



PATIENT

Freyja Cutts

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

10 Years

WEIGHT

34.4 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Vet for Life Animal
Hospital

REFERRING VET

Dr. Bajaj

INVOICE

74733

DATE

4/23/26

PRESENTING CLINICAL SIGNS

Long-standing recurrent UTIs (since at least 2023) Clinical signs: Hematuria, Pollakiuria / PU-PD. Temporary improvement with antibiotics, followed by relapse, Lyme positive (previously treated) Weight loss: 40.0 kg (Feb 21, 2026) → 34.4 kg (Apr 23, 2026) ~5.6 kg loss (~14% body weight) over ~2 months.

Abnormal PE/Chem/CBC/UA Results: Urinalysis (multiple) Marked bacteriuria (rods ± cocci) Pyuria Hematuria Proteinuria Urine Culture History Oct 2025: Enterococcus spp. Jan 2026: E. coli (>10⁵ CFU/mL), m rads: no uroliths noted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. At the apex of the urinary bladder there is a broad based, irregular, dendritic mass. The urinary bladder wall is otherwise mildly thickened with low urine volume. There is no irregular thickening and no mass effects at the trigone. No uroliths visualized.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 6.89 cm. The cranial pole of the right kidney is minimally visualized, with poor resolution likely due to patient conformation and overlying gas-filled GI tract. Right kidney measures 7.23 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.81 cm in length x 0.72 cm at the caudal pole and 0.81 cm at the cranial pole. Right measures 2.29 cm in length x 0.65 cm at the caudal pole and 0.84 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. There was 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.

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 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.

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.

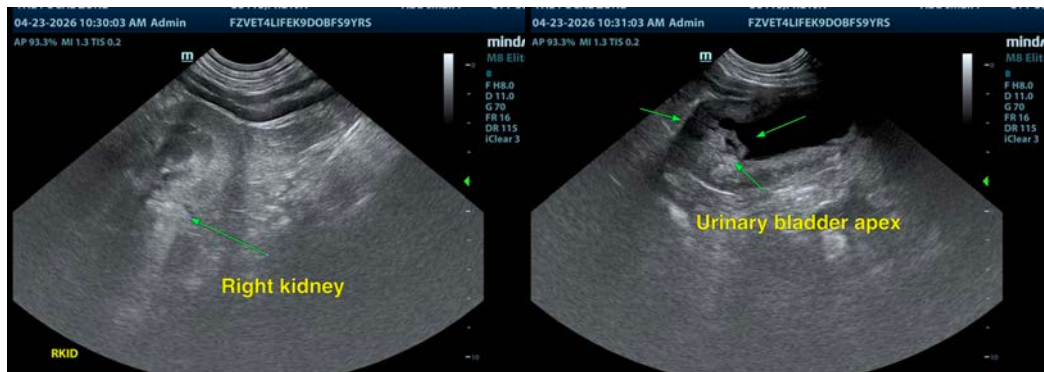
ULTRASONOGRAPHIC FINDINGS

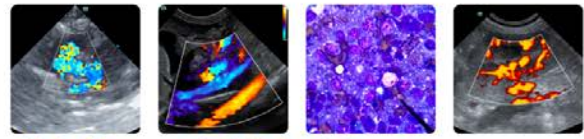
- Mass effect at urinary bladder apex.
- Splenic myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall changes are most consistent with a urinary bladder mass. Given the chronic recurrent urinary tract infections, this may also represent proliferative cystitis. A urine CADET BRAF test is recommended to screen for transitional cell carcinoma. The location of the mass is in an area that may be amenable to surgical resection. Consultation with a veterinary surgeon could be considered pending CADET BRAF test. This is a likely contributor to recurrent lower urinary tract infections. Other causes predisposing to recurrent ascending infection should be investigated such as vulvar conformation, immune status, endocrine disease, etc.

Splenic changes are a common age related change and hyperechoic areas are most consistent with benign myelolipoma, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.





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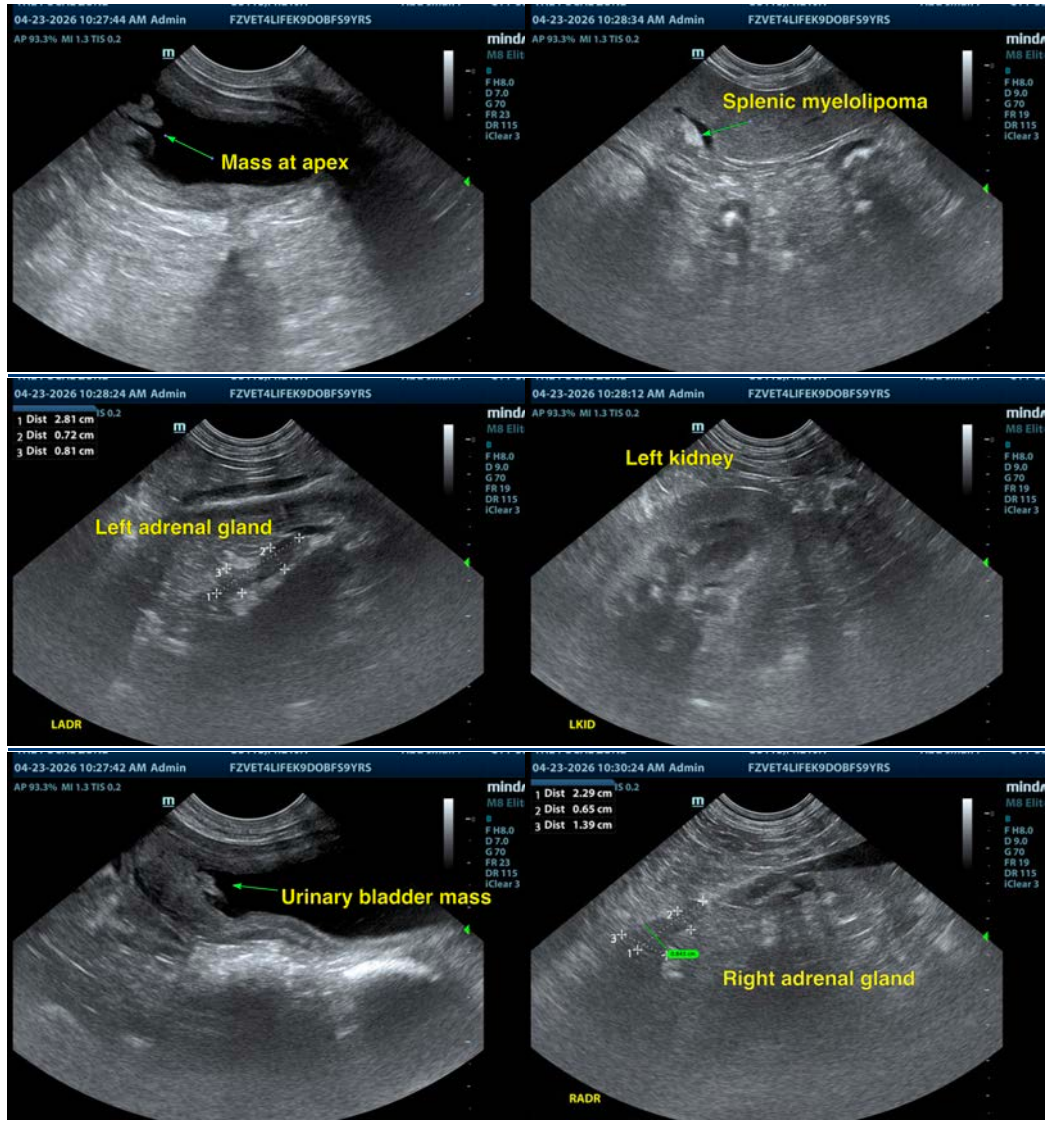
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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