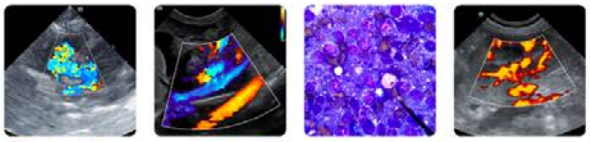


PATIENT

Molly Robson

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Maryna Mullerman, DVM

INVOICE

72722

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Molly is a 12 yo FS mixed breed dog who originally presented on 11/29/25 for blood and urine and house soiling. In the past, patient has had recurrent UTI's and has been treated with antibiotics, per owner. At time of first presentation, urine was sent out for UA and C&S and the patient was started on antibiotics. On UA moderate proteinuria, marked hematuria, moderate pyuria was noted with negative bacterial culture. The patient originally responded well to antibiotics but the urinary signs came back after each course. Full lab work revealed mild hyperglobulinemia and low T4 levels (0.6), as well as persistent proteinuria, hematuria, and crystalluria. No bacteria seen on UA, repeated culture was declined. No overt signs of hypothyroidism were reported by owner. All future attempts of urine collection by cystocentesis or free catch were unsuccessful due to patient urinating frequently. Abdominal radiographs revealed atypical mineralization in the bladder consistent with cystolithiasis or bladder mass mineralization. The patient was started on Carprofen and Gabapentin prior to full AUS.

Abnormal PE/Chem/CBC/UA Results: 12/5/25 CBC: wnl CHEM: Glob 3.9 (H) T4: 0.6 (L) U/A: SpG 1.054, pH 7, Prot 3+, Blood 3+, RBC 21-50 Struvite crystals 2-3, Ca Ox dihydrate 2-3 11/29/25 UA: SpG 1.049, Prot 2+, Blood 3+, WBC 4-10, RBC 11-20 Culture: Free catch, No growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderate distended with some suspended echogenic debris. Additionally, there is some pinpoint hyperechoic shadowing debris visualized in the dependent area of the bladder, most consistent with small stones/sandy debris. In the trigone region there is a solid, mixed echogenicity, partially mineralized mass effect visualized in the ventral wall measuring 2.17 cm x 1.59 cm. This appears to extend to the cystourethral and possibly the proximal urethra, where there is the appearance of mineralized sandy debris.

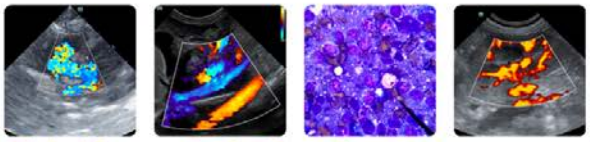
The left kidney has a normal shape and size (5.34 cm) with pinpoint non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.88 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large and irregular in appearance, measuring 1.01 cm at the cranial pole and 0.58 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in that there is a poorly defined hyperechoic nodule at the cranial pole measuring 0.94 cm x 1.37 cm. There is no evidence of vascular invasion.

The right adrenal gland is normal in size measuring 0.35 cm at the cranial pole and 0.46 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.



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Spleen

The spleen is subjectively normal in size (2.05 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 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 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 0.34 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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. There is no significant lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 0.38 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Suspended and dependent echogenic debris/sandy debris/small stones visualized in the urinary bladder as well as a caudoventral/trigonal bladder mass lesion – The appearance is most consistent with a transitional cell carcinoma. Other differentials are possible.
- Poorly defined hyperechoic nodule in the cranial pole of the left adrenal gland – At this time, this has a somewhat benign appearance most consistent with an adenoma or similar. An early neoplastic lesion cannot be ruled out.
- Age related changes visualized associated with both kidneys.

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SECONDARY FINDINGS

- 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.

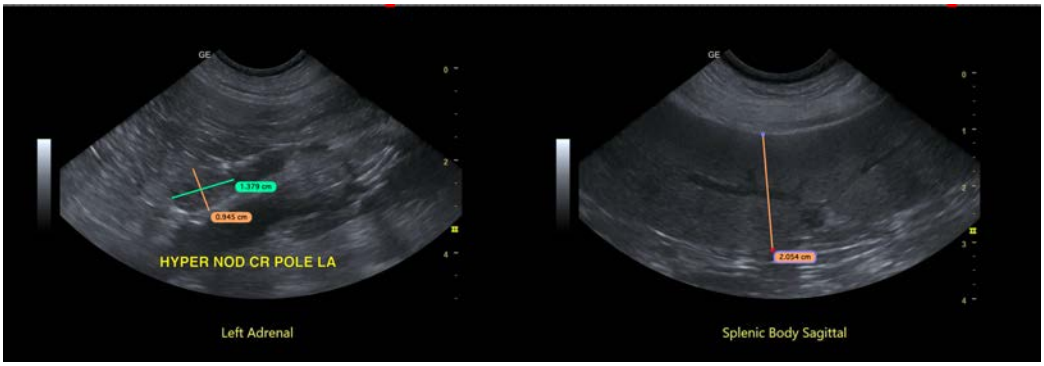
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some suspended and dependent echogenic debris and mineralized debris visualized in the urinary bladder. Additionally, there is a mixed echogenicity/partially mineralized mass effect in the trigonal region. This appears to extend to the region of the cystourethral junction, possibly involving the proximal urethra. Based on the appearance and presentation of this lesion, a transitional cell carcinoma is strongly suspected. If a free catch urine sample is cellular, consider cytologic evaluation of a free catch urine sample. If this is not diagnostic, a traumatic catheterization or similar may be indicated. A urine BRAF test could be considered. A positive urine BRAF test would increase the likelihood of a neoplastic process.

There is a hyperechoic nodule at the cranial pole of the left adrenal. This currently has a somewhat benign appearance. If signs of Cushing's are present, you could consider adrenal function testing. If hypertension is present, you could consider measuring catecholamine levels, looking for possible pheochromocytoma. Recommend close continued monitoring with ultrasound (recheck in 2-3 months), looking for rapid growth, which could indicate a more aggressive disease process.

If clinically appropriate, you could consider symptomatic therapy with Piroxicam and Misoprostol while awaiting cytologic test results. Additionally consider consultation with a veterinary oncologist if a diagnosis is reached to discuss further options.

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



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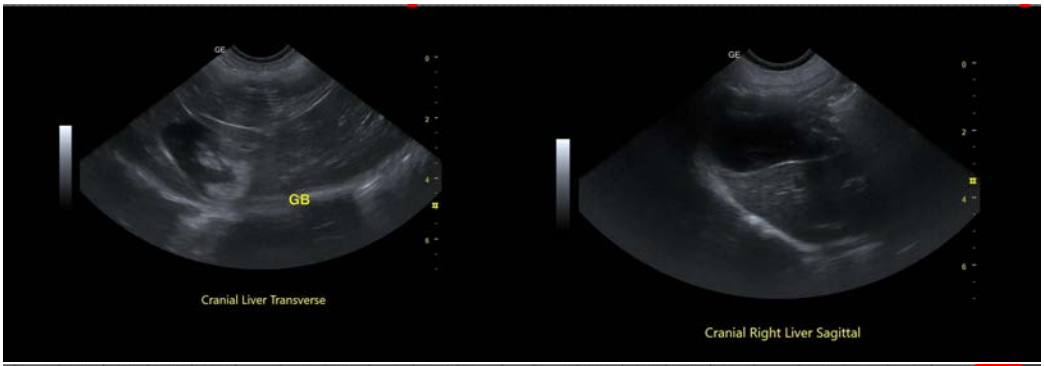

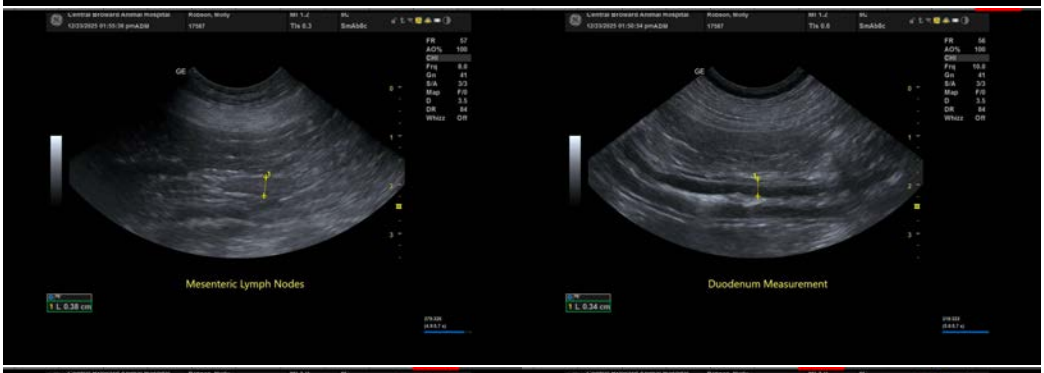

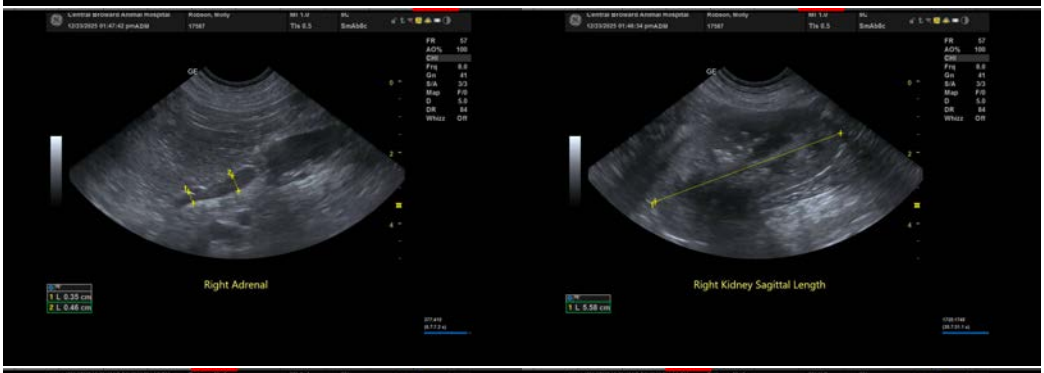

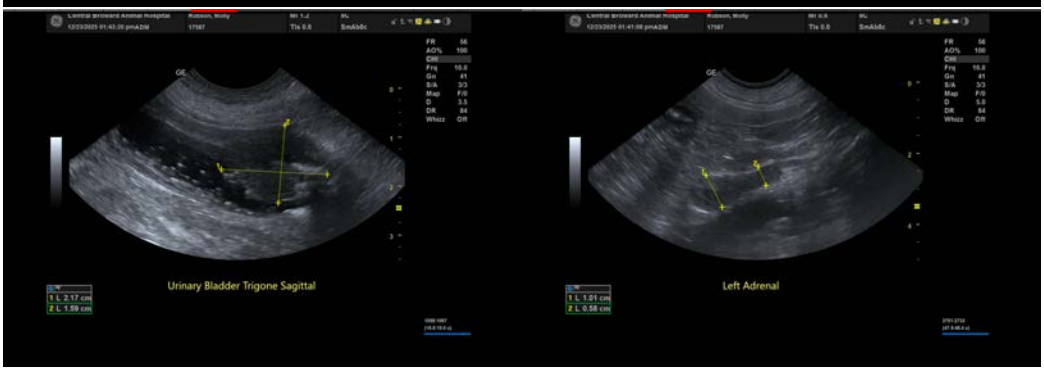

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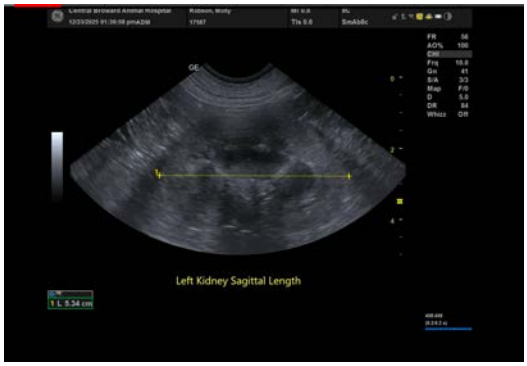

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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