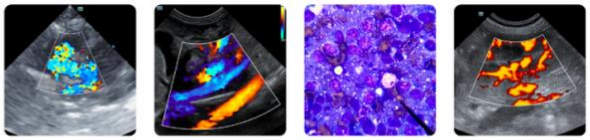

PATIENT

Annie Haskell

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

56 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

13166

DATE

01/15/26

PRESENTING CLINICAL SIGNS

Presented to my colleague on Monday for urinary accidents, Exam unremarkable.

Abnormal PE/Chem/CBC/UA Results: MONDAY; ua: Rods, and increase WBC CREAT 2.3 BUN 40 ALT 160 AST 61

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with several polypoid to sessile based lesions visualized with an example measuring 0.75 cm to 1.0 cm in diameter. The polypoid lesions are primarily associated with the ventral and apical urinary bladder wall. Anechoic urine was present without evidence of mineral or calculi. The trigone and cystourethral junction were free of pathology. The pelvic urethra was normal in structure and tone to a depth of 3.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and was maintained with indistinct corticomedullary border demarcation and bilateral cortical infarcts. The left kidney measured 4.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

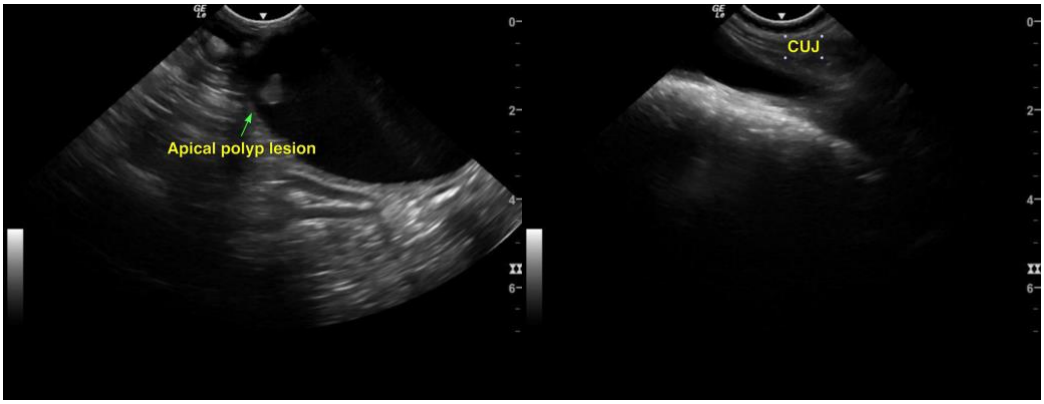
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder polypoid lesions.
- Sonographically unremarkable visible proximal urethra.
- Chronic renal changes exhibiting cortical infarcts.
- Sonographically normal liver/gallbladder- consistent with mild benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder polyploid lesions may indicate benign polyps, polyploid cystitis or emerging neoplasia, i.e. transitional cell carcinoma. Urine culture and sensitivity on sterile urine sample is recommended if not done. Correlation with BRAF assay is recommended. No evidence of trigone, cystourethral junction or proximal urethral pathology. Urinary bladder polyploid lesion biopsy may be required for a definitive diagnosis versus sonographic monitoring for evidence of progression. Assessment of systemic BP as well as clotting status given renal infarcts may be considered.



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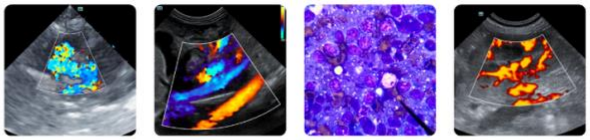

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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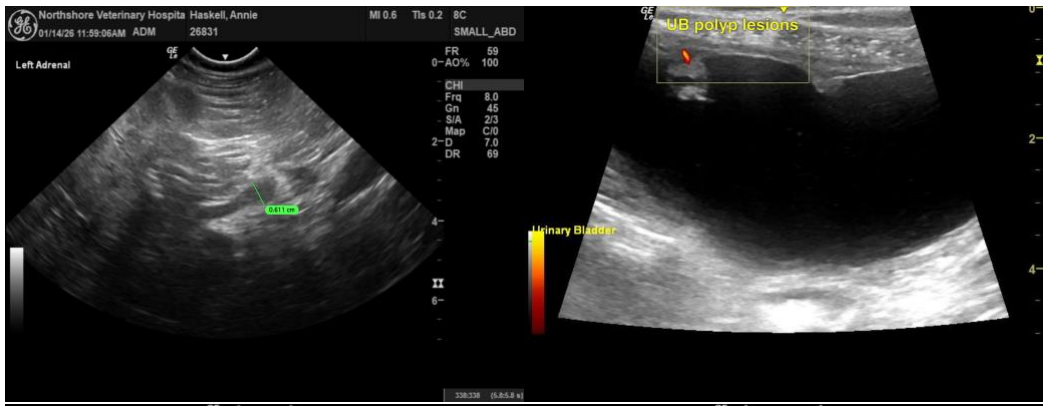

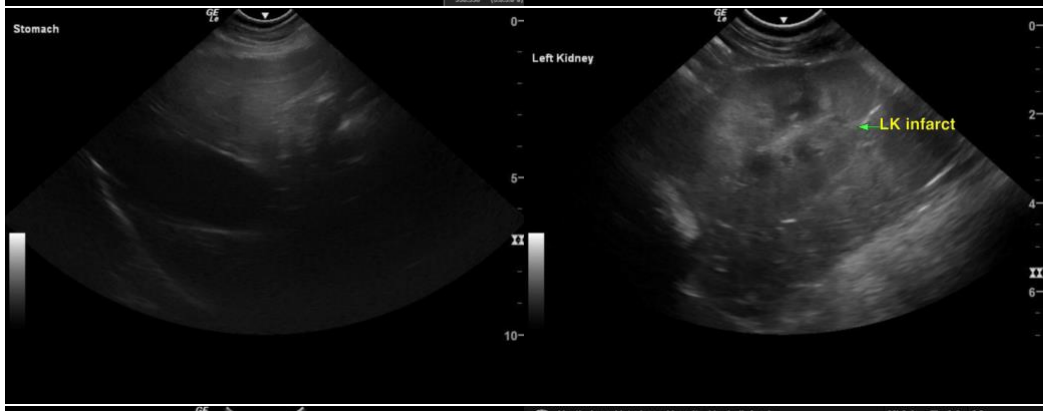

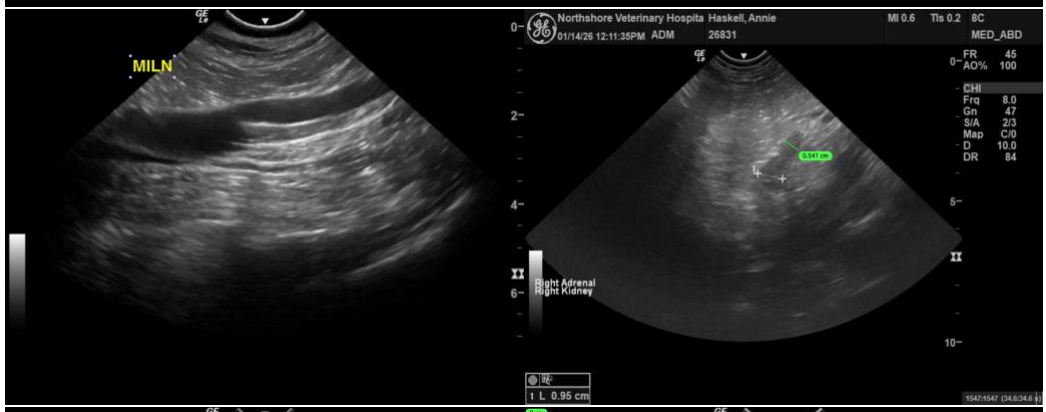

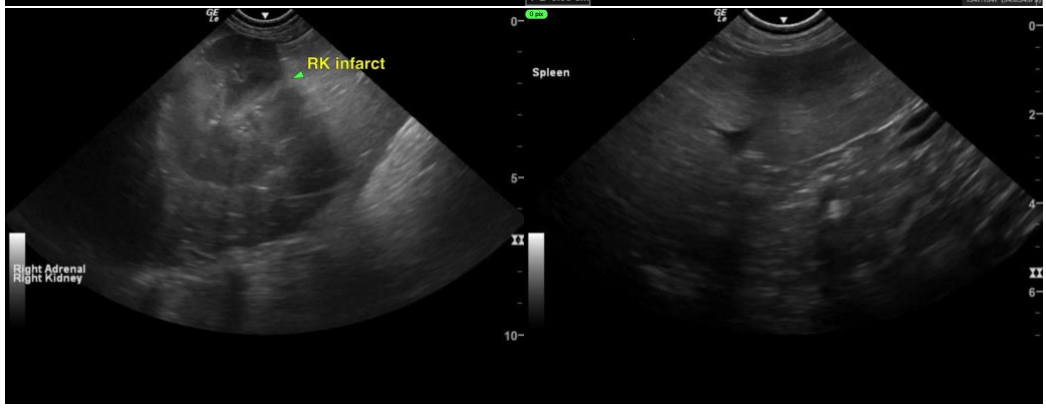

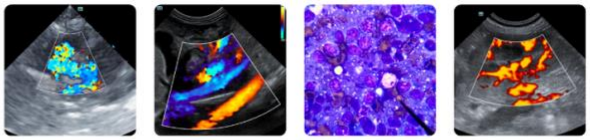

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com