



PATIENT

Daisy Natoli

SPECIES

Canine

BREED

Lab Mix

SEX

Female Spayed

AGE

10y

WEIGHT

58

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Morris Hills VC

REFERRING VET

Dr. Hirshenson

INVOICE

13014

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Chronic hematuria, r/o neoplasia vs cystitis Clinical findings: BW nr UA hematuria Current Medications: Enroquin 687 q12hr & UT strength BID

Abnormal PE/Chem/CBC/UA Results: U/A = WBC >50 hpf RBC >50 hpf USG: 1.016 Pro- 30mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited an extensive urinary bladder mass appearing to primarily involve the dorsal urinary bladder wall extending into the trigone and cystourethral junction. The mass exhibited a non-homogeneous parenchyma with hyperechoic foci consistent with mineralization. The majority of the mass measured ~8.5 cm x 4.7 cm. Concurrent irregularly thickened apical and ventral urinary bladder wall with additional masses. Apical urinary bladder mass measured 2.0 cm in diameter. Anechoic urine with mild urine sediment was present. The proximal urethra to a depth of 3.0 cm exhibited normal structure and tone.

No evidence of medial iliac or sublumbbar 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 5.9 cm in length. The right kidney measured 5.9 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 0.67 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 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

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 mild, 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.



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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

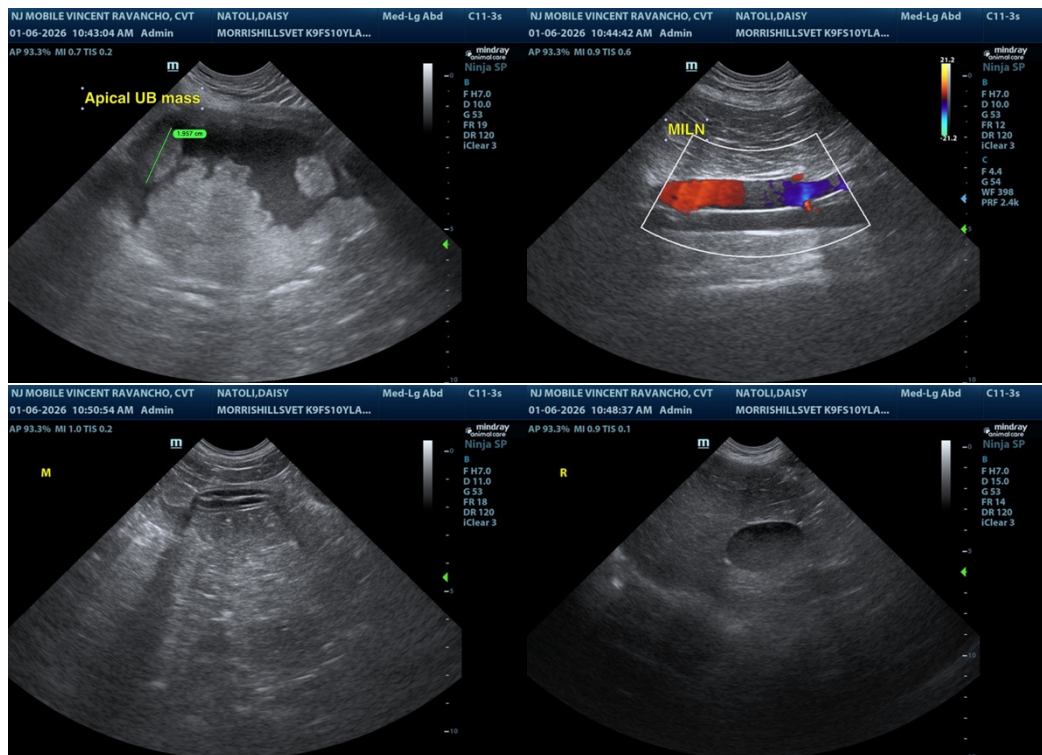
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Extensive urinary bladder mass/masses
- Age-related renal changes
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extensive urinary bladder mass is consistent with neoplastic criteria, i.e. transitional cell carcinoma. No obvious evidence of current regional lymphatic metastasis. The urinary bladder is non-surgical. Oncology consult may be considered.





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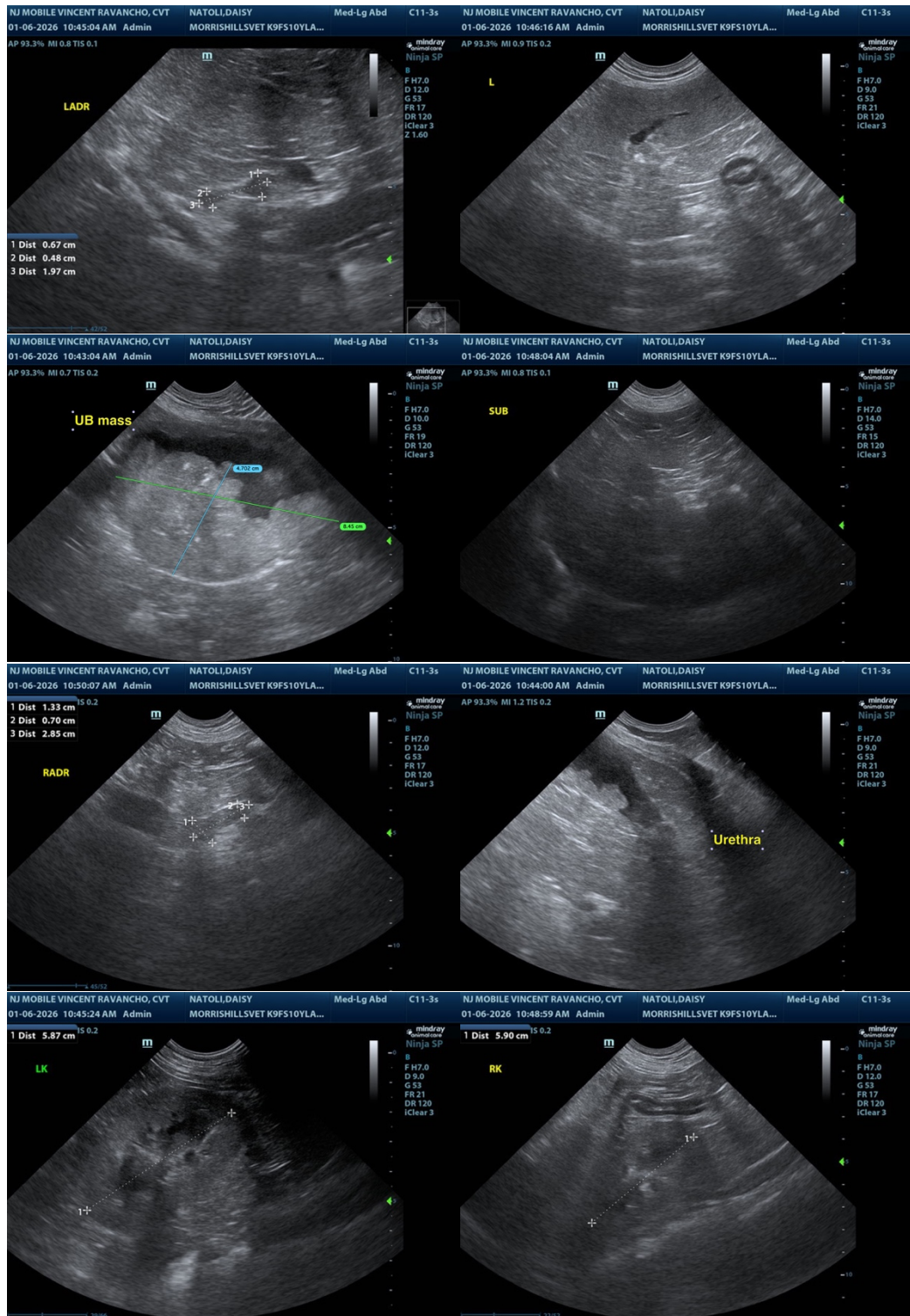
Dr. Hirshenson

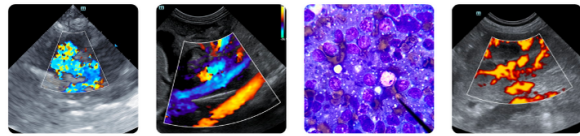
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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