



PATIENT

Ollie Kokotiuk

SPECIES

Canine

BREED

Bichon Frise x

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

9.5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

New Holand
Veterinary Hospital

INVOICE

73792

DATE

3/18/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate recurrent hematuria, Ca-Ox crystalluria. Hx of bladder polyp- confirmed on Bx, previous hematuria->cystotomy, April 2025. No reported straining to urinate. Previous ALP (231) elevated in 4/2025. Meds: Apoquel Diet: C/D MultiCare

Abnormal PE/Chem/CBC/UA Results: No recent BW - Urine Cystatin B: 59-n - UPC 0.4 - UA: USG 1.039, pH 6.0, Epi cells 3+ (6-10/hpf) H, Crystals CaOx 3+ H, Bld 3+, RBC 15-20/HPF H, inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not adequately distended for full evaluation of wall pathology and warrants reassessment of the wall, if possible, when fully distended. Having said that, the wall does appear thick and irregular along the apical portion, measuring 0.64 cm thick, with the lumen containing an approximately 1.3 cm x 2.1 cm in size, irregular, echogenic, partially mineralized, partially shadowing density that appears to be at least in part tissue originating from the wall, given suspected blood flow, etc. Having said that, mineral debris and mucus versus other i.e., blood clot, etc. can't be ruled out. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 4.41 cm. Right kidney measures 4.77 cm. Pinpoint non-obstructive mineral densities are noted bilaterally in the kidneys.

Adrenal Glands

The right adrenal gland is normal in size (0.92 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.55 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 nodules or masses are observed. 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.



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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

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.

PRIMARY FINDINGS

- As described above, the urinary bladder density could represent tissue with both benign inflammatory cystitis or polypoid cystitis with cystoliths as well as potentially mineralized infiltrative neoplasia being differentials. Reassessment after full distention, if possible, may be helpful.

SECONDARY FINDINGS

- Age related kidney changes with pinpoint non-obstructive mineral densities bilaterally.
- Mild 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

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 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



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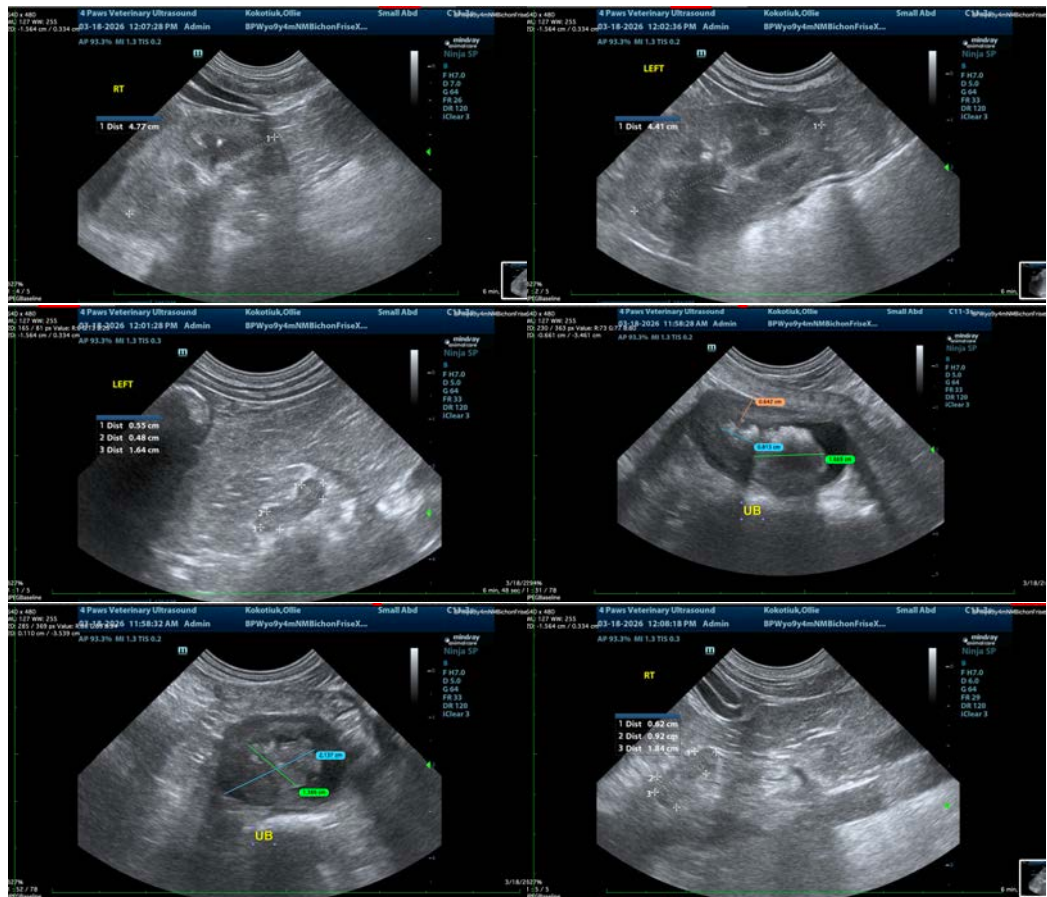
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results) as well as an anti-inflammatory (unless otherwise contraindicated based on patient comorbidities) may begin to help alleviate clinical signs.

Pending results, recheck cystoscopy may ultimately be indicated.



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
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