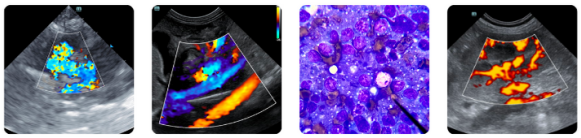


DATE

12/5/2025

PATIENT

Lambeau Werther

SPECIES

Canine

BREED

Springer Mix

SEX

MN

AGE

10 years

WEIGHT

52.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Oliveri

INVOICE

10877

PRESENTING CLINICAL SIGNS

Patient History: 11/29/25 was seen at vet in FL For hematuria. Bladder rads-no stones. BW elevated alt, alp. Sent home with meds. 12/03/25BAR, a bit nervous but fine to examine- mm/oral: wnl, mm pink and moist, moderate tartar, EENT: wnl, OU mild lenticular sclerosis, H/L: no audible murmur, lungs are clear^, Abd/GI: soft on palpation, non painful, possible enlarged liver?, M/S: seems stiff behind, BCS 3/5, Integ:large soft tissue mass left axillary region, soft tissue/skin tag right thorax, UG: wnl^, Neuro: wnl^

Current Medications: Denamarin #1 po QD, Codeine 60mg #1 q 6-12 hours for pain, Clavamox 250mg #1 bid.

Labwork Results: Labwork not attached, reported as above.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is focally severely thickened in the mid dorsal region, creating a large mass effect measuring 1.75 cm x 3.76 cm, which is mildly mineralized. The caudal aspect of this encroaches the trigone region. The region of the proximal urethra appears free if any mass lesions, or calculi.

The prostate is normal in size (0.96 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 (6.36 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 (6.72 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 0.7 cm at the cranial pole and 0.74 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 0.99 cm at the cranial pole and 0.74 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 (1.27 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 rounded. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The left caudal aspect of the liver appears somewhat rounded with the appearance of a very poorly defined isoechoic mass effect, measuring 4.43 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. 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. The duodenum measured as normal (0.39 cm in wall thickness) and the jejunum measured as normal (0.38 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 mildly prominent and mottled. 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, mineralized mass effect visualized in the mid dorsal region of the urinary bladder. Findings are highly concerning for a transitional cell carcinoma. Other differentials are possible.

- Pancreatic changes consistent with pancreatic remodeling +/- chronic pancreatitis.

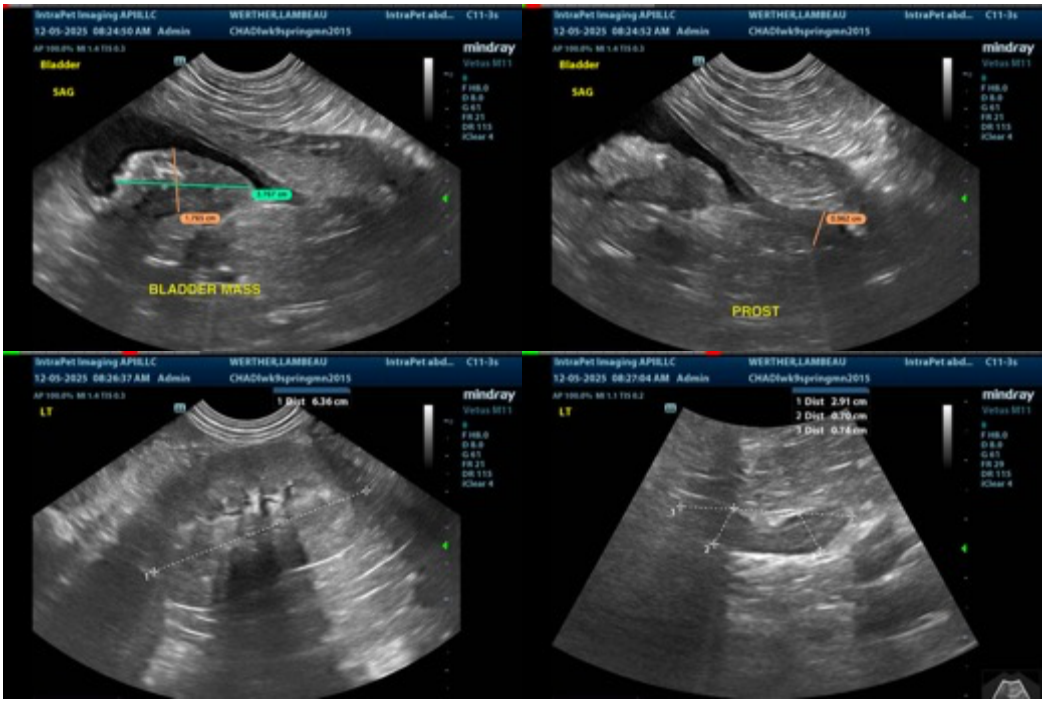
- Mildly heterogenous, large liver with a rounded left region creating the impression of an isoechoic mass effect. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The mass effect could represent anatomic variation, an adenoma, less likely a carcinoma, or more aggressive neoplastic lesion.

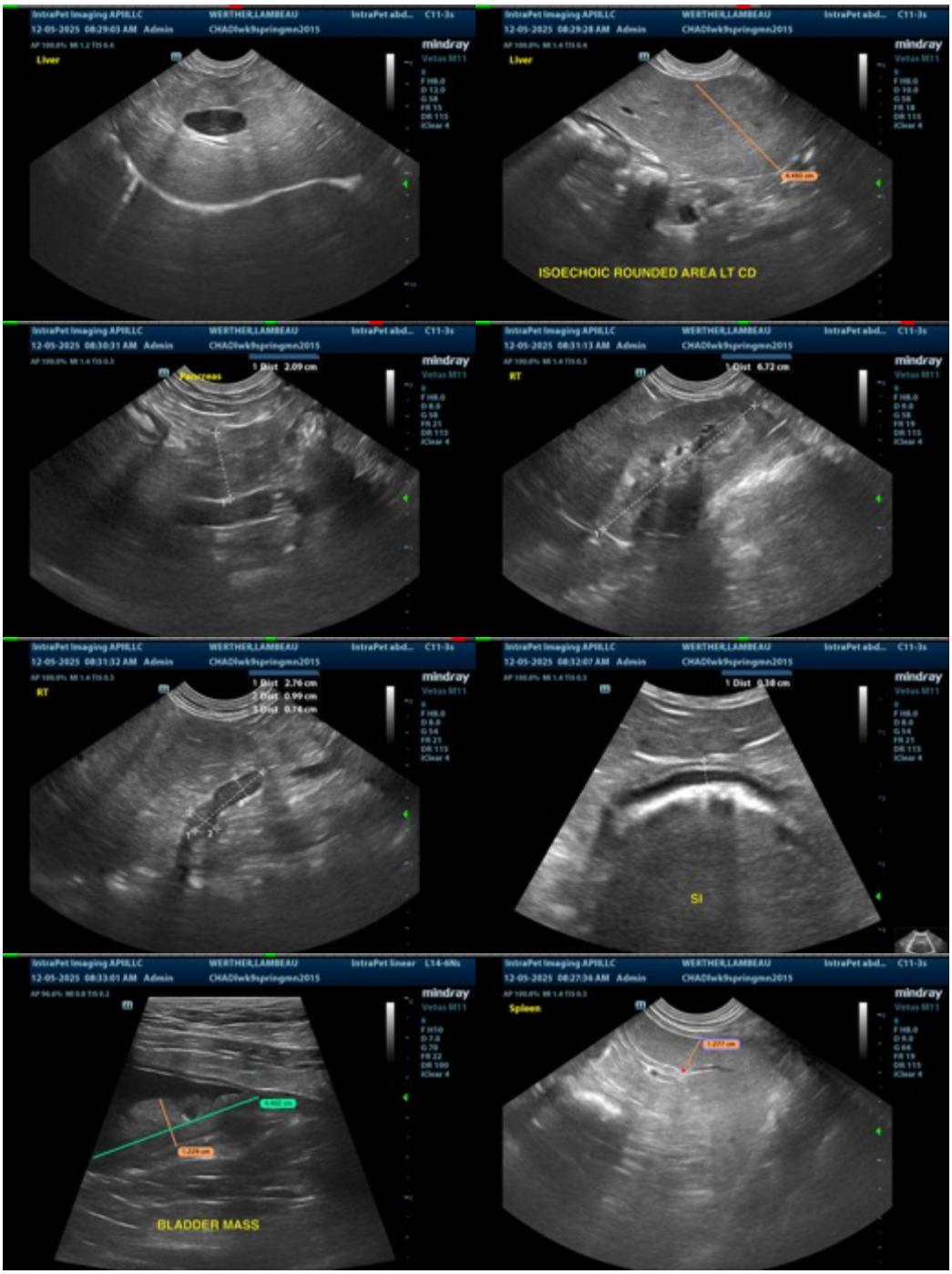
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a mass lesion visualized in the mid dorsal region of the urinary bladder which is highly concerning for a transitional cell carcinoma. Recommend a urine BRAF test. If this is positive, this would greatly increase the likelihood of an underlying neoplastic lesion. If this is negative, it's non-diagnostic and additional testing would be necessary. If the urine is highly cellular, you could consider cytology on a free catch urine sample. If a diagnosis cannot be made with these tests than a traumatic catheterization could be considered.

Depending on which liver enzymes are elevated and the severity of the liver enzymes, further evaluation could involve a liver function test and a fine needle aspirate of the liver particularly the left rounded region of the liver, as a poorly defined mass effect cannot be ruled out. Recommend continued monitoring of the region with ultrasound.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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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