



PATIENT

Brody Frazita

SPECIES

Canine

BREED

Collie Mix

SEX

MI

AGE

8yr

WEIGHT

69.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

23607

DATE

01/19/2026

PRESENTING CLINICAL SIGNS

Hematuria. On pred and cefpodoxime. Cystocentesis obtained today for analysis for referring veterinarian

Abnormal PE/Chem/CBC/UA Results: 1/19/26 UA 3+ Blood, 1+ Bilirubin, WBC 2-3hpf, Amor Phos 2-3/hpf, ph 5.5, free catch

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and normal generalized urinary bladder wall without evidence of inflammation or tumors. Apical mild asymmetrical wall contour with subjective repeatable apical indentation artifact without evidence of urinary bladder wall or peripheral urinary bladder pathology. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The trigone and cystourethral junction were free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 8.0 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.2 cm in diameter.

Normal visible proximal urethral structure with mild decreased prostatic urethral tone. No obvious post-prostatic urethral pathology or obstructive criteria. The prostatic urethra diameter measured 0.47 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 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 0.57 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.



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Liver/Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

SEX

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 mechanical/metabolic ileus, obstruction or foreign material.

MI

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

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Overall normal urinary bladder wall with focal asymmetrical apical bladder wall conformation.
- Benign prostatic hyperplasia pattern, mild potential for prostatitis.
- Normal visible proximal urethra with mild decreased prostatic urethral tone.
- Normal kidney /no evidence of pyelonephritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The asymmetrical apical bladder wall contour is non-specific with possible apical bladder folding or patient variant. Besides this finding, no evidence of urinary bladder or proximal urethral structural pathology i.e. masses, inflammatory criteria, calculi etc. Correlation with pending urine C/S is recommended. Potential prostatic suppressed inflammation given current steroid therapy cannot be definitively excluded.

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Prostatic sampling either via a prostatic wash or ultrasound guided FNA for cytology +/- C/S would be required for definitive diagnosis. Sonographic monitoring of the atypical apical bladder wall for evidence of persistence or progression is recommended. If persistent or recurrent UTI or lower urinary tract signs, consideration for laparotomy, gross inspection of the apical urinary bladder, resection of the atypical wall bladder wall and concurrent neuter should be considered.

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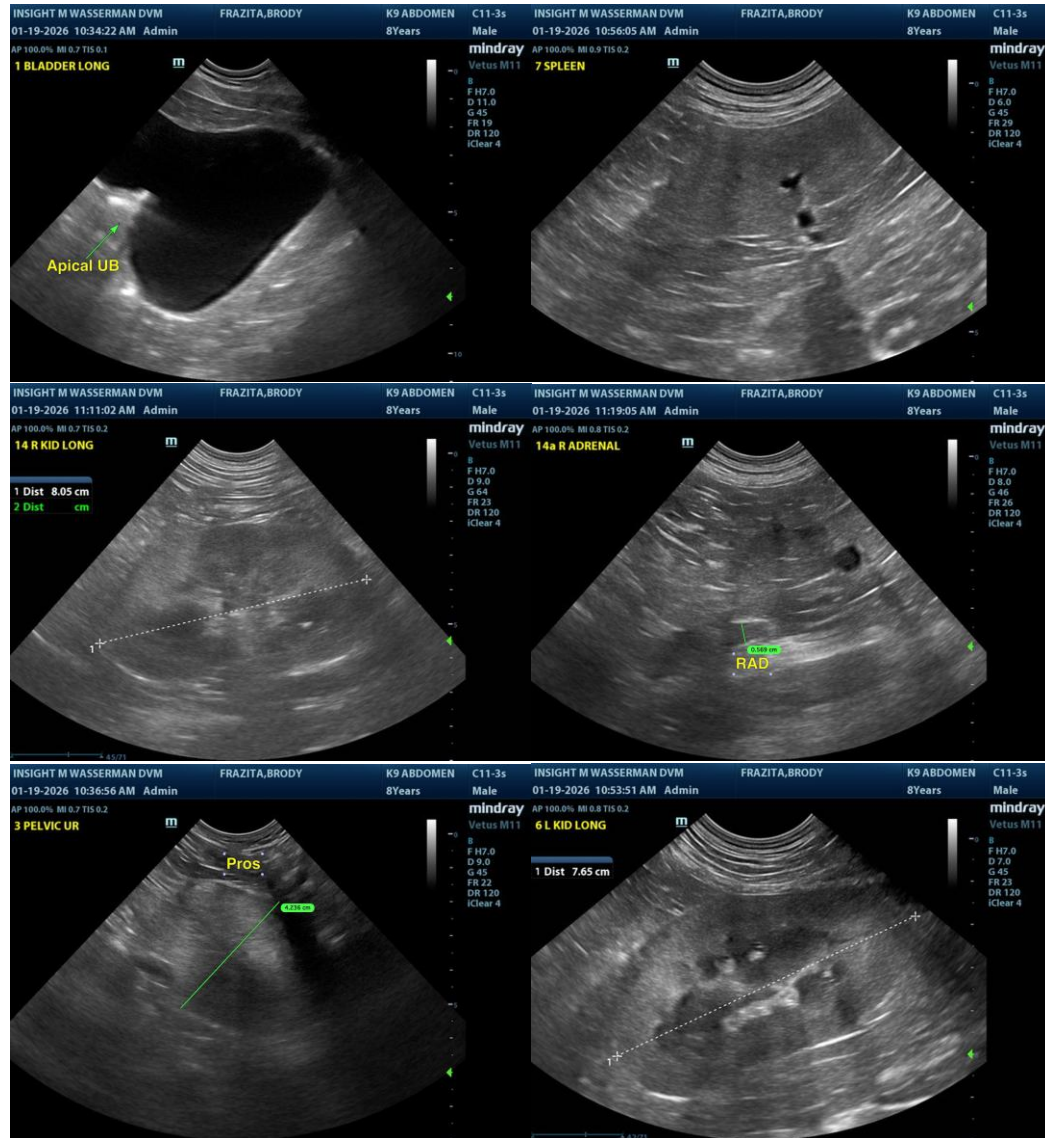
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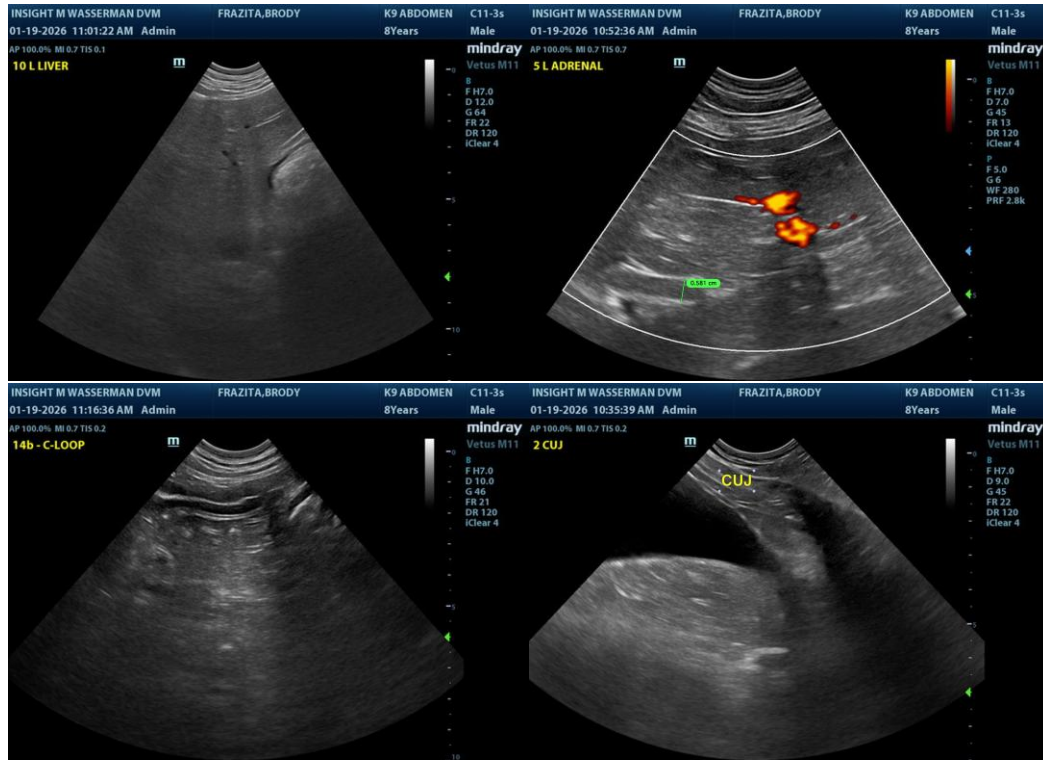
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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