



## PATIENT

Nanika Burgos

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed Female

## AGE

5 Years 10 Months

## WEIGHT

51.2 pounds

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dra. Nicole Gonzalez

## INVOICE

12680

## DATE

12/15/25

## PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate hematuria, urinary incontinence and stranguria. Patient present to rDVM for 3rd opinion regarding hematuria. Strictly on RC Urinary SO and multiple courses of antibiotics with no resolution. Radiographs and AFAST previously performed at other clinics with no significant findings.

Abnormal PE/Chem/CBC/UA Results: Previous BW attached as supporting documents.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with generally anechoic urine. There are multiple small masses along the apical surface of the bladder and a large irregular mass encompassing the trigone and extending into and around the neck of the urinary bladder. A dilated tubular structure consistent with a ureter is visible at the level of the trigone.

The kidneys were bilaterally subjectively enlarged. They have normal corticomedullary definition. Both renal pelvises are significantly dilated with the left measuring 0.94 cm and the right measuring 1.4 cm. The ureters are bilaterally severely dilated. The right kidney measured 8.25 cm in length. The left kidney measured 7.21 cm in length.

### Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.09 cm in length and 0.58 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 2.02 cm in length and 0.59 cm at the cranial pole and 0.51 cm at the caudal pole.

### Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 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. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

### Gastrointestinal

The stomach contains gas shadowing partially obstructing visualization of contents with no overt distention. It measures at a normal thickness with some variability due to the presence of rugal folds.



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The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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 base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

### Lymph Nodes

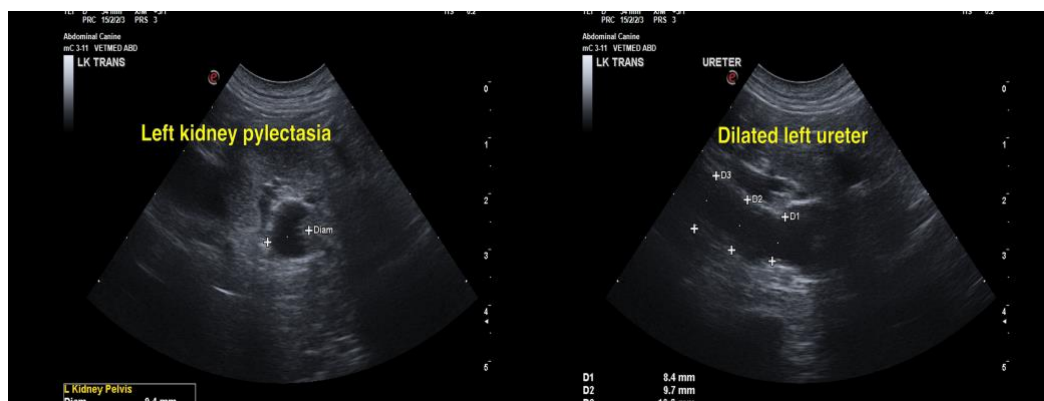
No clinically significant lymphadenopathy or abnormalities noted.

## ULTRASONOGRAPHIC FINDINGS

- Large urinary bladder mass causing apparent bilateral ureteral obstruction as subsequent hydronephrosis with multiple smaller masses within the urinary bladder wall.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is the likely cause of reported lower urinary signs. It appears to be causing an obstructive uropathy with bilateral pyelectasia and ureteral dilation. Transitional cell carcinoma is the most common neoplasm found in this area and is the most likely diagnosis in this case. Unfortunately, given the extent of the mass and bilateral nature of ureteral blockage and the involvement of the trigone, this is not likely surgically resectable. Consultation with a veterinary surgeon and veterinary oncologist is encouraged.





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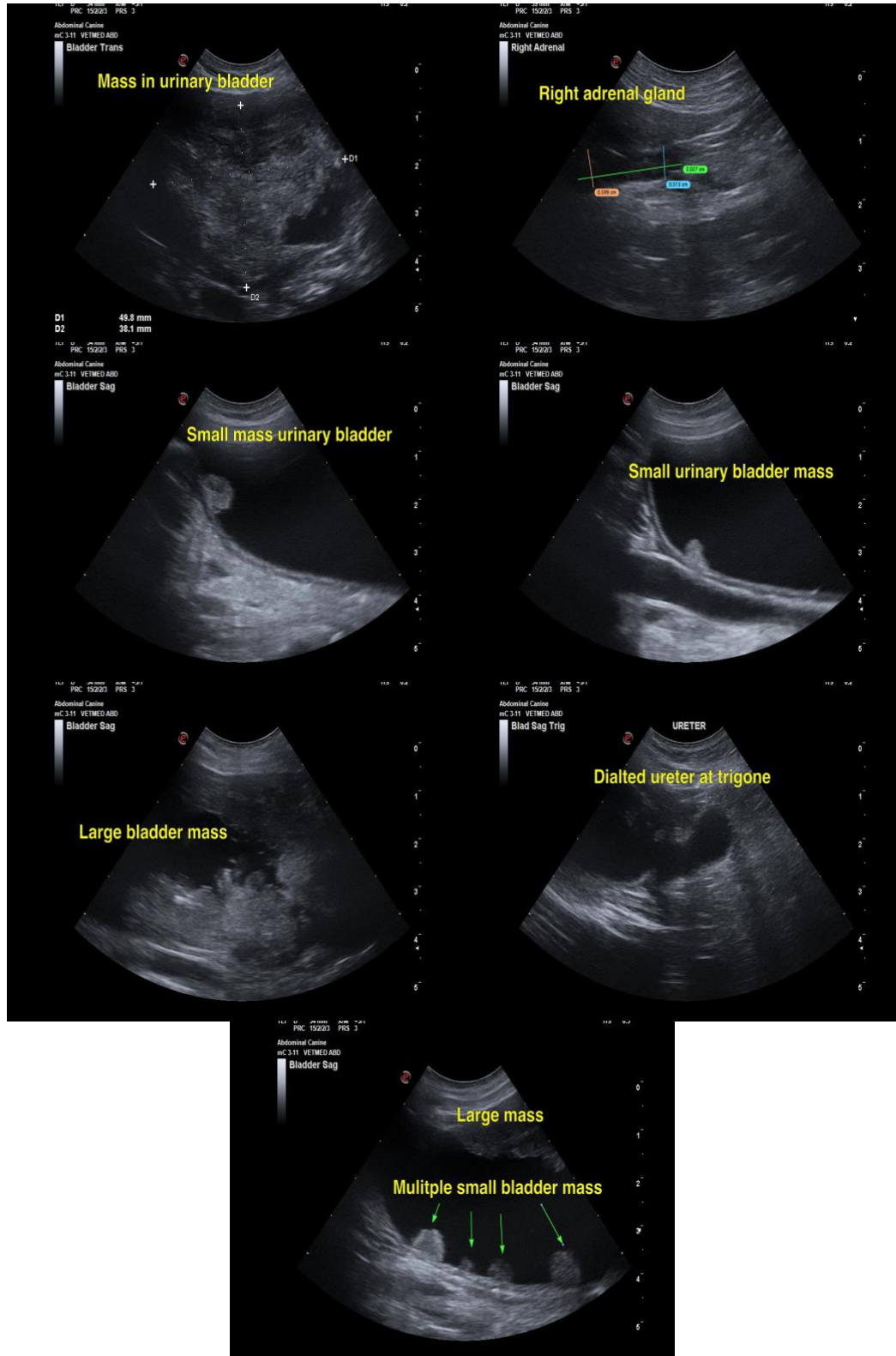
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com