in the size of the splenic mass as well as the urinary bladder wall changes compared to the attached previously performed ultrasound.



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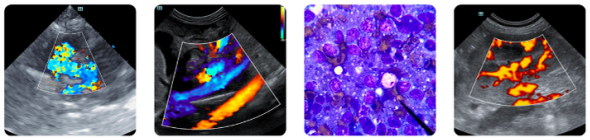

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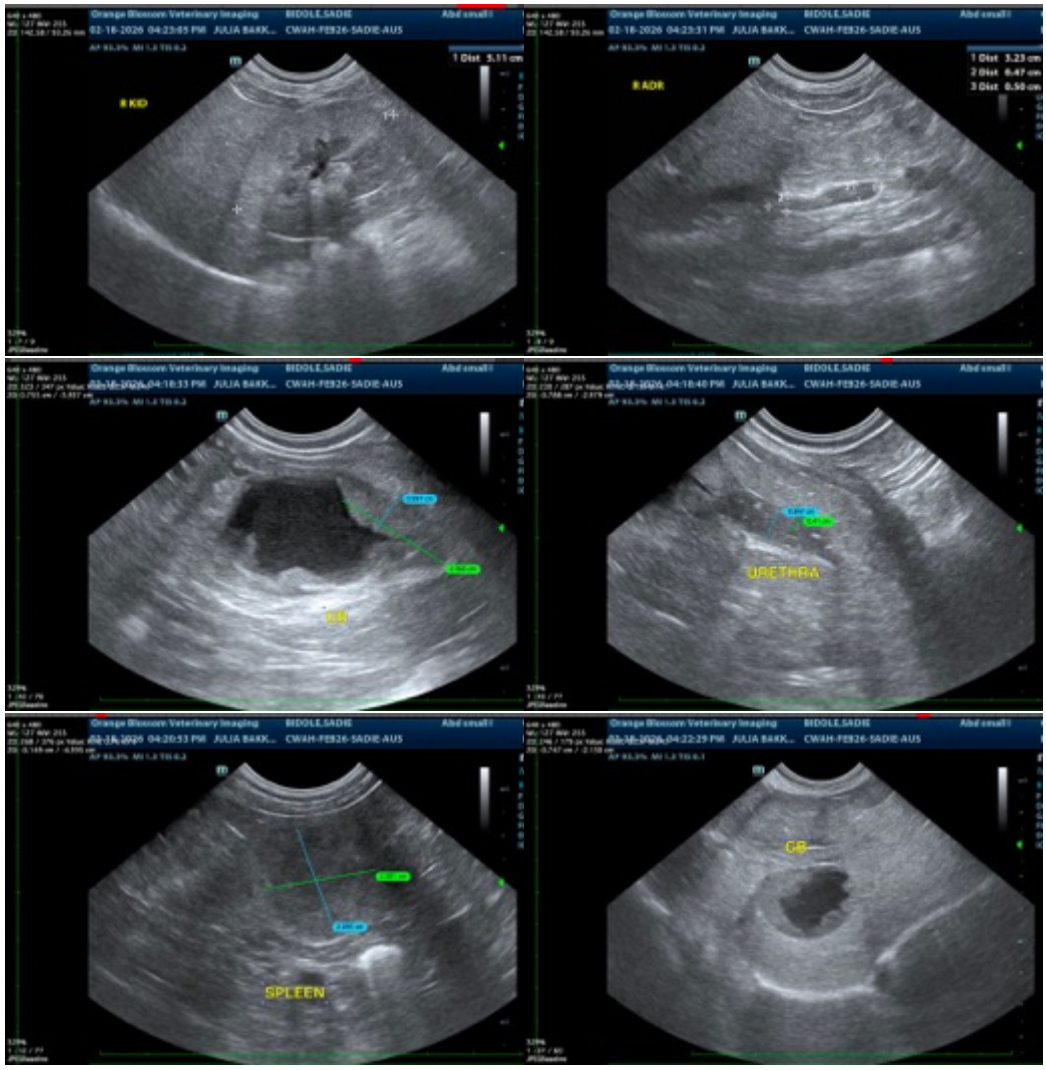

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com