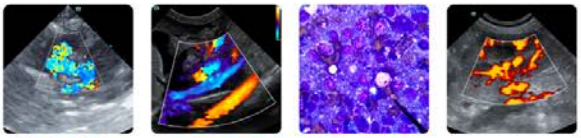


PATIENT

Toby Bacchi

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

9 Years

WEIGHT

35 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

Dr. Acworth

INVOICE

72536

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Chronic UTI. Thickened bladder, hematuria after palpation on exam. Previously on Marbofloxacin, Doxy, Amoxi

Abnormal PE/Chem/CBC/UA Results: Lots of abnormals- see attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is distended with a large, solid, homogeneous, slightly calcified mass effect measuring 3.08 cm x 5.3 cm. With the current level of urine distention, this mass effect occupies the entire lumen of the bladder with only a small narrow rim of urine. The proximal urethra appears free of any mass lesions.

The prostate is somewhat prominent and irregular. It measures 1.42 cm in height in the sagittal view, and there is a hyperechoic nodule arising from the cranial aspect of the prostate measuring 1.11 cm x 1.3 cm, which deviates the margins of the prostate.

The left kidney has a normal shape and size (6.05 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.66 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump”, measuring 0.67 cm at the cranial pole and 0.76 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

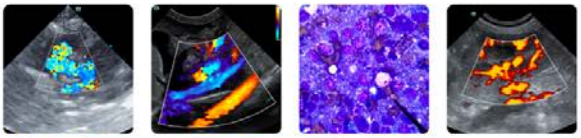
The right adrenal gland is normal in size measuring 1.41 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.66 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large soft tissue mass effect visualized in the lumen of the urinary bladder – Findings are concerning for transitional cell carcinoma or other neoplastic lesion. A large benign polyp or similar is possible.
- Large, irregular prostate with a hyperechoic nodule – Correlate with age of neutering. The nodule could be consistent with a metastatic lesion or an atypical cyst or similar if the patient had previous prostatic disease.
- Borderline “plump” adrenal glands – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting

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but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, solid, slightly mineralized mass effect occupying the lumen of the urinary bladder. There is minimal urine visualized. The appearance is concerning for a transitional cell carcinoma or similar. There is no evidence of a mass effect visualized in the urethra, but the prostate is abnormal in that it is large and there is a hyperechoic nodule associated with the cranial aspect. This does not appear to be consistent with extension of the bladder mass lesion but could represent a metastatic lesion or similar. If a free catch urine sample is highly cellular, recommend cytologic evaluation, looking for possible neoplastic cells. Otherwise, traumatic catheterization could be performed to obtain a more cellular cytologic sample.

Correlate the prostatic findings with the patient's age of neutering, previous history, etc. A fine needle aspirate of the hyperechoic prostatic nodule should be considered.

The liver is large and heterogeneous. It generally has the appearance most consistent with a vacuolar hepatopathy, but other hepatopathies are possible. Fine needle aspirate of the liver could be considered, looking for an underlying neoplastic process in the case that the bladder lesion is an atypical mass. Additionally, both adrenals are prominent, so early pituitary dependent hyperadrenocorticism or similar is a possible concurrent issue.

If a cytologic diagnosis can be obtained and a neoplastic process is confirmed, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. Based on the size of the mass, urinary obstruction would be a concern. The attachment point of the mass effect in the urinary bladder is not evident.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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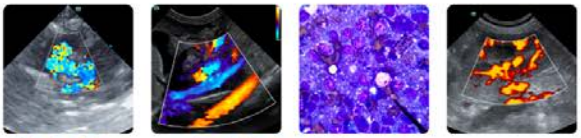

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SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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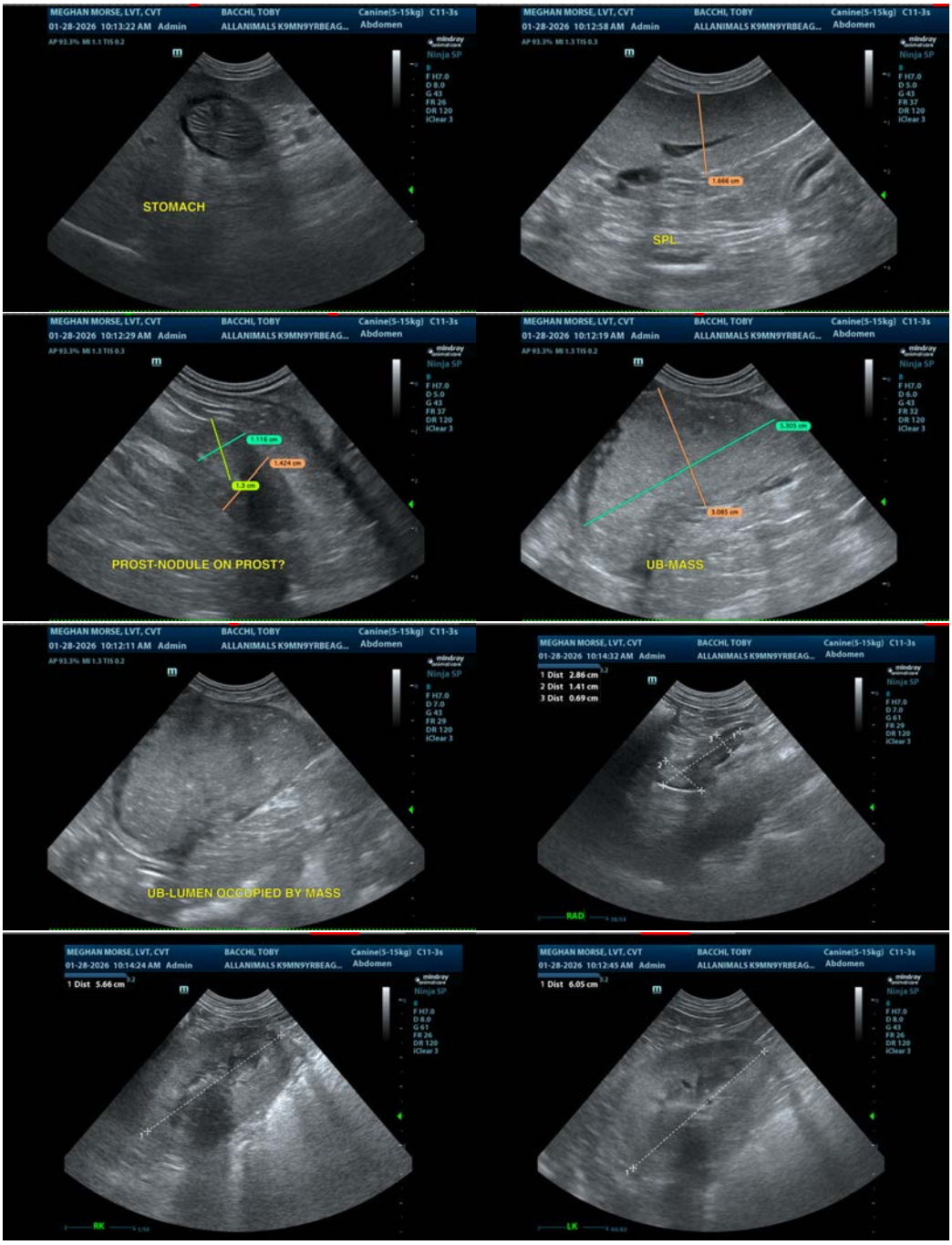

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com