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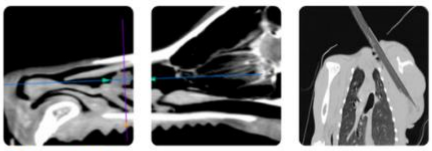

Teleradiology
Educational Teleconsultation Services™

PATIENT

Guinness Hyland

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Shah

INVOICE

13068

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

P presented in mid-November for blood in urine and diarrhea, a urinalysis revealed large amount of blood and rod bacteria, and a culture revealed a high burden of Klebsiella bacteria in the urine -P was placed on Clavaseptin and the culture indicated the bacteria was susceptible to this so the course was continued -Follow up culture was done and bacteria was still susceptible to Clavaseptin so course was extended -O is still seeing blood in urine and is dropping off a follow up urine for culture today but was interested in doing the ultrasound just to make sure nothing else is going on Current Medications P is done Clavaseptin course but is on Proviable probiotic

Abnormal PE/Chem/CBC/UA Results: done at emergency clinic) but bloodwork was done elsewhere in September so here are the abnormal values: Neutrophils 14.21 (2.95-11.64) ALKP 1191 (23-212) QPL 489 (0-200) Primary Question to Be Answered in This Exam Is anything going on internally that could explain the recurrent UTI? See attached rads and lab work

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears diffusely thickened and irregular measuring 0.62 cm in the apical region. There are two large irregular mass effects visualized associated with the bladder wall. The largest is partially mineralized in the dorsal wall with frond-like projections measuring 3.59 cm x 2.22 cm. On the ventral wall, there's a similar lesion measuring 0.93 cm x 1.57 cm. The region of the trigone and ureteral papilla appear within normal limits. The proximal urethra appears somewhat thickened as it approaches the prostate.

The prostate is large, hypoechoic, and mineralized measuring 3.05 cm in height. The preprostatic urethra appears irregular and thickened.

The left kidney has a normal shape and size (6.19 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 (6.45 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 large in size measuring 1.03 cm at the cranial pole and 0.94 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/borderline plump measuring 1.35 cm at the cranial pole and 0.76 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

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The spleen is subjectively normal in size, 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. The spleen measured 1.92 cm with a small hypoechoic nodule at the tail measuring 0.71 cm.

Liver

The liver is subjectively large in size, and 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. There is a small cystic lesion visualized measuring 1.02 cm in diameter.

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. Some of the debris appears hypoechoic and mineralized most consistent with sandy debris.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. The duodenum measured as normal (0.48 cm in wall thickness) and the jejunum measured as normal (0.35 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

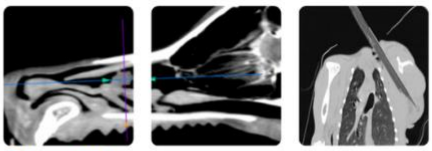
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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

- Diffusely thickened urinary bladder wall with two irregular partially mineralized mass-like lesions. The appearance is most consistent with transitional cell carcinoma. Other differentials are possible.
- Large, mineralized prostate. The appearance is abnormal for a neutered male. Prostatic neoplasia is the primary differential. Other differentials are possible.



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- Borderline bilateral adrenomegaly- 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 heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Age-related changes visualized associated with both kidneys.
- Hypoechoic nodule visualized in the tail of the spleen- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- 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 but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder is very abnormal with diffusely thickened irregular wall and two focal mass lesions. The appearance is highly concerning for a transitional cell carcinoma, although severe polypoid change or similar cannot be ruled out. Consider submission of a free-catch urine sample for cytologic evaluation. If this is not diagnostic, a traumatic catheterization or biopsy (surgical or cystoscopic) may need to be considered. Additionally, the prostate is large hypoechoic and mineralized. This would be very atypical for a neutered male. Consider a fine needle aspirate of the prostate, as there is a significant concern for prostatic neoplasia, which could have extended into the urinary bladder.

The adrenals are borderline enlarged. This could represent anatomic variation, early hyperplasia, etc.

The hepatic changes are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible.

Consider initiating chronic ursodiol therapy and continued monitoring of the gallbladder for progression to a more significant lesion.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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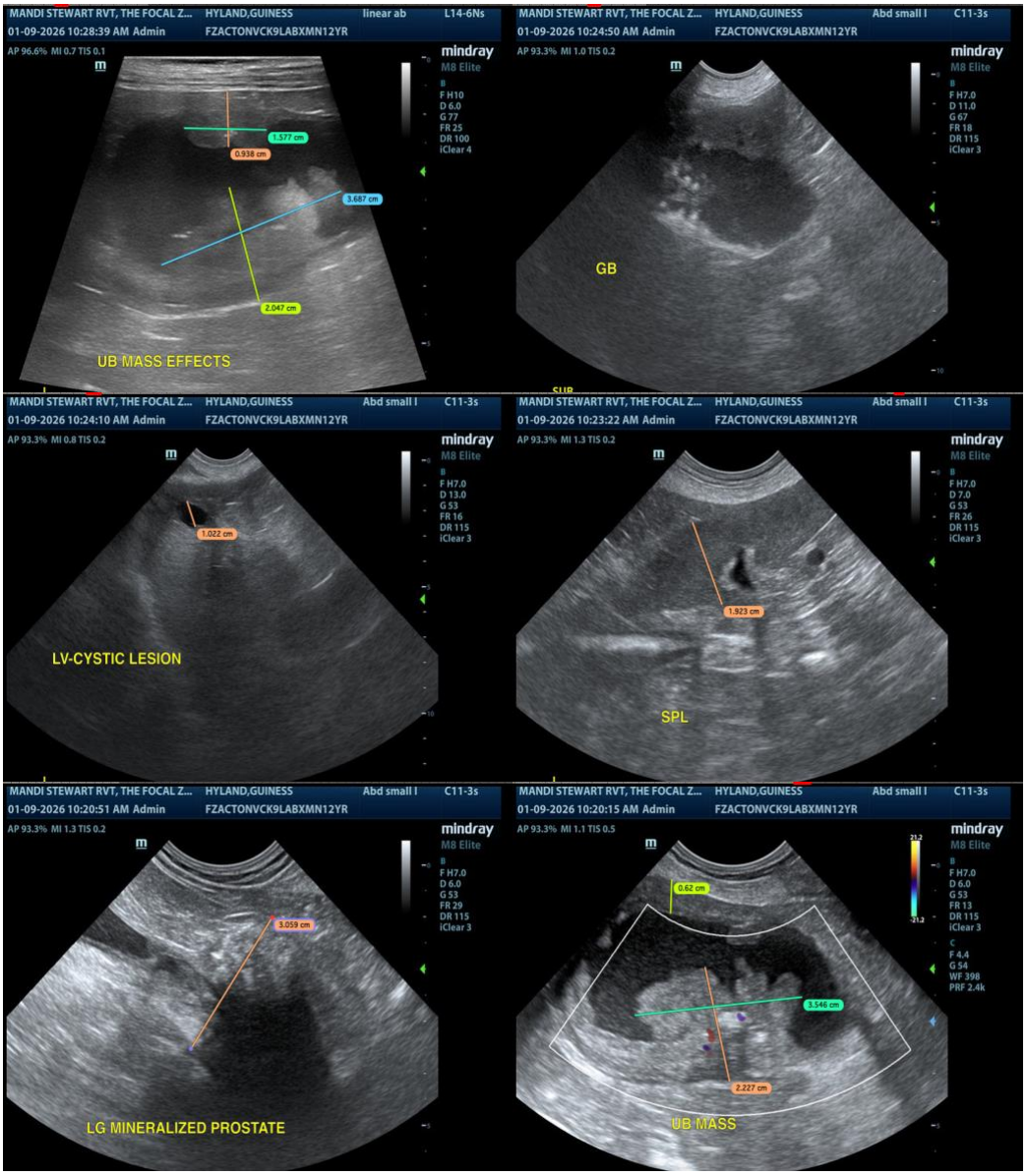

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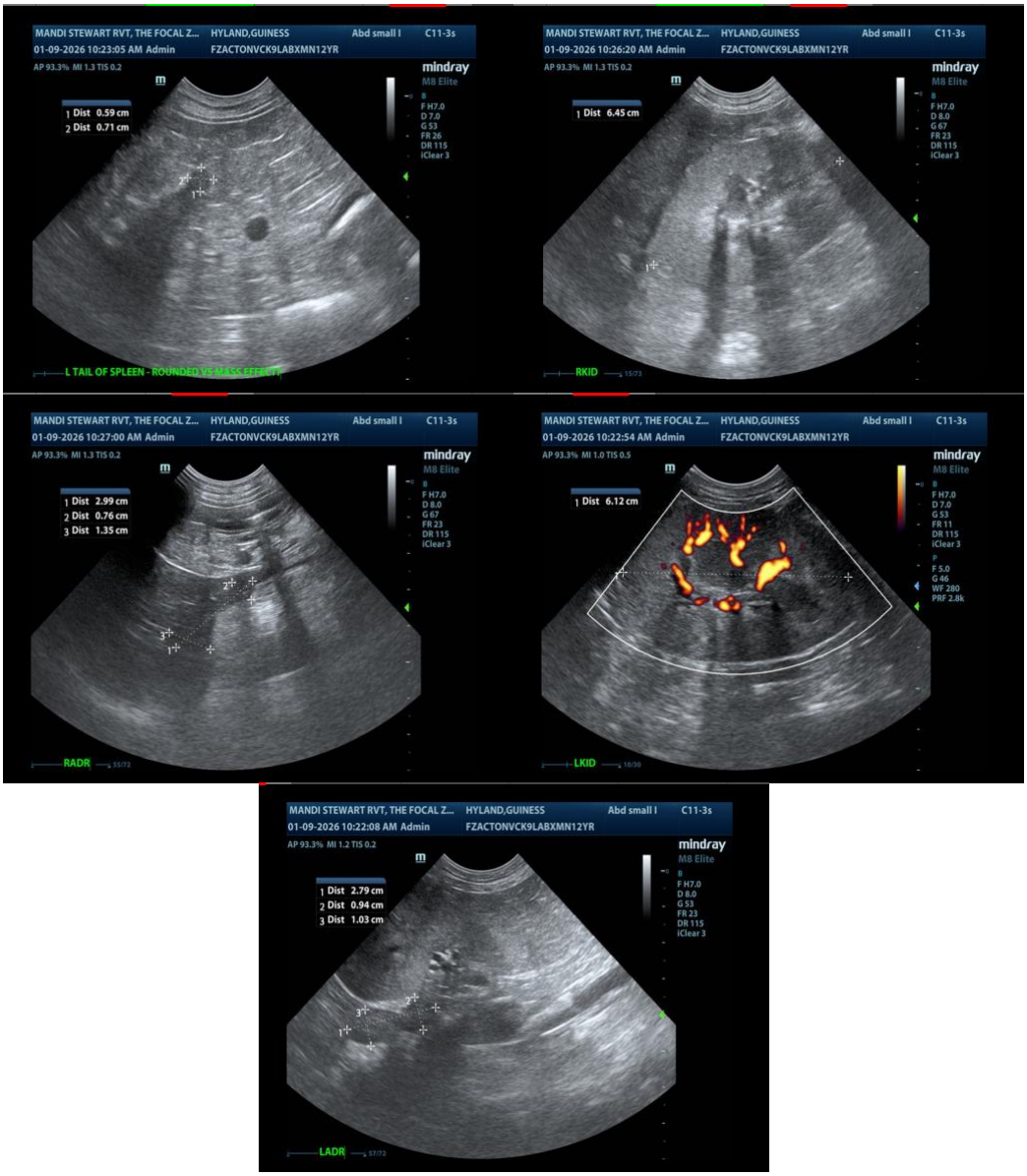

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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