

PATIENT

Ebony Braithwaite

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

11 Years 2 Months

WEIGHT

45 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

72761

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Persistent hematuria, pain on abdominal palpation Meds: Clavamox 250mg, finished course Sedated with Traz, gaba, torb 0.6 ml

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented extensive ventral bladder wall thickening extending 5.0 cm in length x 1.0 cm in width along the ventral wall, extending to approximately 1.4 cm from the cystourethral junction. This is strongly concerning for urothelial carcinoma. The visible proximal urethra was unremarkable. Bladder calculus also noted measuring 1.0 cm. Sand and suspended debris also noted.

The iliac trifurcation was unremarkable.

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. Right kidney measured 5.35 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. Left measured 2.1 cm x 0.46 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

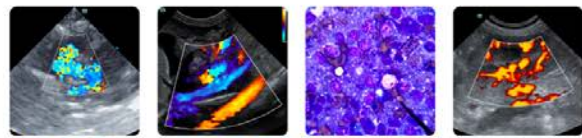
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

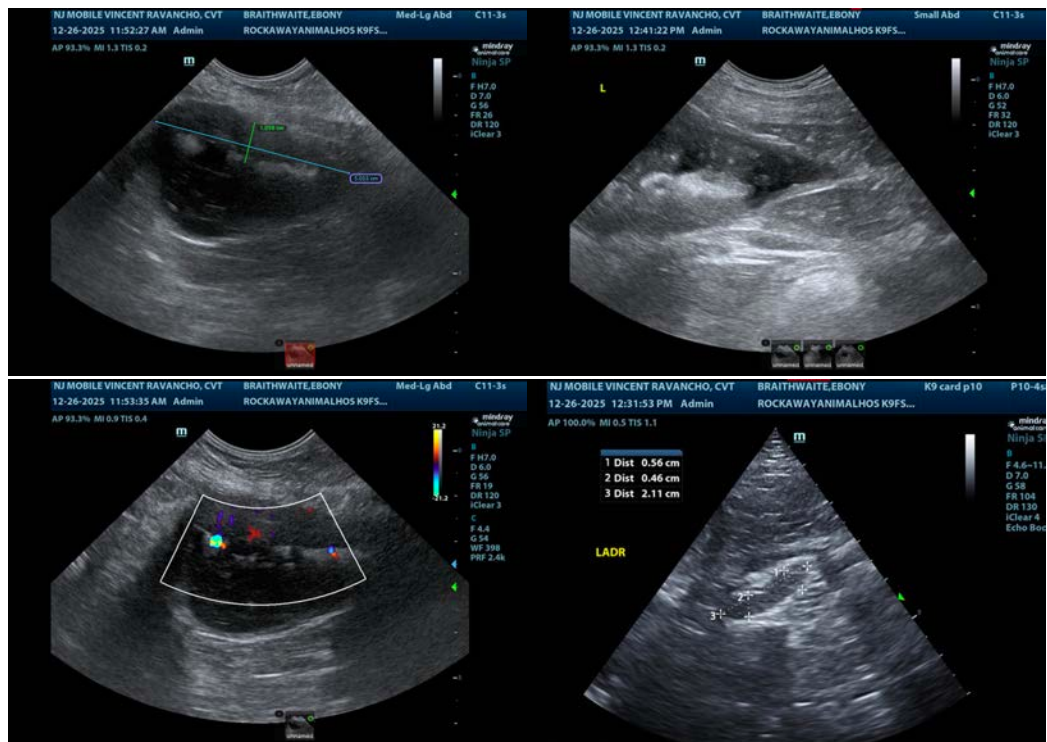
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

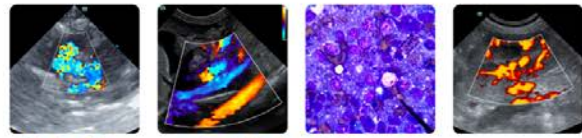
ULTRASONOGRAPHIC FINDINGS

- Ventral bladder wall thickening with calculus - possible carcinoma versus chronic cystitis.
- Age related hepatic changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe that the wall thickening is resectable. However, biopsies would be ideal. Cystoscopy is also an option. BRAF testing with cytospin of free catch urine sample indicated. If no evidence of transitional cells present and BRAF testing is negative, then urine culture and sensitivity and aggressive treatment for UTI would all be indicated. Prognosis guarded depending upon cytology/histopathology results. Examination of the vaginal vestibule for concurrent predisposing pathology also indicated such as recessed vulva or urine pooling that may be predisposing to chronic UTI.





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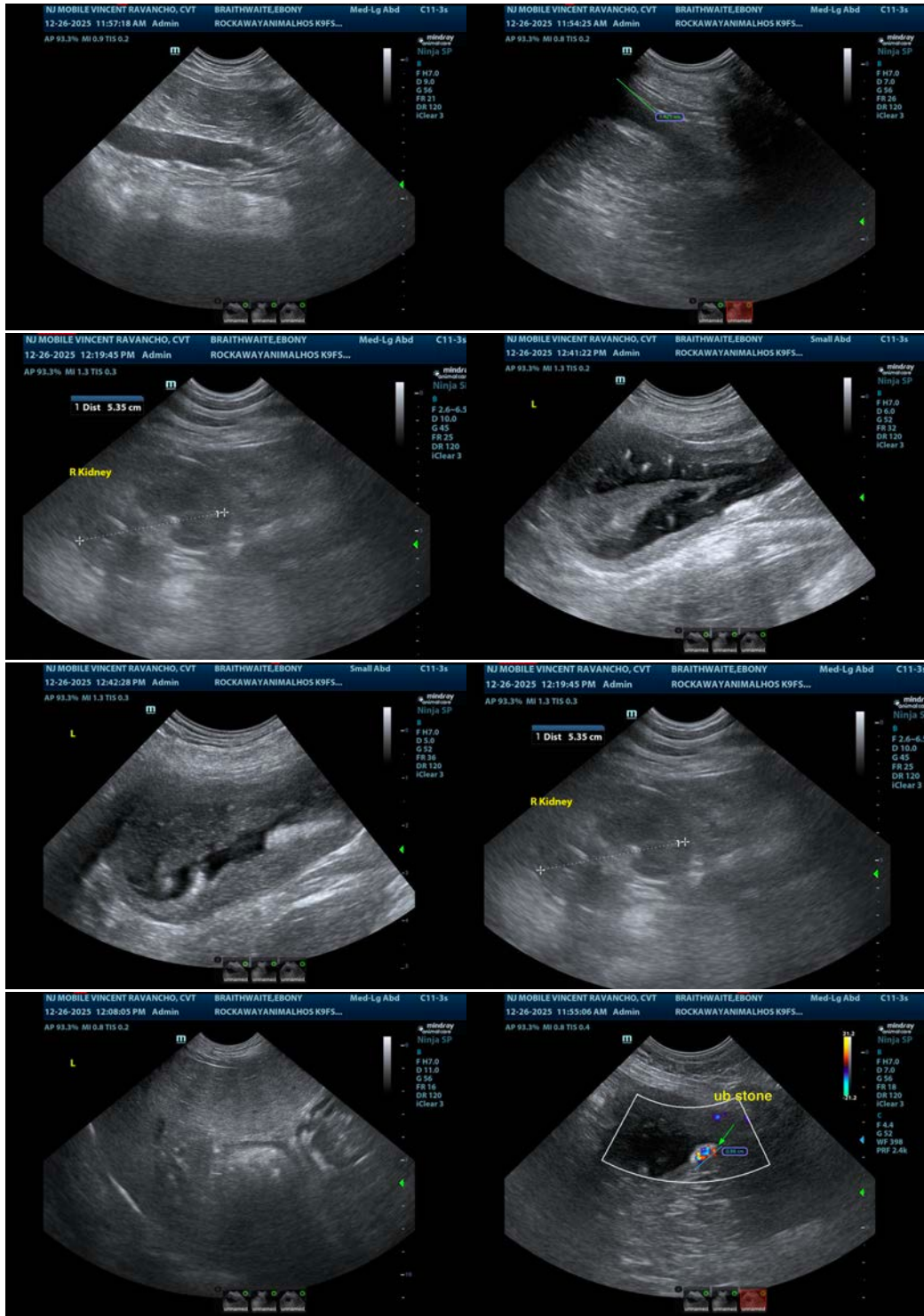
Dr. Harrs

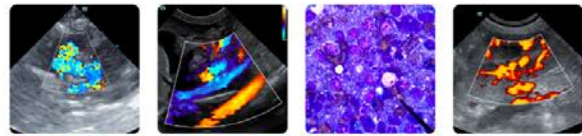
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com

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