



## PATIENT

Luna Lilley

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

63.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ackmann

## HOSPITAL NAME

Buffalo Veterinary  
Clinic

## REFERRING VET

Dr. Bessler

## INVOICE

16251

## DATE

06/02/26

## PRESENTING CLINICAL SIGNS

Chronic UTIs/urinary issues at least since November 2025; no medical records previous to this. Has a hooded vulva.

Abnormal PE/Chem/CBC/UA Results: 2/20/26- IH UA: Significant number of red blood cells. - Bladder Ultrasound: The bladder wall is minimally thickened. 5/18/26- U/S of bladder possible bladder mass at trigone of bladder. UA >50 rbc, ph 5, SG 1017. No bacteria. Path review of urine came back with no epithelial cells present. Culture and sensitivity showed no growth.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed cystourethral junction and trigonal thickening measuring up to 1.1 cm. Anechoic urine was present with no evidence of calculi. Proximal urethral calculus was noted. The regional lymph nodes were not enlarged.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.3 cm in length. The right kidney measured 5.3 cm in length. Right kidney pyelectasia was present with pelvic calculi, a grouping of which measured 1.0 cm. The pyelectasia measured 2.2 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. The left adrenal gland measured 0.65 cm width. The right adrenal gland measured 0.65 cm width.

### *Spleen*

The **spleen** presented mildly enlarged and uniform. Neoplasia is not suspected. No evidence of masses. Splenic vascularity was normal.

### *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.

### *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



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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.

## 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.

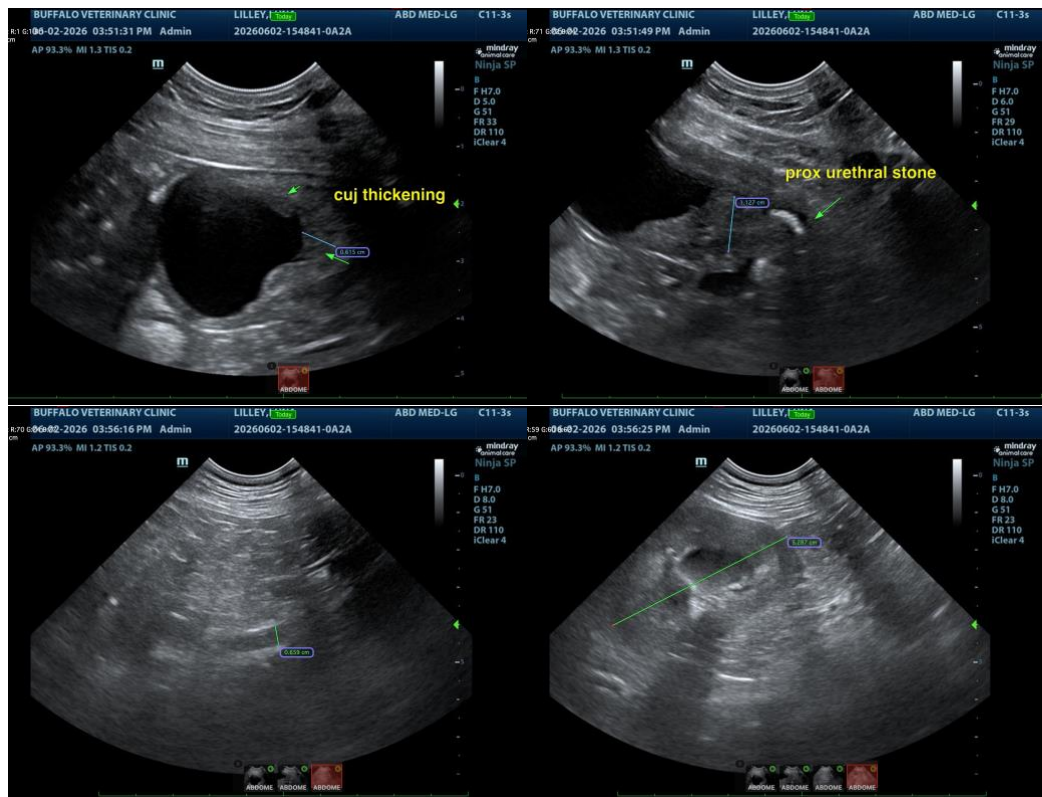
## ULTRASONOGRAPHIC FINDINGS

- Cystourethral junction bladder thickening with proximal urethral thickening and proximal urethral calculus- underlying carcinoma is a strong potential.
- Right renal calculi and pyelectasia owing to pelvic scarring.
- Splenic enlargement.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most concerned about the bladder wall thickening in this patient. BRAF testing is indicated. Cytospin of free catch urine sample is indicated to assess for abnormal transitional cells. Cystoscopy would be ideal. Surgical exploratory or retrograde flushing and caudal bladder wall biopsies would also be an option.

Chronic cystitis with proximal urethral calculus and periodic passage of nephroliths are all possible, however the bladder wall thickening is concerning. Further diagnostics are necessary.





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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,**

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