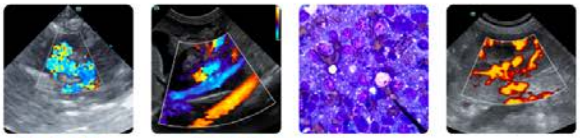


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Hugo Laing

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

74994

DATE

5/6/26

PRESENTING CLINICAL SIGNS

BAR. No pain on ABD palpation. Incontinent, straining to U+. Recheck bladder mass from January Current Medications:Clavaseptin 62.5mg- 1.5 tab BID

Abnormal PE/Chem/CBC/UA Results: Last done February 2026 -ALT 149 (10-125) -ALP 513 (23-212) -Chol 11.01 (2.84-8.26) -Amyl 1835 (500-1500) -Lipase 2814 (200-1800) -QPL 752 (0-200) Primary Question to Be Answered in This Exam Concerns about recurring U+ issues, suspected bladder mass/polyp Previous report attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. There is extensive wall thickening from the mid ventral wall apically extending into the mid ventral wall thickening where the previous mass effect was. This thickening measures at 0.65 cm. The larger more extensive mass effect region associated with the dorsal wall measures at 1.51 cm x 3.15 cm (previous measurement from 1/2026 was 2.15 cm x 0.67 cm). The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.72 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.

The right kidney has a normal shape and size (4.15 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” measuring 0.73 cm at the cranial pole and 0.82 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.

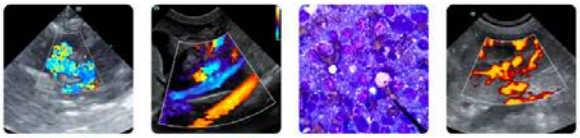
The right adrenal gland is “plump” measuring 0.79 cm at the caudal pole (the cranial pole is not clearly visualized). It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.75 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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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. 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 0.38 cm. Jejunum wall measures 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 pancreas is visible/mildly mottled in the right limb. 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

- Extensive bladder wall thickening and irregularity blending into the previously described mass effect, which appears larger on today's exam – Findings are concerning for a significantly enlarged mass effect. Rule out concurrent cystitis.
- Borderline "plump" adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.
- Mildly heterogeneous liver – Findings could be consistent with a mild vacuolar hepatopathy or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is extensive bladder wall thickening and irregularity in the caudal half of the urinary bladder including the dorsal and ventral wall. The previous area described on the dorsal wall is present and appears larger and coalesces into the apical wall thickening. It is uncertain if this is all a mass effect or if there is concurrent cystitis, etc. If not already done, strongly recommend a urine BRAF test, a urine culture, and cytologic evaluation for neoplastic cells (highly cellular free catch sample or traumatic catheterization). If a diagnosis can be obtained, you could consider treatment with Piroxicam, provided

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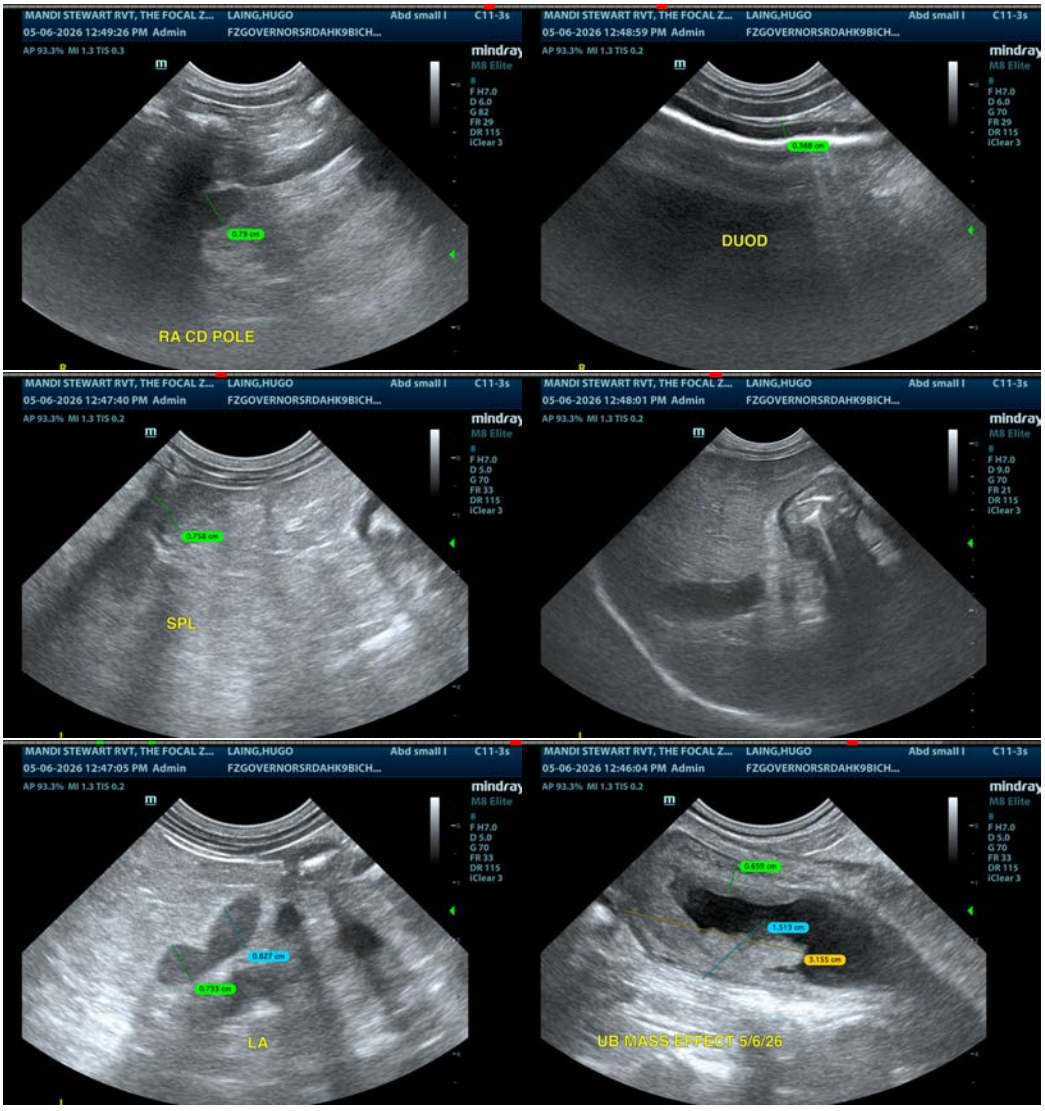
renal values are normal, etc., which may provide significant clinical relief if this is a neoplastic lesion and would help to rule out a severe cystitis.

The adrenals appear somewhat "plump" on today's exam, and the liver was subjectively mildly heterogeneous. Findings could be normal for this individual or consistent with early hyperadrenocorticism. Adrenal function testing could be considered, keeping in mind that concurrent illness can cause false positives.

If a diagnosis can be obtained and a transitional cell carcinoma is confirmed, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis.



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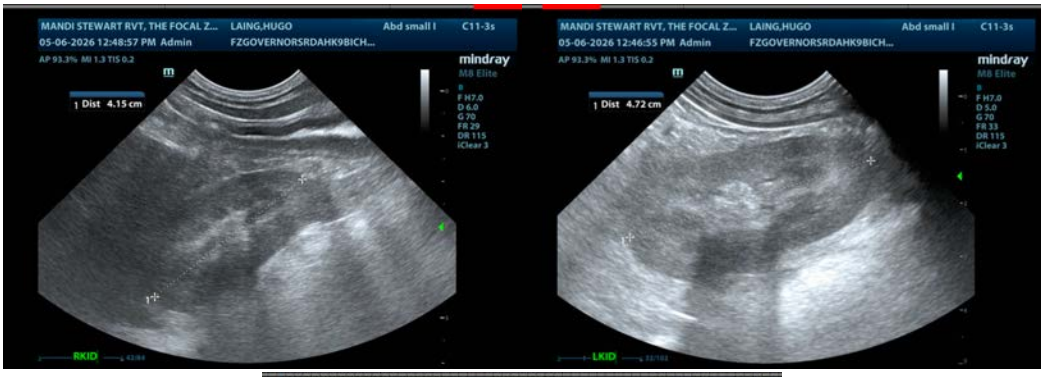

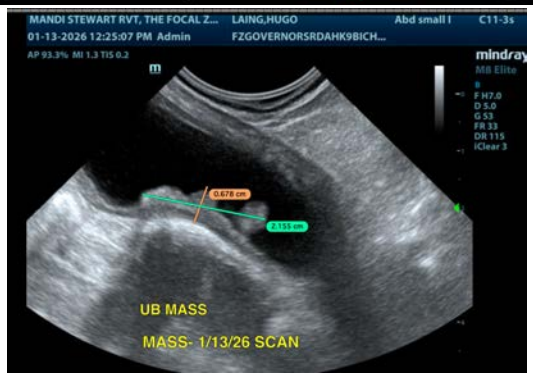

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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