



PATIENT

Kula Harley

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

15 Years

WEIGHT

21.1 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Allen

INVOICE

72058

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History of Renal Disease and Hypertension, controlled with Fortekor OA controlled with Librela inj Urinary incontinent since March 2023, that was controlled on Propalin SID. Urine accidents with urinary infection August 2025 (seen and treated at VEC) and again (at IVS- confirmed to be E.coli) November 2025, treated with Amoxi Clav. Confirmed infection cleared via urine culture (Dec 9 2025), and accidents resolved on treatment Urine accidents began again within 2 weeks of negative culture, and non-responsive to increase in Propalin to BID Current Medications Librela inj 15mg(Dec 29 2025), Fortekor 10mg BID, Propalin 0.3mg BID

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam Cause of urinary accidents- neoplasia?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There are two small, narrow-based spherical structures emerging from the ventral urinary bladder wall one measuring 0.50 cm x 0.50 cm, the other measuring 0.40 cm x 0.40 cm, most consistent with urinary bladder polyps. The remainder of the urinary bladder wall is of normal thickness with normal wall layering. Anechoic urine is visible. The ureters are not visible, which is normal. The area of the trigone appears normal.

Visible prostate is normal in size has uniform echotexture with no fluid accumulations, masses or other abnormalities.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. A cortical cyst is noted in the left kidney. Left measures 6.02 cm. Right measures 5.98 cm.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.15 cm x 0.61 cm at the caudal pole and 0.57 cm at the cranial pole.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 2.68 cm x 1.05 cm at the caudal pole and 1.2 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.

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.



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Gall bladder is moderately distended. The gallbladder wall is diffusely thickened, measuring up to 0.36 cm in thickness with a slightly irregular luminal mucosal layer. Bile is anechoic. Common bile duct is non-distended and tapers normally.

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Gastrointestinal

The stomach contains a small amount of gas and ingesta. 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.

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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.

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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.

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Pancreas

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

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Two urinary bladder masses, most consistent with benign polyps.
- Gallbladder wall thickening.
- Degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder wall changes are most consistent with a bladder wall mass with a benign polyp being considered most likely based on appearance and location. Transitional cell carcinoma cannot be definitively ruled out and submission of urine for a CADET BRAF to further investigate is recommended. FNA could be attempted. Even if benign, these lesions may be predisposing to recurrent urinary tract infections and contributing to lower urinary signs if causing irritation.

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The clinical significance of gallbladder wall thickening is uncertain. It may represent cholangiohepatitis, but in the absence of bloodwork changes or associated clinical signs, this is likely an incidental finding and may be an age related or chronic change.

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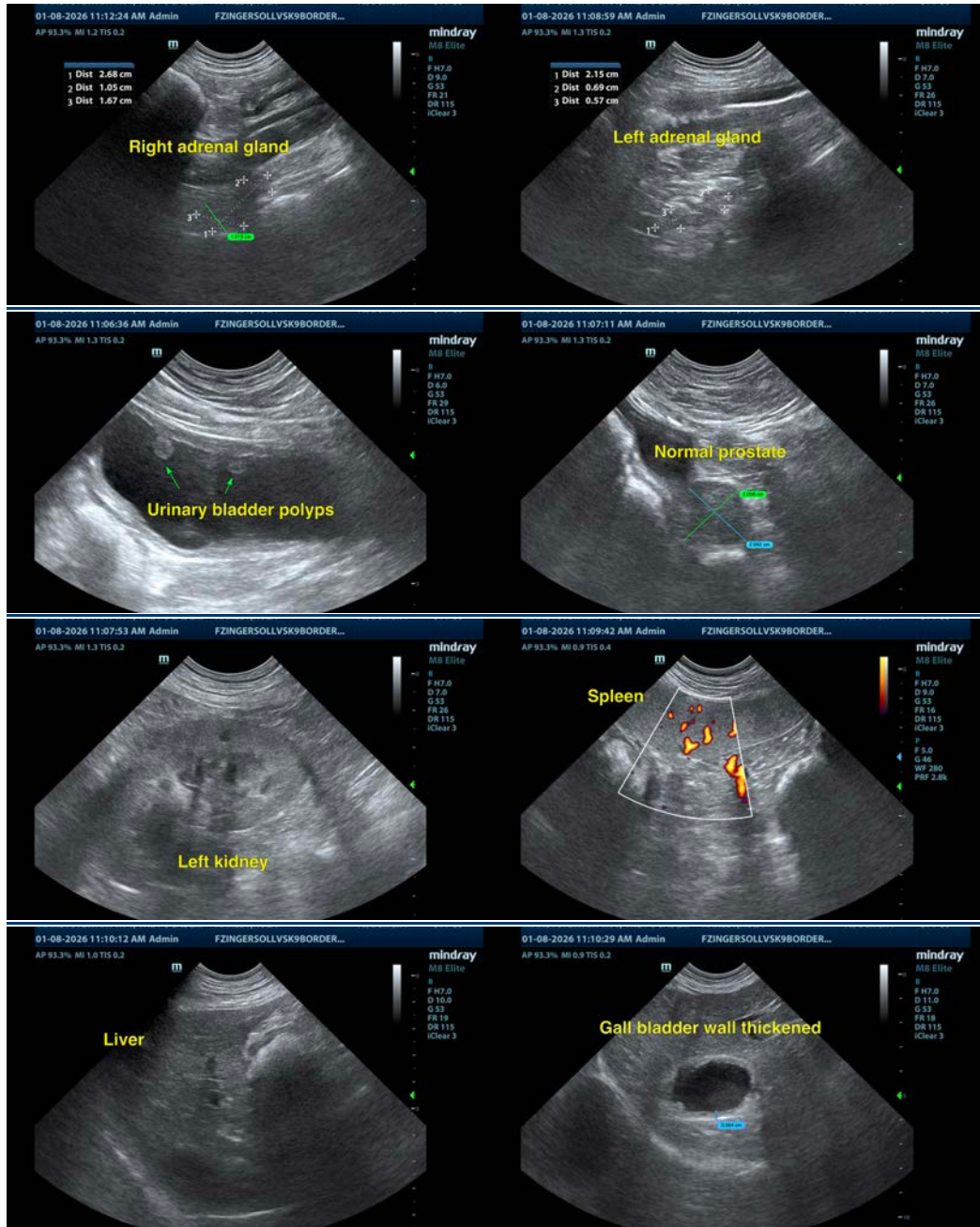
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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