



PATIENT

Olive Silva

SPECIES

Canine

BREED

Bichon x

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

7.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Valencia

INVOICE

73629

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Had history of urinary issues for 3 months. Found urolith on xray. Started with Hills c/d diet. Follow up UA has mild struvite crystal and non squamous epithelial cells. March 6th u/s guided cysto for UA showed thick bladder wall. Referred for complete u/s. Signs have not improved with Ab's, food. Recent meloxicam has helped somewhat. C/S: incontinence, hematuria, pollakiuria

Meds: Meloxicam and Zentonil (for elevated liver values)

Abnormal PE/Chem/CBC/UA Results: CHEM: ALT 198 u/l (10-125) ALP 1632 u/l (23-212) UA 3/6/26: red colour urine usg 1.015 protein 500 mg/dl WBC >50/hpf RBC >50 hpf Non squam epith >10/hpf Struv 1-5/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder wall appears diffusely thickened. There is a hypoechoic, irregularly shaped intraluminal mass lesion present in the trigone. This mass lesion measures 2.2 cm x 0.92 cm. The mass extends into the proximal urethra, which measures 9.7 mm in width, which is distended.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. There are several pinpoint hyperechoic foci in the renal pelvis causing mild shadowing. No pelvic dilation seen.

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 mm and the caudal pole measures 5.9 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver is diffusely enlarged with rounded margins. Normal echogenicity and echotexture.

The gallbladder presents normal size with a small amount of gravity dependent echogenic debris present that appears insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a moderate to marked amount of digested food/retained food material. No pyloric outflow tract obstruction is seen. The patient appears to not be completely fasted for this exam. Diffusely the small bowel also contains a mild to moderate amount of retained ingesta. Small bowel wall and thickness appears normal. Colon contains normal contents with normal wall thickness.



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Pancreas

The left limb of the pancreas is mildly hyperechoic with mild surrounding hyperechoic fat.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

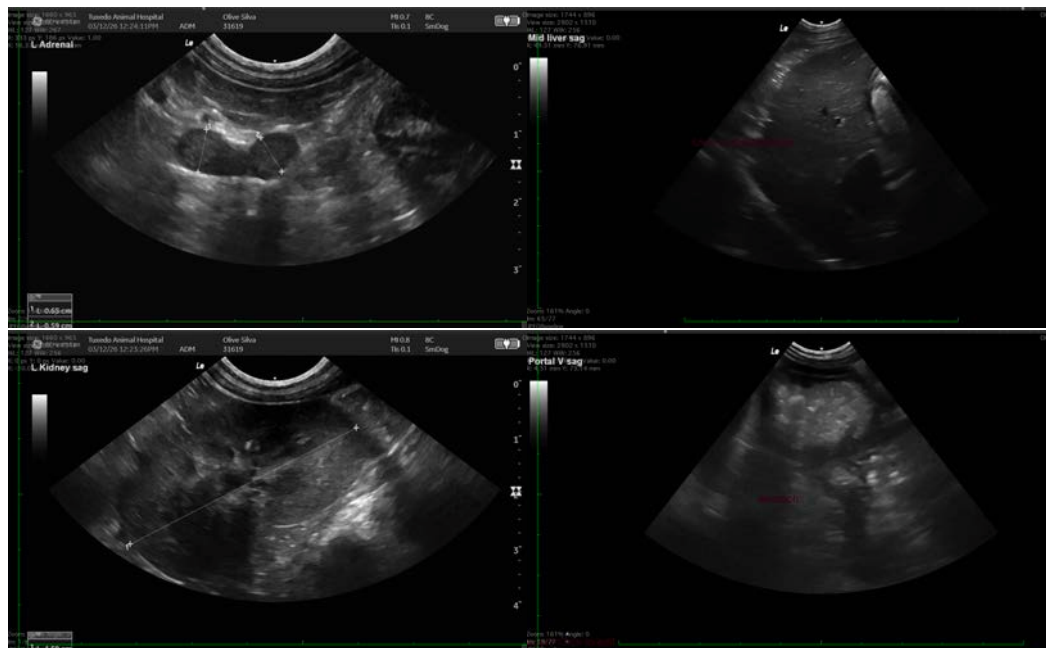
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder/urethral mass – Most consistent with malignant neoplasia such as transitional cell carcinoma.
- Mildly enlarged liver, consistent with reported elevated liver values – Differentials include possible chronic intermittent pancreatitis or possible endocrinopathy.
- Benign nephrocalcinosis right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Patient’s clinical signs of incontinence, hematuria and pollakiuria are all consistent with the presence of the mass in the trigone region of the urinary bladder extending into the urethra. Recommend submitting BRAF test to confirm TCC.

Recommend submitting cPLI to confirm the presence of pancreatic inflammation, which may be causing hepatopathy. Also consider screening patient for hyperadrenocorticism with either low-dose Dexamethasone suppression test or ACTH stimulation test. However, recommend initial diagnostics be focused on diagnosing the cause of the patient’s urinary bladder mass lesion.





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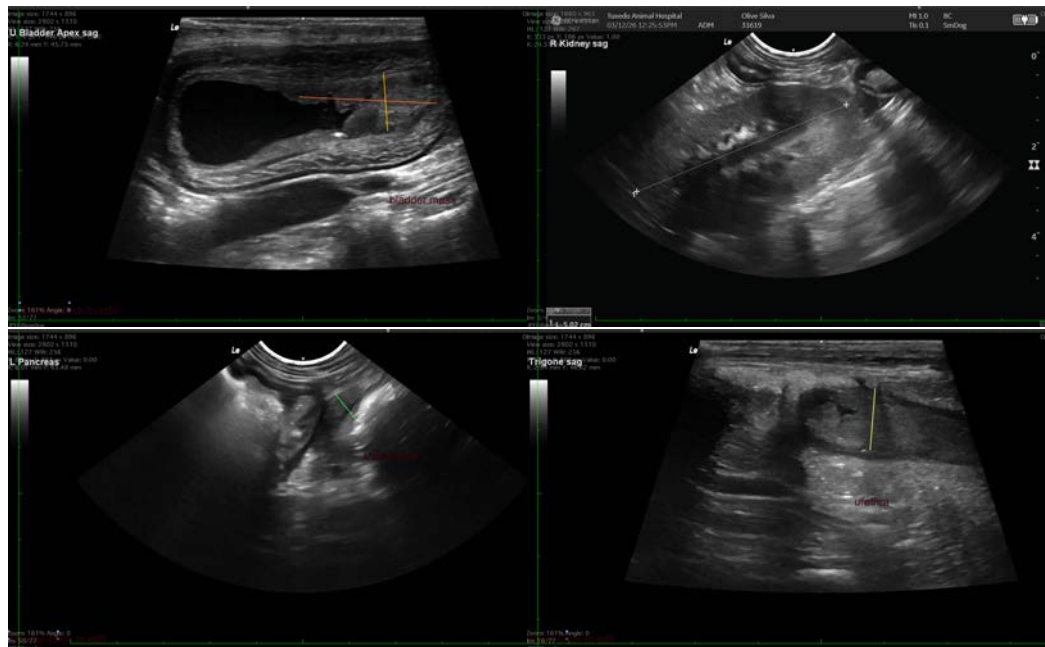
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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