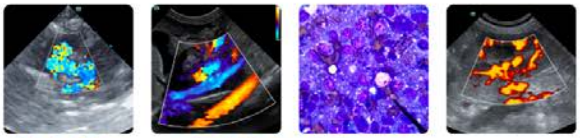


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Charlotte Viera

SPECIES

Canine

BREED

Cavalier

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove Veterinary Services

REFERRING VET

Dr. Ioannou

INVOICE

72285

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Heart: Grade IV/VI left apical systolic murmur. No arrhythmia.
- Oral cavity exam moderate periodontal disease. OU and AU grossly normal.
- Everything else WNL
- Owner noted last minute today that seems to have a urinary tract infection
- Current Medications - Ursodiol

Abnormal PE/Chem/CBC/UA Results: ALT 216 (18-121) was 232 ALP 335 (5-160) was 293 Lipase 402 (0-250) UPCR 0.1 (0-0.2) Urine SG 1.044, pH 6 TT4 21.2 (13-53) was 28.7 FT4 < 2.6 (9-47.6) was 30.9 Radiographic Findings No recent abdominal radiographs performed. Primary Question to Be Answered in This Exam Just a checkup to make sure there is nothing concerning happening that they are unaware of.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the area of the trigone there is a thickening of the urinary bladder wall protruding into the lumen, most consistent with a urinary bladder mass measuring 0.70 cm x 0.40 cm. The remainder of the urinary bladder wall is of normal thickness with normal wall layering. Urine is anechoic. There are no cystoliths visualized. A 2nd mass effect is visible in the neck of the urinary bladder measuring 0.60 cm x 0.58 cm.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Resolution of the left kidney is significantly limited by overlying gas-filled GI tract. Left measures 4.2 cm.

Visualization and resolution of the right kidney is severely limited, limiting assessment of organ structure and making measurement possibly inaccurate. Right measures approximately 4.35 cm.

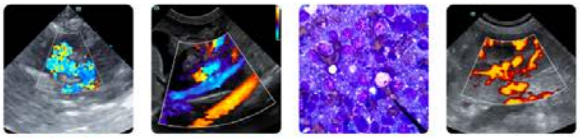
Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.87 cm in length x 0.64 cm at the caudal pole and 0.55 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 1.27 cm in length x 0.51 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.



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Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder masses.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder wall changes are most consistent with a bladder wall mass with transitional cell carcinoma being a top differential. Submission of urine for a CADET BRAF to confirm diagnosis is recommended. FNA could be attempted but has a risk of seeding neoplastic cells in the abdomen. This is the likely reason for lower urinary signs.

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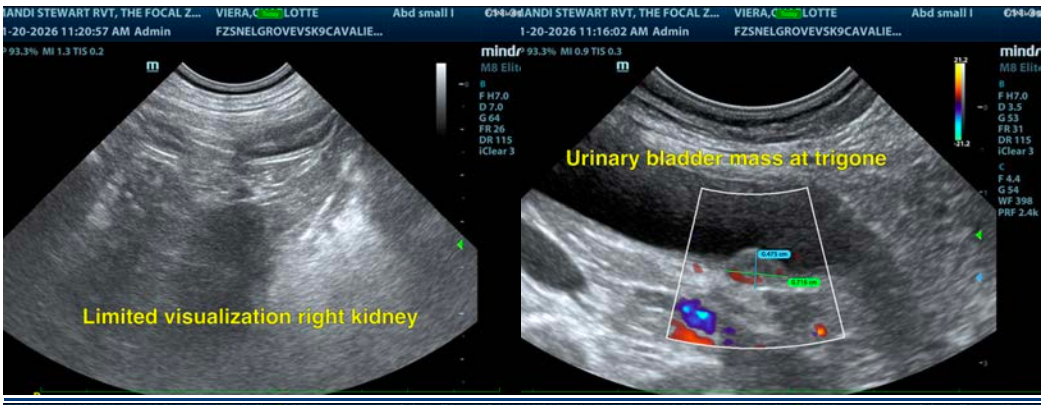

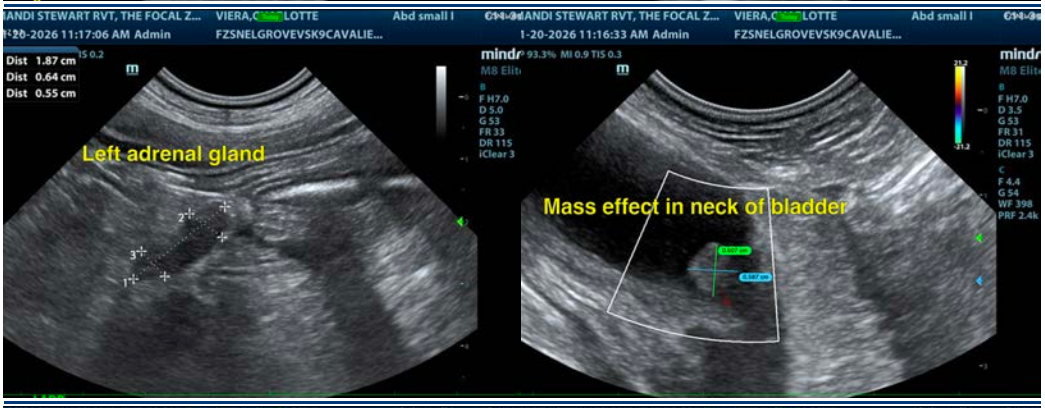

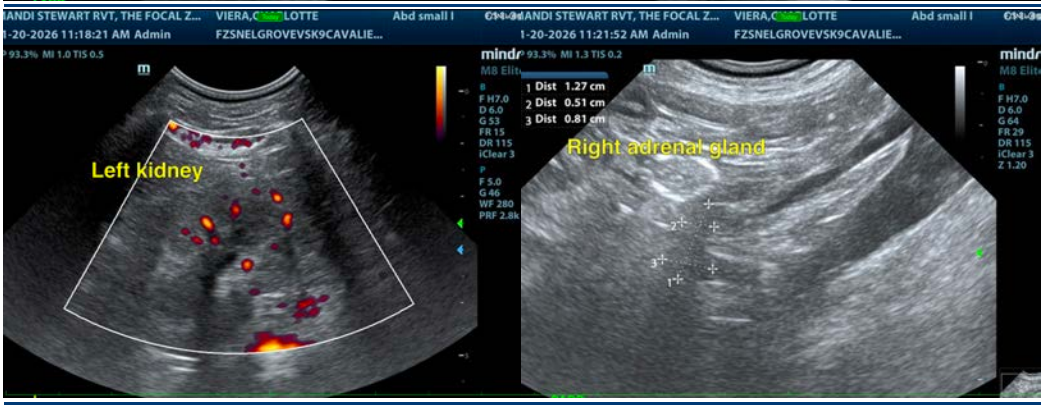

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com