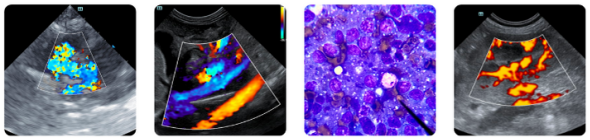


PATIENT

Trixie Delano

SPECIES

Canine

BREED

Akita/German Shepherd Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

48 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

11403

DATE

3/03/2026

PRESENTING CLINICAL SIGNS

- Chronic/persistent hematuria, pollakiuria, and scooting hind end. No improvement with management of UTI (antibiotics, pain management) or anal gland disease (expressions and filaquin).
- Chronic recurrent nausea/borborygmus/hyporexia.
- No discernible correlation to treats, foods, etc. Has been occurring but worsening over the past 3 years.

Abnormal PE/Chem/CBC/UA Results: PE: Overweight. Mild hindlimb muscle atrophy - bilateral/symmetrical. Pot belly appearance. Chem/CBC - No abnormalities UA - persistent hematuria without pyuria or bacteuria (Free catch samples).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cranial aspect of the bladder appears normal in thickness. The caudal aspect of the urinary bladder wall is markedly thickened measuring approximately 8.7 mm in width. There is a mass lesion that measures approximately 35.3 mm in length and extends into the trigone of the urinary bladder. Ureteral papillae is not visualized. Urethra is dilated measuring 6.0 mm.

The left kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction and very mild renal pelvic dilation measuring approximately 1.0 – 2.0 mm in width. No pyelectasia or nephrolithiasis. The left kidney measured 5.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild corticomedullary distinction and very mild renal pelvic dilation measuring 3.6 mm in width. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland is not clearly visualized.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.0 mm in width, and the cranial pole is not clearly visualized.

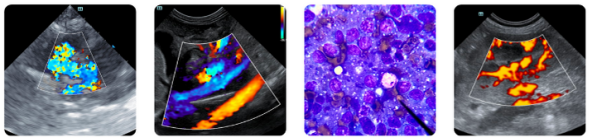
Spleen

The spleen is mildly diffusely enlarged and folded upon itself. The parenchyma is normal in echogenicity and is normal in echotexture. The blood flow appears normal.

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 contains moderate to marked amount of gravity dependent echogenic debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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Gastrointestinal

The stomach contains a moderate amount of retained ingesta. There is no obvious outflow tract obstruction visualized. The gastric wall appears normal in thickness and layering. Small 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 peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Incidental gallbladder debris.
- Mass lesion in the urinary bladder. This finding is consistent with a neoplastic process such as transitional cell carcinoma.
- Mild bilateral loss of corticomedullary distinction in the kidneys with bilateral mild pelvic dilation. This finding may indicate possible chronic kidney disease.
- Mild splenomegaly.

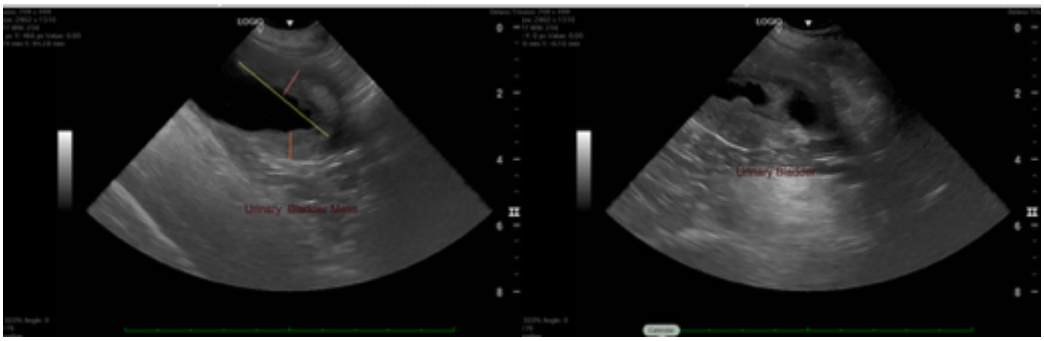
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient's bloodwork is normal, the gallbladder debris is likely incidental at this time.

The loss of corticomedullary distinction in both kidneys may indicate possible chronic kidney disease. Recommend full staging, monitoring, and management of patient per the International Renal Interest Society (IRIS) guidelines. Both kidneys also have mildly dilated renal pelvises which is concerning for an early obstructive process. It's possible that the mass lesion in the urinary bladder, given that it is located in part in the trigone region, that both ureters may be partially obstructed.

The spleen is mildly enlarged, although otherwise appears normal. It could be normal patient variant given the breed.

Submit a urine BRAF test to screen patient for transitional cell carcinoma. If diagnosis is obtained, recommend referral to veterinary oncologist to discuss treatment options before further obstruction of both kidneys occurs. Patient's hematuria is most likely due to the urinary bladder mass.



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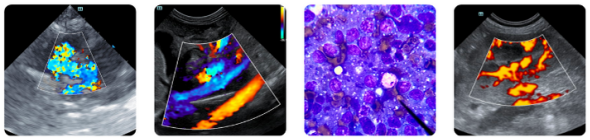

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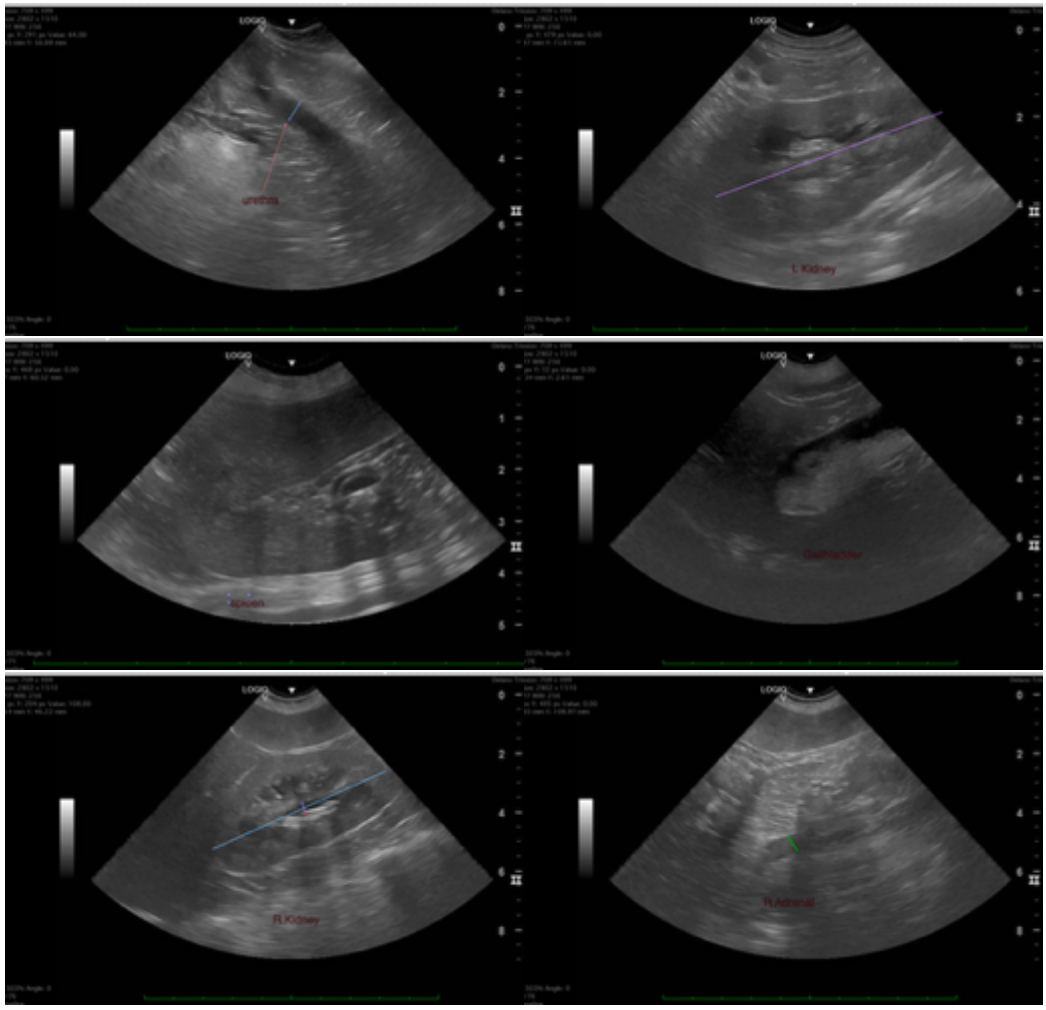

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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