



PATIENT

Starr Dobbs

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

3 years

WEIGHT

75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Daniel Jones

INVOICE

70881

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Pet has had multiple UTIs, treated with two weeks of antibiotics
- Butler Vet tried to obtain a cystocentesis 1/21/26, stated the bladder looked abnormal
- X-rays performed 1/21/26 showed possible mass or blood clot in the bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical ventral and apical dorsal wall thickening that measured up to 0.77 cm. The cystourethral junction and urethra were unremarkable. Sand accumulation was noted, grouping of which measured 2.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.2 cm. The left kidney measured 6.4 cm.

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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Apical ventral and apical dorsal bladder wall thickening, most consistent with chronic cystitis. However, I cannot rule out underlying carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is warranted in this patient as well as free catch urine sample with immediate cytospin is recommended. If there is no evidence of carcinoma is present on that testing, then cystotomy with bladder lavage with the objective of apical partial cystectomy can be considered. Removal of the cranial third of the urinary bladder would be necessary. The bladder wall thickening presented a moderate amount of remodeling. There is some level of scarring likely and therefore, it will not likely completely return to normal on medical management. If no evidence of carcinoma is present on the BRAF and cytospin testing, then cystocentesis and urine culture and sensitivity can be considered. If there is any evidence of UTI present then medical management with dissolution protocol and treatment for UTI would be appropriate.

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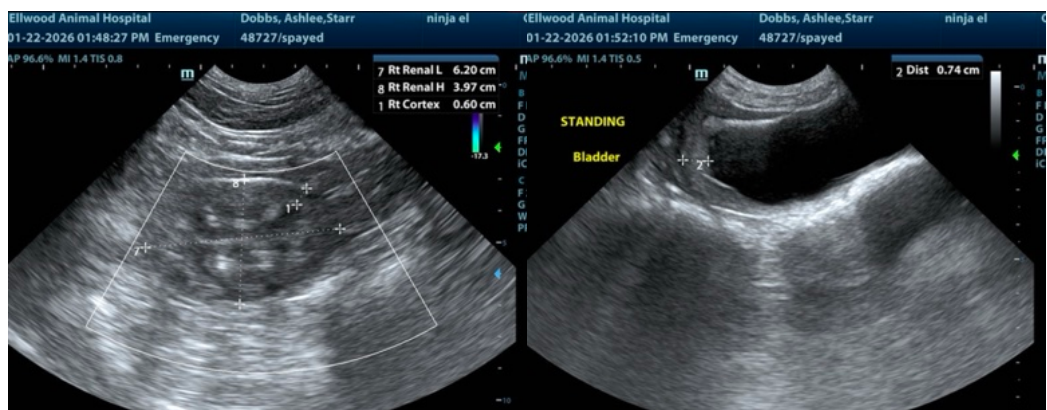
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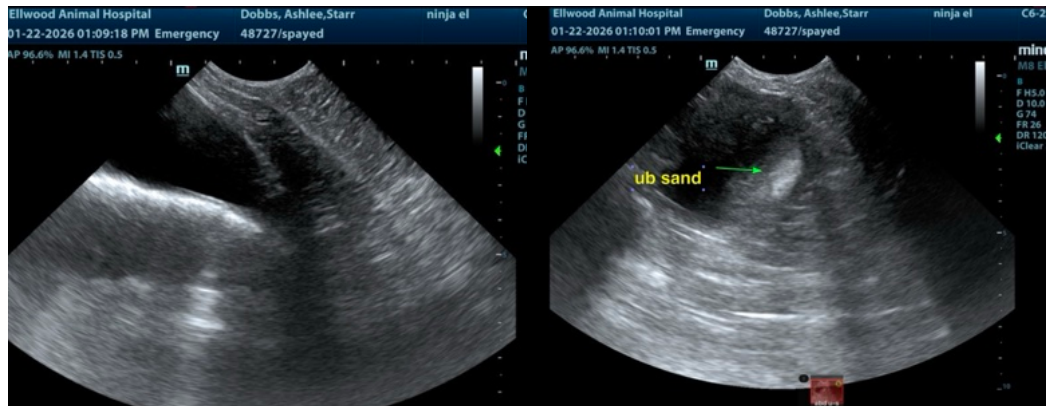
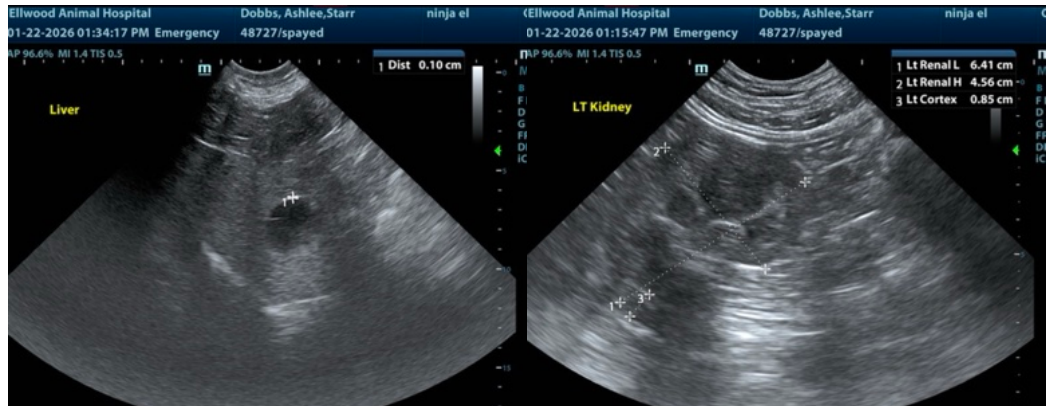
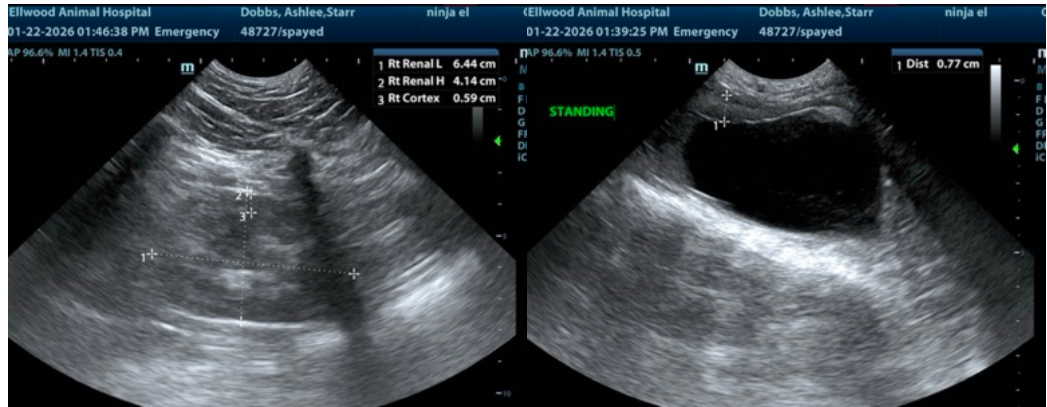
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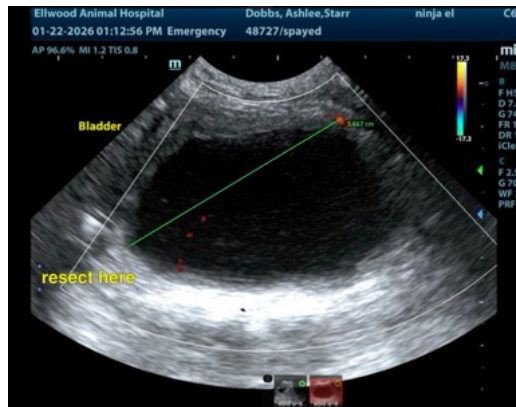
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com