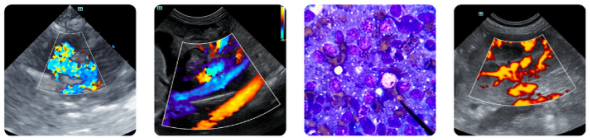


PATIENT

Larry Aitkens

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

12y

WEIGHT

23.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE

13102

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History:

- One month history of increased frequency and straining with urination. was seen at rdvm on 12/30/25, urinalysis, blood work and radiograph done. was rx'd novox and enrofloxacin. Continued straining and frequency with urination noted by owner. owner discontinued giving novox. recheck of urine on 1/15. rdvm recommended abd ultrasound.
- Current Medications: Enrofloxacin
- Concern for severe cystitis vs neoplasia, vs other

Abnormal PE/Chem/CBC/UA Results: 12/30/25 rdvm u/a: amber color, very cloudy, sg 1.038, pH 6.0, protein trace, blood 4+, bilirubin 1+, urobilinogen 1+, wbc 1/hpf, rbc >50/hpf, no bacteria, no crystals, non-squamous epithelial cells 3-5/hpf rdvm rad: no obvious bladder stones 1/3 rdvm chem: SDMA 13, TP 7.6 H, globulin 4.5 H cbc: WNL hw/lyme/ehrlichia/anaplasma: negative X4 1/15 rdvm u/a: dark yellow color, very cloudy, usg 1.045, pH 5.0, protein 1+, blood 4+, bilirubin 1+, urobilinogen 1+, leukocyte negative, wbc 3/hpf, rbc > 50/hpf, bacteria none, non-squamous epithelial cells 6-10/hpf, crystals none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with variably thickened ventral apical to dorsal apical urinary bladder wall exhibiting asymmetrical lumen surface contour and mild non-homogeneous apical mural echogenicity. Areas of lumen vs adhered or possible lumen surface mural mineral. No evidence of lumen macro calculi with mild particulate urine sediment. The trigone and cysourethral junction were free of pathology.

No obvious visualized pathology in the area of the residual prostate, although indistinctly visualized.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

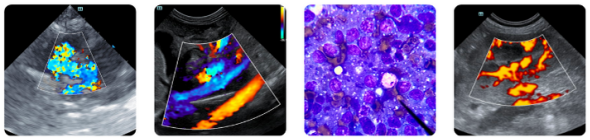
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.64 cm width at the caudal pole. The right adrenal gland was indistinctly visualized.

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

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. 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 contained mild, non-shadowing ingesta consistent with food echogenicity.

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

- Thickened apical bladder wall exhibiting focal lumen vs adhered or possible mural mineralization
- Indistinctly visualized yet subjective sonographically normal residual prostate
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patter of thickened apical urinary bladder wall may suggest chronic cystitis, although apical urinary bladder tumor is not excluded. Definitive evidence of residual prostate or proximal urethra pathology was not overtly visualized. Further assessment may include C/S on sterile urine sample, if not done, and screening BRAF assay. Bladder wall histopathology, +/- C/S with consideration for resection of apical urinary bladder wall id persistent or progressive mural pathology likely required for definitive diagnosis. No obvious evidence of regional lymphadenopathy or metastatic criteria. Pending additional diagnostics, empirical therapy for cystitis with clinical and as needed sonographic monitoring would be reasonable.

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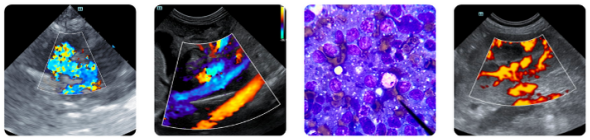

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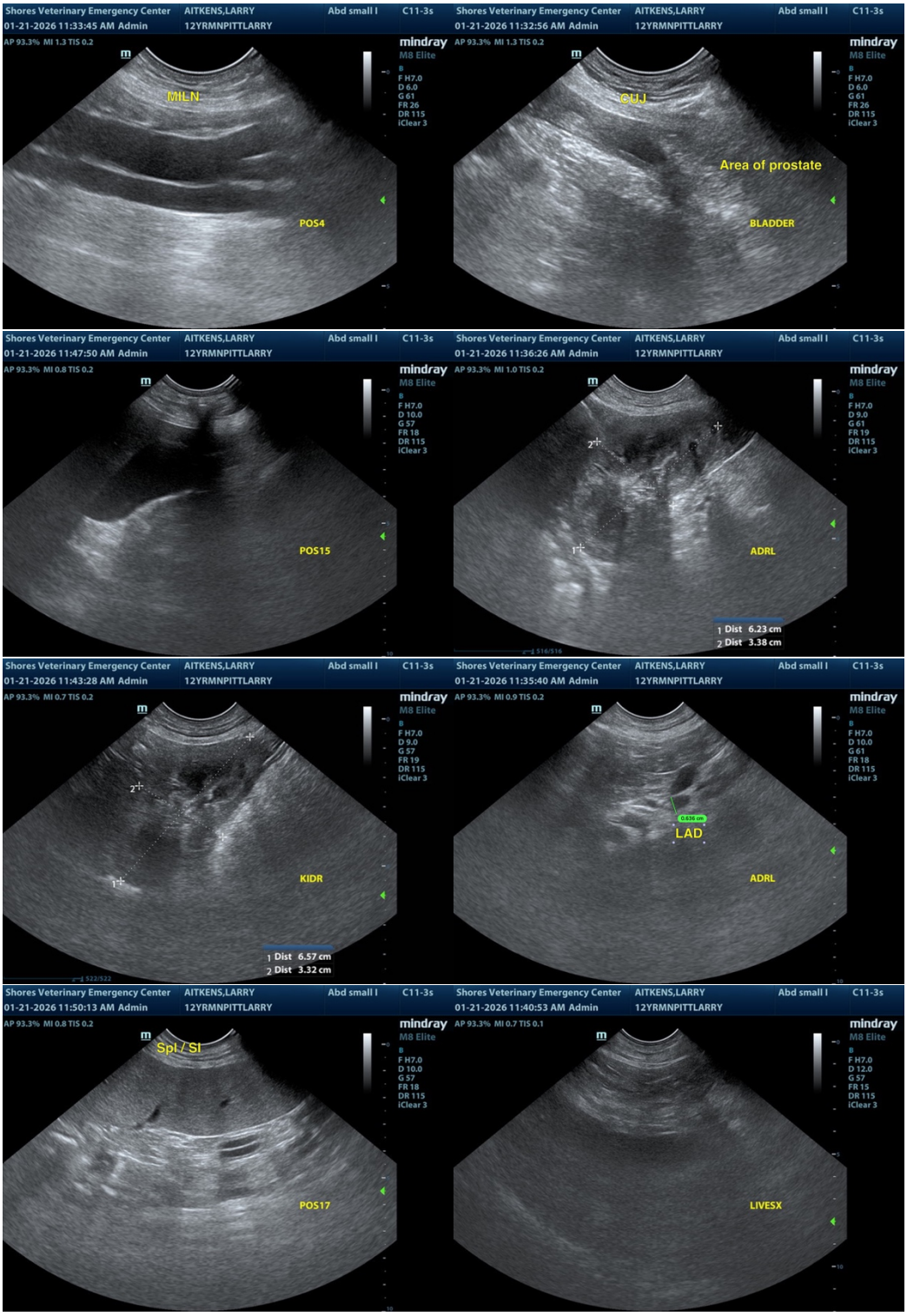

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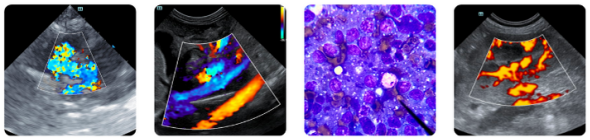

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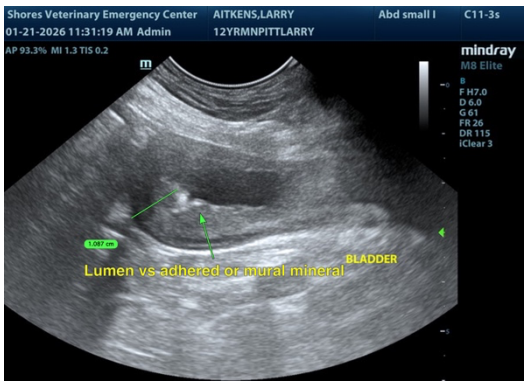

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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