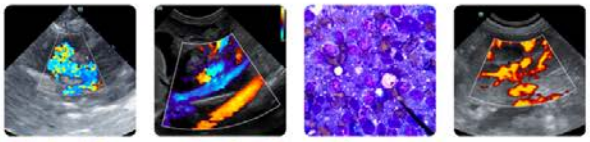


PATIENT

Casey Jacques

SPECIES

Canine

BREED

Boxer x

SEX

Spayed Female

AGE

12 Years

WEIGHT

33.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Chhabra (Corydon Animal Hospital)

INVOICE

72874

DATE

12/30/25

PRESENTING CLINICAL SIGNS

The owner reports noticing a few drops of blood at the end of urination for the past week. There is no straining to urinate and no inappropriate urination in the house. Urinary frequency and behavior are otherwise considered normal by the owner. Meds: Metacam (for chronic musculoskeletal pain)

Abnormal PE/Chem/CBC/UA Results: UAS - Unremarkable, except for the presence of red blood cells and non-squamous epithelial cells.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears normal with a smooth mucosal surface. In the mid dorsal region of the urinary bladder there is a large, irregular, partially mineralized mass effect visualized measuring 2.1 cm x 2.77 cm. The region of the trigone appears normal with some slightly irregular tissue in the cranial aspect.

The left kidney has a normal shape and size (7.3 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(7.98 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 normal in size measuring 0.36 cm at the cranial pole and 0.55 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.

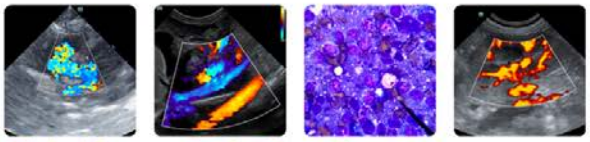
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is normal in size but slightly irregular in appearance. The blood flow through the hilus and splenic parenchyma appears normal. There is a somewhat subtle, solid, hypoechoic mass effect visualized cranial to the hilus measuring 3.18 cm x 4.75 cm. Additionally, there is an irregular, poorly defined hypoechoic nodule in the tail measuring 1.06 cm x 1.23 cm.

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.



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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. 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 <0.7cm 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 0.40 cm. Jejunum wall measures 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 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

- Irregular, partially mineralized mass effect at the mid dorsal wall of the urinary bladder – This has the appearance most consistent with a transitional cell carcinoma. Other differentials are possible.
- Subtle solid, hypoechoic, partially mineralized mass effect in the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Smaller hypoechoic nodule 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal, irregular, partially mineralized mass effect visualized in the dorsal wall of the urinary bladder. This has the appearance most consistent with a transitional cell carcinoma, although other differentials are possible. If a urine sample is highly cellular, consider cytologic evaluation. Additionally, you could consider a urine BRAF test. If this is positive, this would increase the likelihood of an

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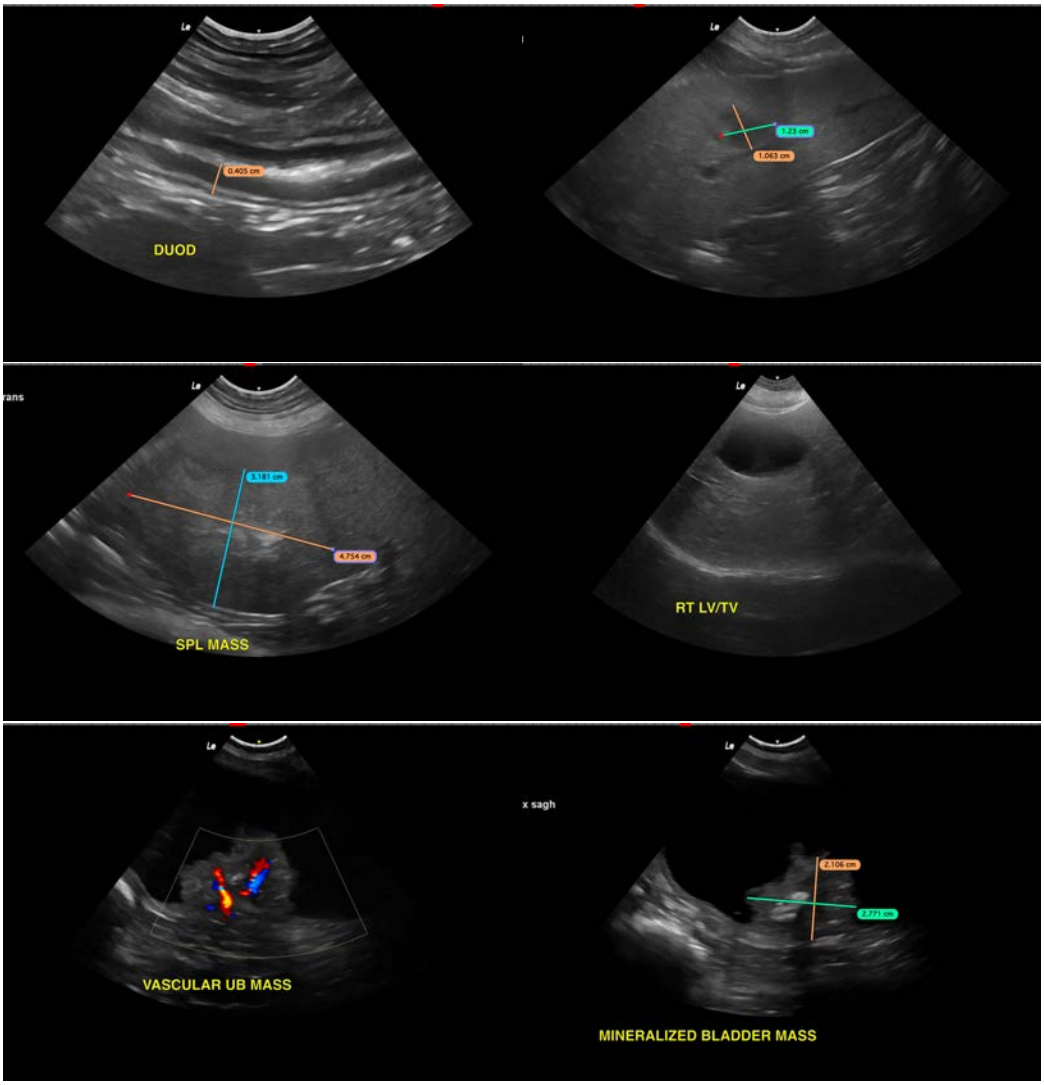
underlying transitional cell carcinoma. If cytologic diagnosis can't be made off a free catch sample, consider traumatic catheterization.

There is a solid, hypoechoic, mildly mineralized mass effect visualized in the spleen. This could represent a benign or neoplastic lesion. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound. There is a smaller hypoechoic lesion in the tail of the spleen. This additionally could be sampled and monitored for significant change.

If medically appropriate, you could consider starting Piroxicam and Misoprostol while awaiting further diagnostics on the bladder mass lesion.

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



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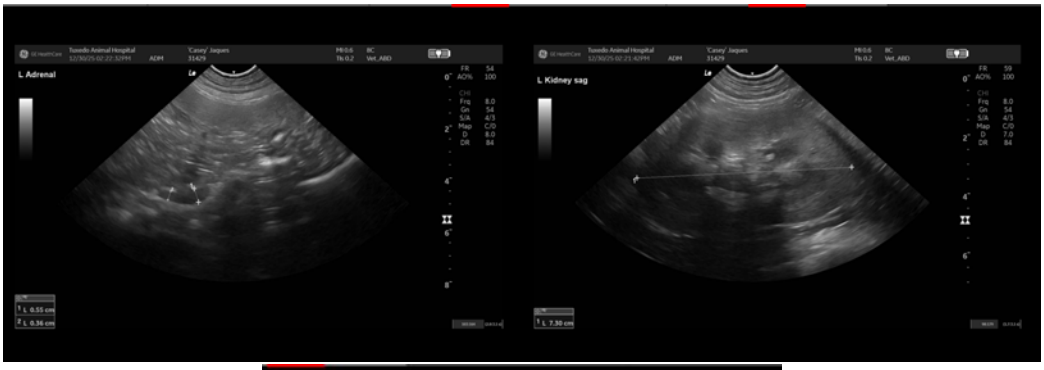

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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