



**PATIENT**

Hope O'Connor

**SPECIES**

Canine

**BREED**

Terrier x

**SEX**

Spayed Female

**AGE**

4 Years 8 Months

**WEIGHT**

77 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

All Animal Veterinary  
Services

**REFERRING VET**

Dr. Acworth

**INVOICE**

74009

**DATE**

3/25/26

**PRESENTING CLINICAL SIGNS**

Chronic hematuria. Possible mass versus blood clot in bladder.

Abnormal PE/Chem/CBC/UA Results: USG 1.044 2/4 hematuria 1/16 hematuria and few calcium oxalate Dihydrate crystals 3/7 cadet BRAF negative PH 6.0-6.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Within the lumen of the bladder there is a 4.7 cm x 3.2 cm irregularly shaped, hyperechoic mass present that appears to have blood flow.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.9 cm) with normal shape and architecture. Normal corticomedullary distinction. In the craniodorsal aspect there is a 2.1 cm x 1.8 cm hypoechoic cortical cyst present that appears benign. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.2 mm and the caudal pole measures 4.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 7.3 mm.

**Spleen**

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

**Liver**

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peripancreatic mesentery.

**Free Abdomen**

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



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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder mass – Suggestive of a neoplastic lesion such as transitional cell carcinoma, less likely to be a hematoma.
- Left renal cyst – Appears to be a benign cyst. This lesion does not appear to be neoplastic or be an abscess.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend resubmitting BRAF test to screen for transitional cell carcinoma. If transitional cell carcinoma is ruled out, consider cystoscopy for biopsy of the mass.

Patient’s clinical signs are most likely attributed to the mass lesion present within the lumen of the urinary bladder.

Prognosis is open pending result of recommended diagnostic testing.

**ADDENDUM BELOW READ BY ERIC LINDQUIST, DMV, DABVP, (CFM), CERT. IVUSS)**

The abdominal presentation was reevaluated, and the approximately 5.0 cm bladder mass appears to be pedunculated and attached to a stalk at the ventral apical bladder wall measuring approximately 5-8 mm. The mass is not particularly vascular, and the pedunculated fashion may indicate an underlying fibroma or fibrosarcoma and not carcinoma. However, there is still risk of bladder carcinoma, and repeat or resubmission of BRAF testing may be appropriate even though the first BRAF was negative.

Also, cytospin of a free catch urine sample with immediate slide preparation warranted to assess for any abnormal neoplastic cells such as transitional cells.

Fibromas do not typically exfoliate well on ultrasound guided FNA, and regardless these masses are typically not sampled with ultrasound guided FNA given the well documented trailing of the tumor through the abdomen when ultrasound guided transabdominal FNA is performed. Therefore, cystoscopy or cytospin of a free catch urine sample as described would be appropriate.

Otherwise, the position of the mass appears to be apical ventral and pedunculated, and likely amenable to surgical resection given that there is no evidence of metastatic disease in the iliac lymph nodes or elsewhere, and the cystourethral junction and ureteral papillae as well as the visible pelvic urethra (2.0 cm caudal to the cystourethral junction) all appear normal. I cannot rule out the potential of a deep pelvic urethra metastatic lesion. However, the typical views of the lower urinary tract appear completely clear. Therefore, for me, this mass appears resectable regardless of the underlying histopathology.

It is against our policy to do ultrasound guided FNA of these lesions owing to tumor trailing issues, especially since there are many interventional options that are available for long-term management or curative therapy that would be compromised with tumor trailing episode induced by sampling.

Other than that, I agree with Dr. Kuhlman’s assessment of the case globally, and I believe there was a typo regarding “submission” of BRAF test versus “resubmission” in case the first test was a false negative.



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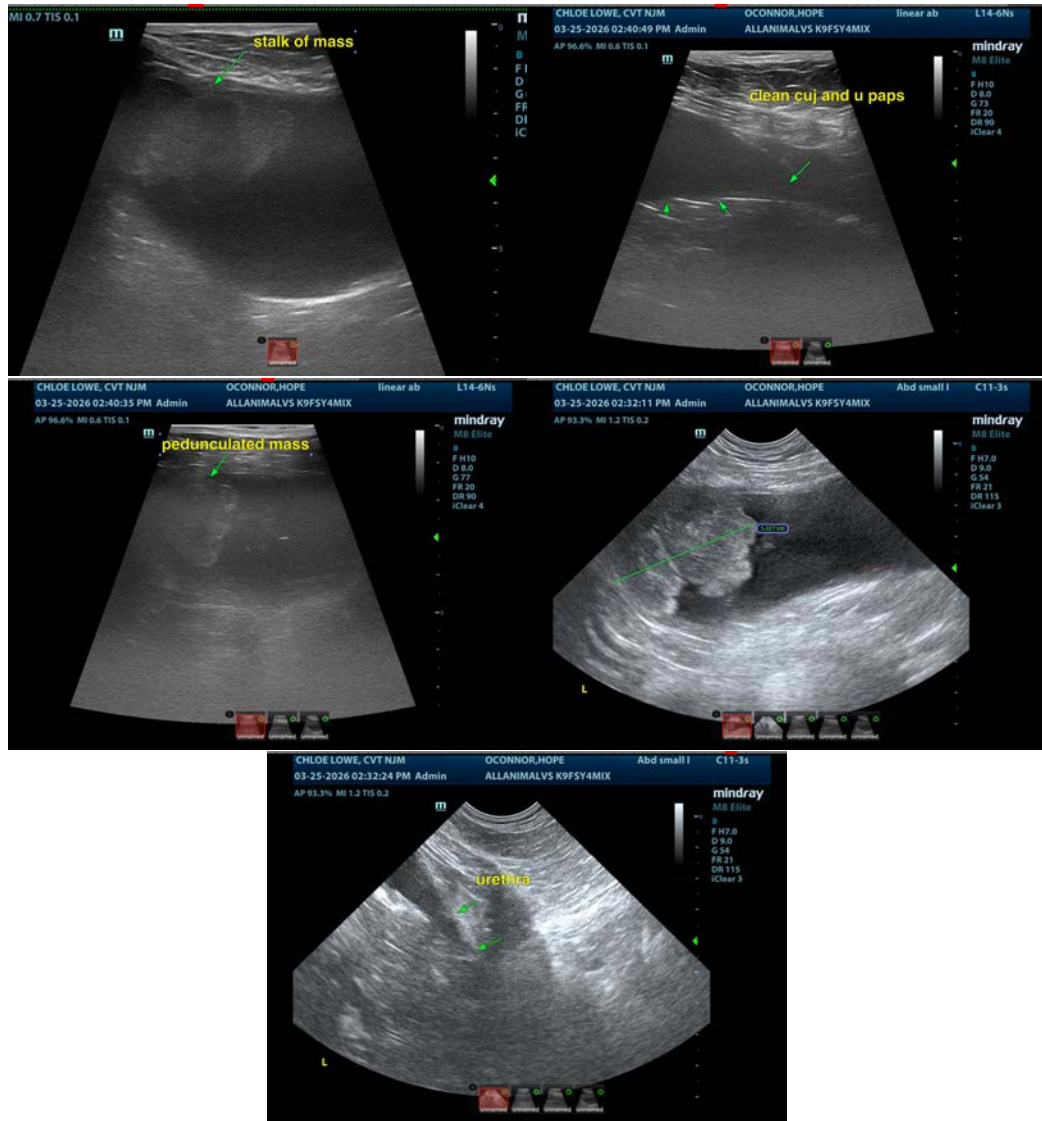
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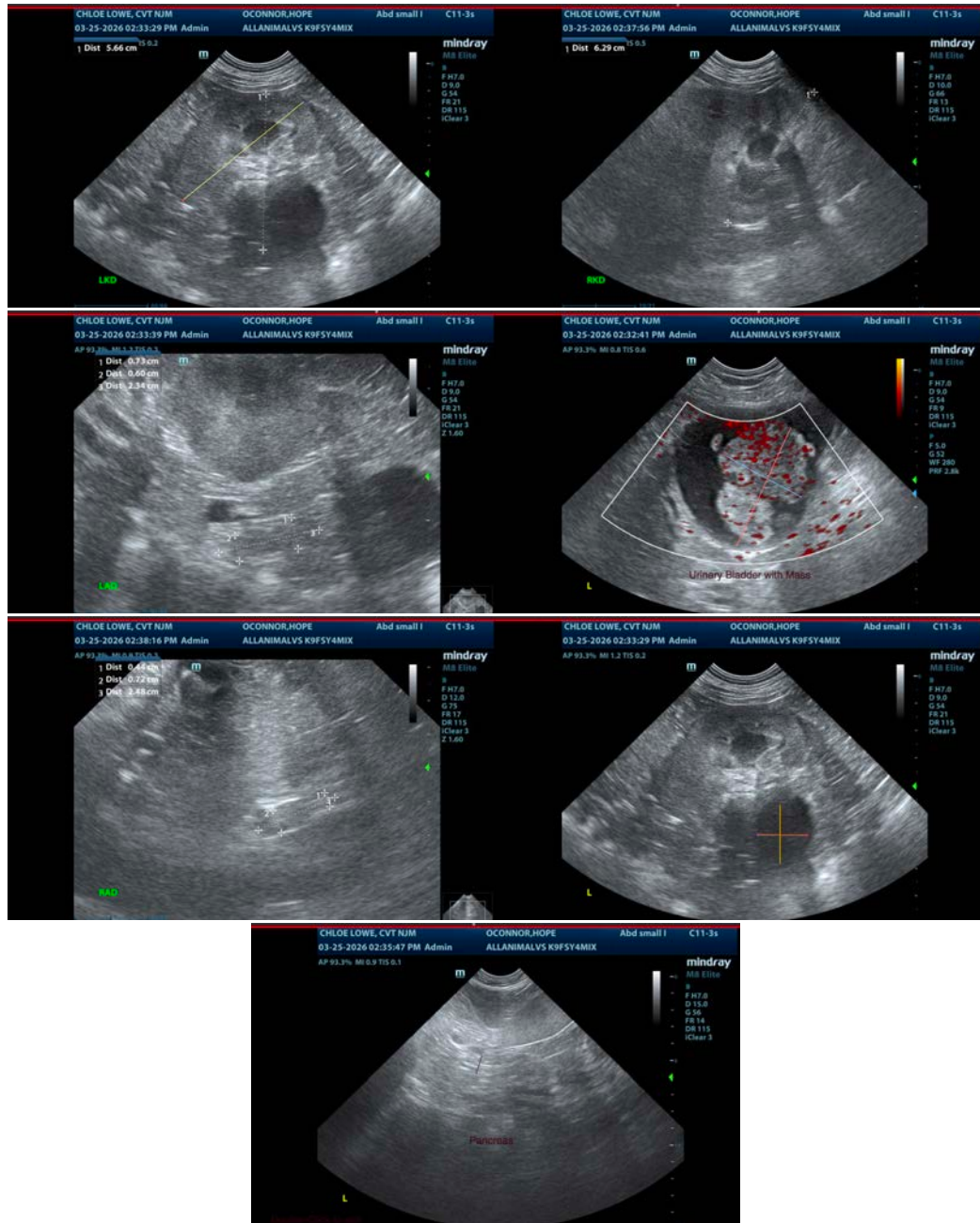
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM) Veterinary Internal Medicine Specialist [info@SonoPath.com](mailto:info@SonoPath.com)