PATIENT

Rex Fazio

SPECIES

Canine

BREED

Doberman

SEX

MN

AGE

11 years

WEIGHT

35.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Dr. Kateryna Sovik

INVOICE

10844

DATE

12/2/2025

PRESENTING CLINICAL SIGNS

Urinalysis 11/26 WNL despite pt experiencing hematuria. Pt has hx of bladder stones, treated in June of this year. Pt eating c/d diet. Nexgard Plus prevention monthly, Carprofen 75mg SID- BID, Benadryl 75mg PO last night ~8PM (pt had hives).

Abnormal PE/Chem/CBC/UA Results: Prev AUS report and LABS attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a moderate amount of dependent mineralized debris visualized as well as suspended echogenic and mineralized debris. The Bladder wall appears slightly thickened and irregular, particularly in the apical region where it measures at 0.71 cm in thickness. In the apical ventral region, there is an elongated echogenic structure associated with pinpoint mineralizations, most consistent with a mineralized polypoid lesion, a mass effect, or dense adhered/mineralized mucoid debris measuring 1.37 cm x 0.77 cm. The region of the trigone, ureteral papillae and visible urethra (appear free of any mass lesions or calculi at this time.

The prostate is normal in size (1.22 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.01 cm). Overall echogenicity is normal with adequate 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 (7.61 cm). Overall echogenicity is normal with adequate 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 in size measuring 0.88 cm at the cranial pole and 0.81 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 0.8 cm at the cranial pole and 0.59 cm at the caudal pole – The previously described enlargement is not noted on today's exam. 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 (3.16 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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The previously described hypoechoic nodule is not noted on today's exam.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.31 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 revealed a small amount of free fluid. There is no lymphadenopathy noted. 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

- Thickened, irregular apical wall of the urinary bladder with suspended and dependent mineralized debris and a pedunculated mineralized lesion arising from the cranioventral wall. Findings are most consistent with diffuse cystitis, small stones, and an inflammatory polyp. A neoplastic lesion cannot be ruled out.
- Scant free abdominal fluid.
- Mild fluid distension of some areas of the small intestine. Correlate with the feeding history. This could represent passing ingesta, focal enteritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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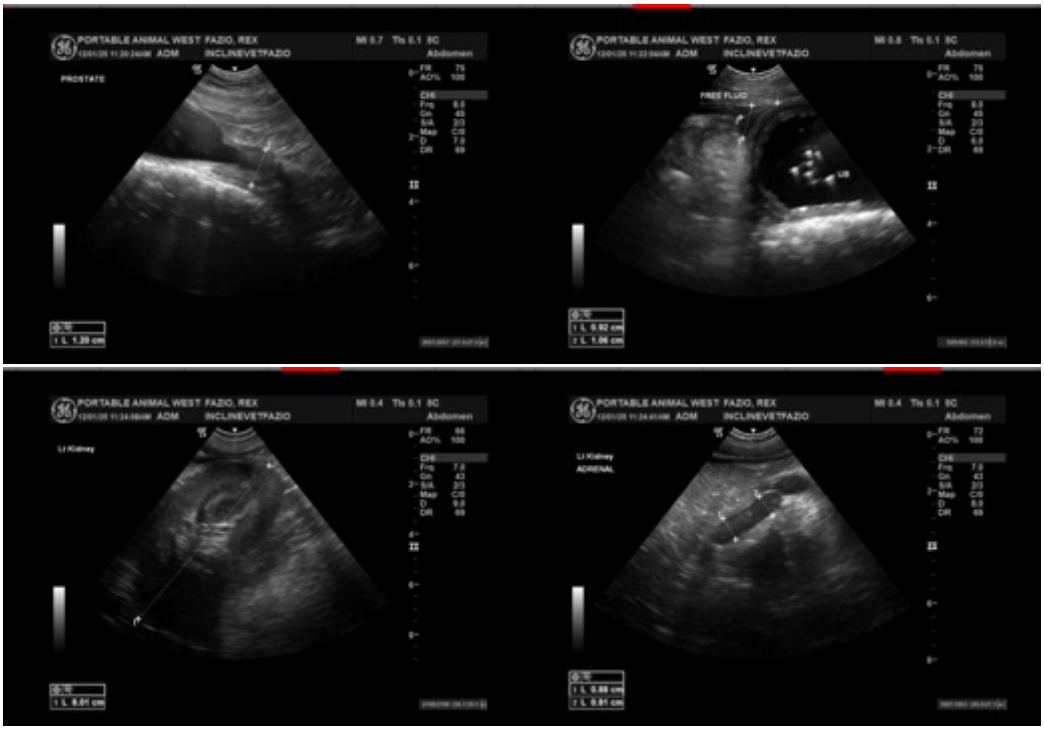
The bladder has a large amount of dependent mineralized debris and small stones. The apical wall is irregular and thickened and there is a mineralized, elongated/pedunculated looking lesion associated with the dorsal ventral. I suspect this represent an inflammatory lesion (polyp, congealed debris, etc.) but a neoplastic lesion cannot be ruled out. Recommend a urine culture. If a positive culture is present consider empirical treatment for struvites and reassessment of the urinary bladder approximately 2 weeks into therapy, looking for the persistence of the abnormal structure and thickening of the wall. As a very prolonged course of antibiotics, and multiple culture may be necessary

If the culture is negative and/or the structure is persistent, consider passing a urinary catheter to try and agitate the lesion and obtain a traumatic catheterization. It's possible that some mineralized debris could also be evaluated for mineral identification. Otherwise, the options would include cystoscopy or surgical evaluation.

Theres a small amount of free abdominal fluid noted. The source for this is not identified as it's somewhat unusual to see this with urinary bladder issues. There is some fluid distension of the small intestine but no evidence of a focal obstruction at this time. Recommend close continued monitoring. If this fluid is persistent, sampling and fluid analysis may be warranted.



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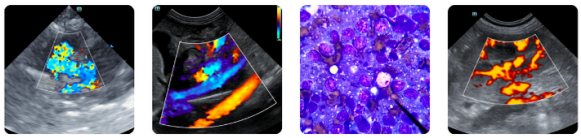

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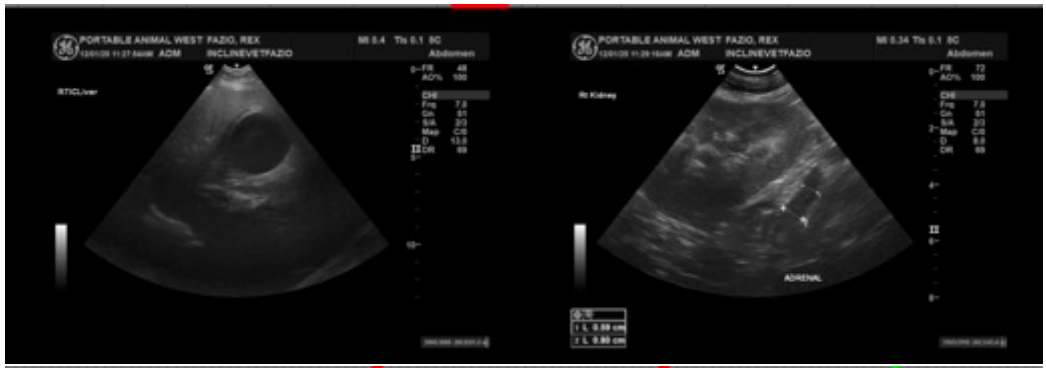

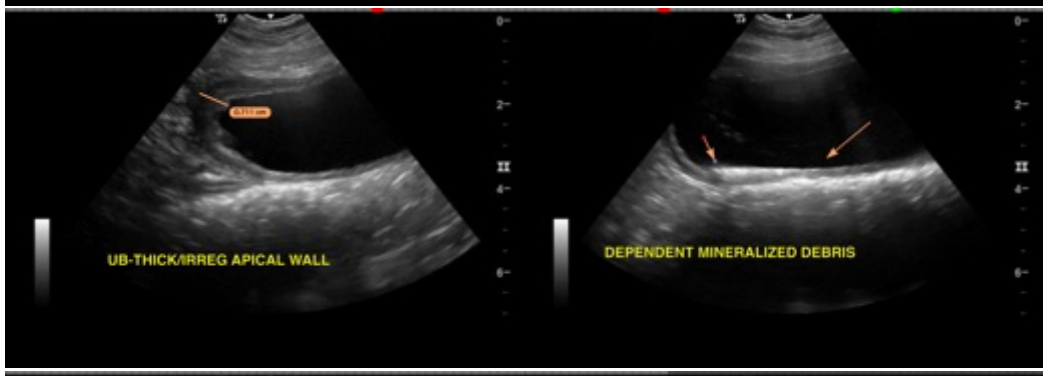

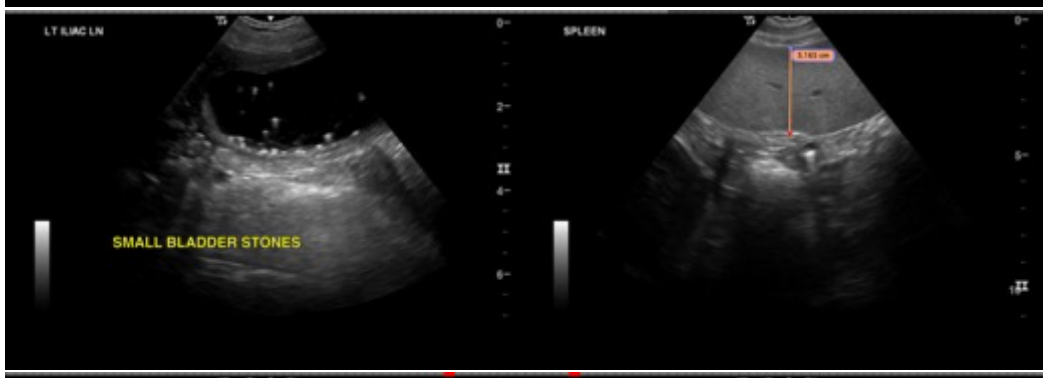

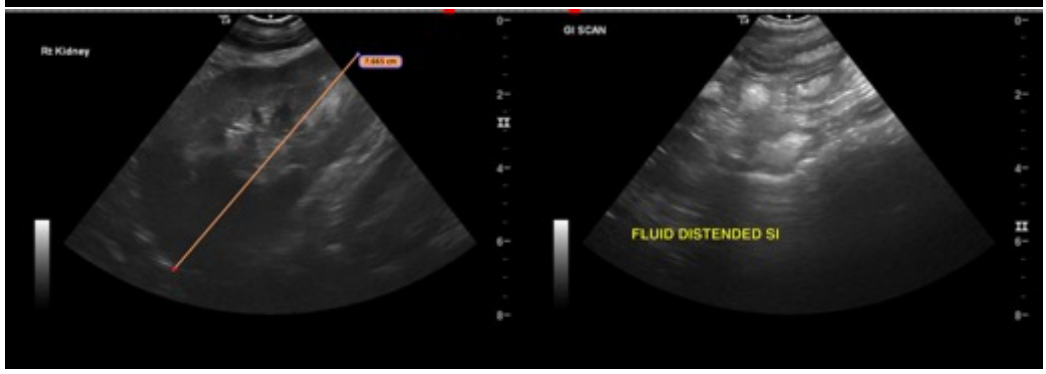

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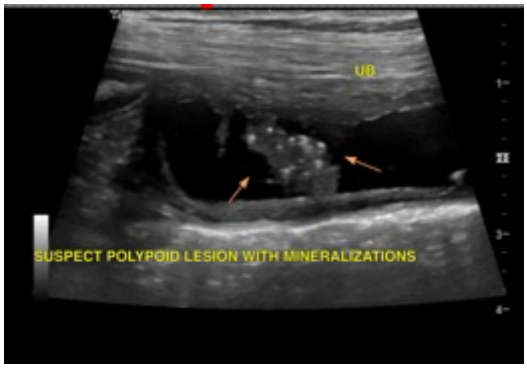

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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