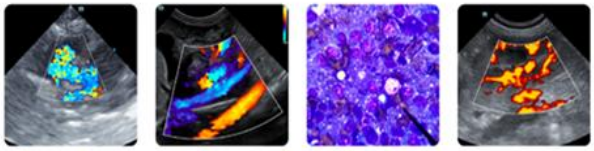


PATIENT

Mya Young

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10yr

WEIGHT

54kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr Brian Barnes

INVOICE

25000

DATE

06/01/2026

PRESENTING CLINICAL SIGNS

Suspect developing TCC ??

) Flat adrenals with Normal Cortisol values, Not Addisons

2) Subtly possibly thick urethra,

3) Unremarkable Blood work

4) Positive BTA 1/4 chance of false positive for TCC

Last AUS 2026

- Regional, variably thickened ventral urinary bladder wall
- Overtly normal trigone and cystourethral junction and visible proximal urethra
- Mild urine sediment

Abnormal PE/Chem/CBC/UA Results: Dec 2025, CBC: RBC 8.95 (N 5.65-8.87) RDW high MPV High Chem: WNL SDMA 9 (N 0-14) TT4 28 (N 13-51) Cortisol (adrenals look flat on AUS) 114.8 (Addison's unlikely if Value of cortisol is >48) PL 43 (N 0-200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.76-0.89 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Right kidney is normal in size (8.47 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (7.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Right adrenal gland is normal in size (0.68 cm at cranial pole and 0.57 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

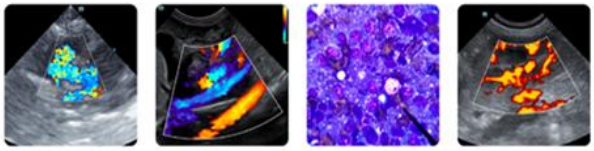
Left adrenal gland is normal in size (0.4 cm at cranial pole and 0.74 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

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



PATIENT

Mya Young

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10yr

WEIGHT

54kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr Brian Barnes

INVOICE

25000

DATE

06/01/2026

homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the urinary bladder wall today is consistent with chronic low-grade smoldering cystitis, although especially given historical changes, infiltrative neoplasia cannot be ruled out.

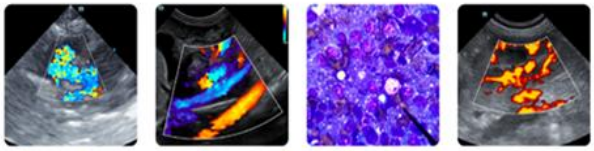
Secondary

- Hyperechoic splenic nodules - Monitor splenic nodules for changes in size and/or appearance, as myelolipomas typically remain unchanged, or fine needle aspirate of the spleen if patient's coagulation status is appropriate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If not recently evaluated, urinalysis, and if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
2. When any ongoing urinary tract infections or inflammatory changes in the urinary bladder are treated and have resolved, recheck submission of urine to look for BRAF gene mutation in an environment that may not be consistent with false positives can be considered. Ultimately, however, if a diagnosis is unable to be obtained without sampling, cystoscopy may be necessary for further visual evaluation and sampling for a definitive diagnosis.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mya Young

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10yr

WEIGHT

54kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

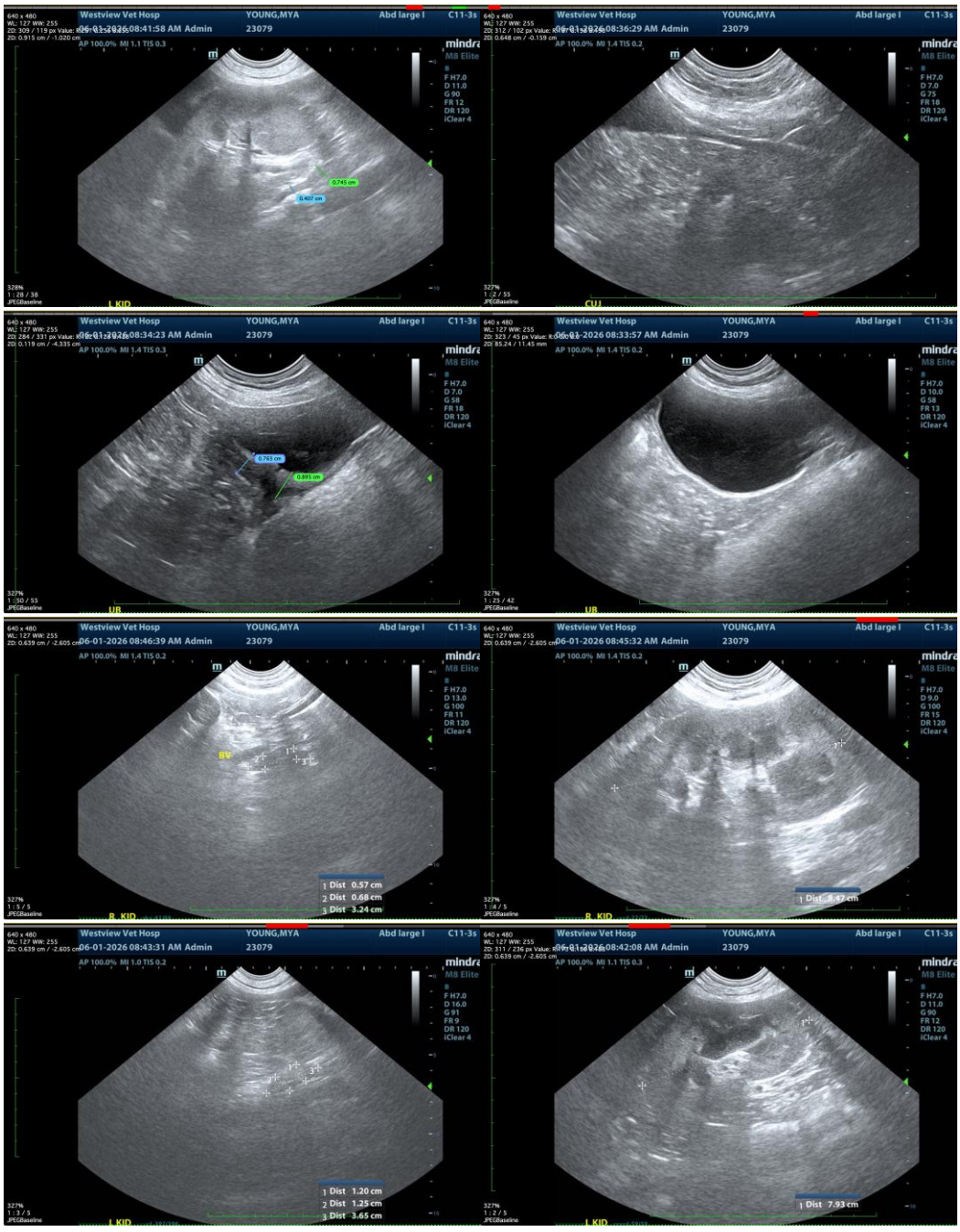
Dr Brian Barnes

INVOICE

25000

DATE

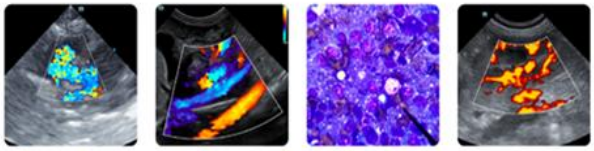
06/01/2026



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



PATIENT

Mya Young

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10yr

WEIGHT

54kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr Brian Barnes

INVOICE

25000

DATE

06/01/2026

info@SonoPath.com