



## PATIENT

Lily Cotner

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

FS

## AGE

15yr

## WEIGHT

5kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Catherine Alexander,  
LVT

## HOSPITAL NAME

NorthStar Veterinary  
Sonography, PLLC

## REFERRING VET

Dr. Kaiser

## INVOICE

23496

## DATE

01/07/2026

## PRESENTING CLINICAL SIGNS

*The submitted study contained 9 videos of the urinary bladder only.*

Hx of inappropriate urination, UTI, and stranguria with rare occurrences of single drop of blood first starting around Sept. 2025. Bladder US in October reveal: Bladder US: bladder small but appears to have expansive soft tissue mass present mostly on ventral aspect but extending all the way around wall and protruding into lumen; lumen very small with anechoic fluid; mass appears to extend into urethra. BRAF 10/27/25- Undetected, threshold too low to run BRAF+. Rx: Previcox 57mg, 1/4t SID. Chlorambucil chemotherapy, 1mg MWF

## ULTRASONOGRAPHIC EXAMINATION OF THE URINARY BLADDER

The urinary bladder presented mildly thickened ventroapical and dorsal urinary bladder wall with mild asymmetrical luminal surface contour. Primarily maintained homogeneous mural echogenicity. Focal area of ventroapical adhered vs mural mineralization present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. 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.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Non-distended bladder with variably thickened ventroapical and dorsal urinary bladder wall - pattern of urinary bladder wall thickening suggests chronic cystitis, potential for neoplasia i.e. transitional cell carcinoma not excluded.
- Ventroapical focally adhered vs lumen mineral
- Sonographically normal visible proximal urethra.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S on sterile urine sample if not recently done is suggested. Given initial undetected BRAF mutation, recheck could be considered if appropriate. Empirical therapy for cystitis, assuming no evidence of underlying UTI with clinical and sonographic monitoring would be reasonable.



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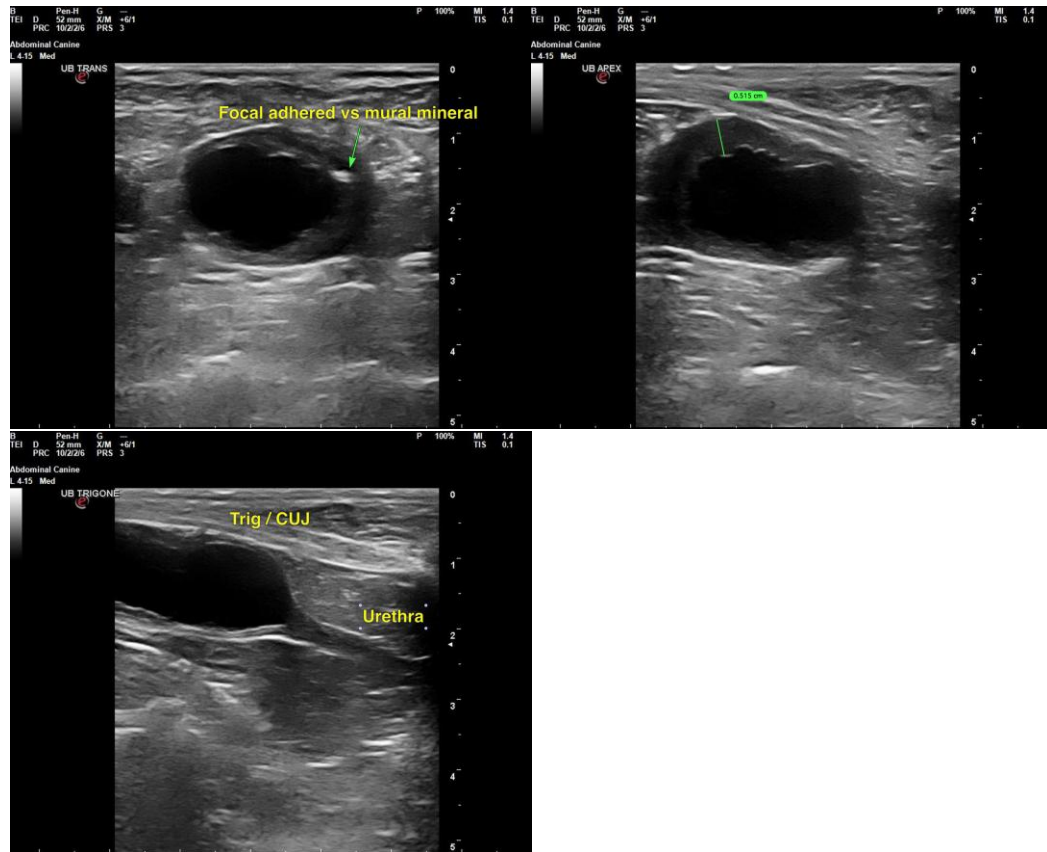
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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