



## PATIENT

Pito Navas

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Male Neutered

## AGE

13y

## WEIGHT

18.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julissa Diaz, LVT

## HOSPITAL NAME

Centro Veterinario del Norte

## REFERRING VET

Gabriela Cider, DVM

## INVOICE

13134

## DATE

1/27/26

## PRESENTING CLINICAL SIGNS

History:

- Recheck of urinary bladder mass, reported oct 2025, Irregular, non-homogeneous, mildly mineralized mass was present occupying majority of the urinary bladder lumen. The mass did not appear to obstruct urine outflow. Mildly thickened cystourethral junction wall. The mass measured ~3.0 cm x 2.0 cm. Dog has been on piroxicam and has been stable at home, intermittent hematuria. Owners reported he has been urinating with some difficulty, concerned for mass growth possible obstruction of urethra at this time. Catheter was passed smoothly yesterday.
- Meds: Piroxicam

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

A sessile based mass with asymmetrical margination was present occupying the majority of the dorsal urinary bladder wall and lumen. The mass was focally hyperechoic, non-homogeneous, mineralized and measured ~3.4 cm length x 1.8 cm width. A small area of cystourethral junction thickening not overtly obstructive to urine outflow was noted measuring 0.7 cm in diameter. The parenchyma of the mass was heterogeneous with hyperechoic foci and mineralization. The visible proximal urethra to a depth of 2.0 cm exhibited normal tone and structure. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral and small cortical cysts were present. The left kidney measured 4.6 cm in length. The right kidney measured 5.4 cm in length.

### Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland was asymmetrically enlarged in size with non-homogeneous, focally hyperechoic to suspect mineralized parenchyma exhibiting intact asymmetrical capsule contour. The right adrenal gland measured 2.7 cm length x 1.3 cm.

### 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 exhibited generalized hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild / moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, small, non-capsule deforming intraparenchymal cysts were present. The gallbladder was non distended in size with non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

## 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.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically similar to minor progressive urinary bladder mass, mildly thickened non-obstructive cystourethral wall to possible concurrent emerging cystourethral junction mass
- Static chronic renal changes exhibiting cortical cysts and medullary mineral
- Static enlarged non-homogeneous liver
- Static non-organized congealed gallbladder debris – not consistent with mature mucocele
- Bilateral adrenomegaly with probable right adrenal mass
- Static pancreatic remodeling

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for mild measurement variability, the urinary bladder mass appears slight larger compared to the previous study. No overt current obstruction to urine outflow given lack of urinary bladder distention/ No evidence of regional lymphatic metastasis. Adrenal workup and monitoring of systemic BP for evidence of hypertension warranted if clinical signs consistent with Cushing's Syndrome and potential for pheochromocytoma. Hepato-supportive medications indicated. Assuming evidence of hepatopathy or cholestasis, sonographic monitoring of the urinary bladder mass and right adrenal for evidence of progression is recommended.



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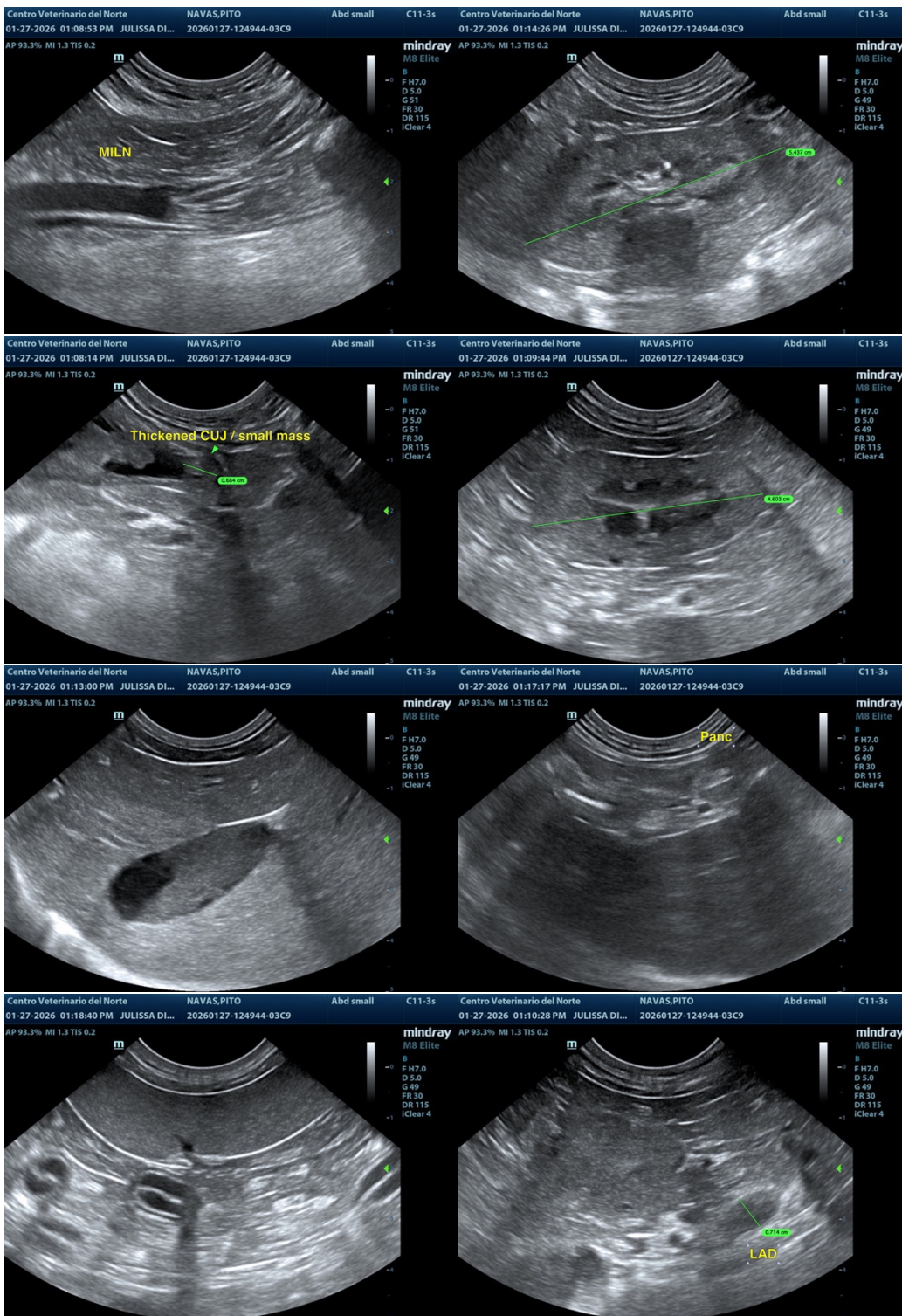
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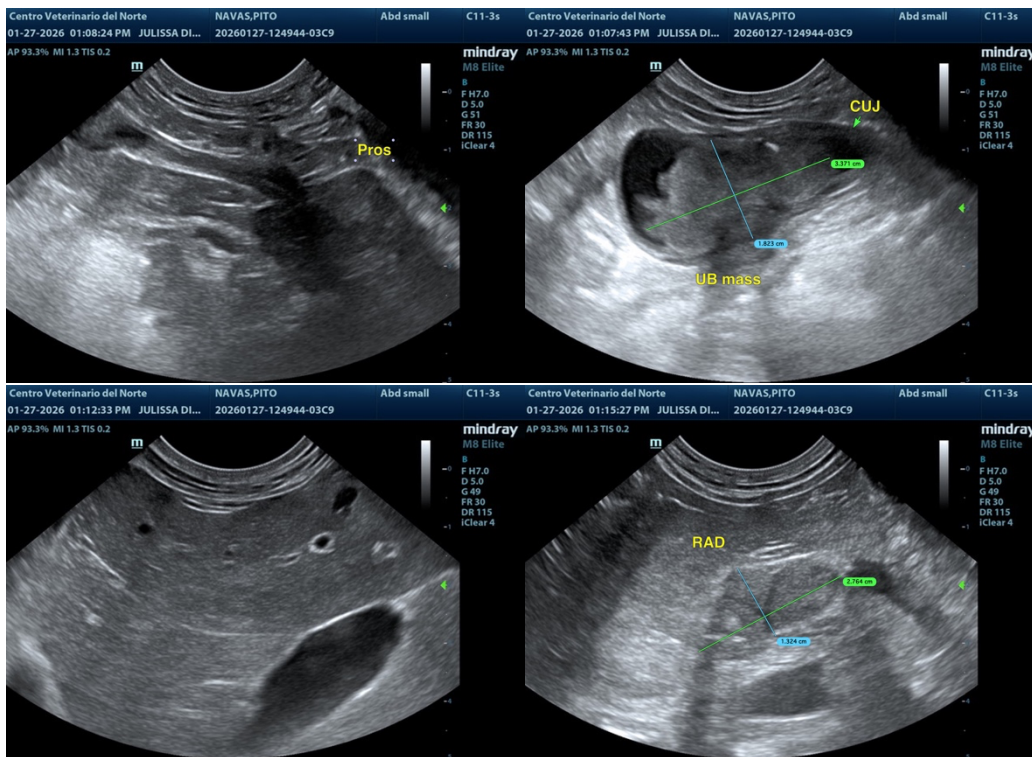
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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