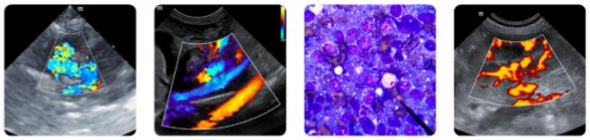


PATIENT

Charli Sakawsky

SPECIES

Canine

BREED

Mastiff X

SEX

Spayed Female

AGE

12 Years 2 Months

WEIGHT

40.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Lisa

INVOICE

12453

DATE

11/24/25

PRESENTING CLINICAL SIGNS

Elevated ALT similar to last year and new elevated ALKP Pyuria, hematuria , stranguria , pollakiuria check for neoplasia- Urethral vs bladder vs Urolith/Nephrolith/ and assess liver due to elevated ALT and ALKP X-rays Done: Yes [ ] No [X] Reason for Ultrasound & pertinent history: U/S abdomen to check for neoplasia- Urethral vs bladder vs Urolith/Nephrolith/ and assess liver due to elevated ALT and ALKP The owner reports a noticeable increase in drinking for the last 2.5 weeks. Urinary signs have escalated over the last 2.5 weeks, with urinary dribbling in the house noted in the last couple of days. The owner reports she is urinating smaller amounts more frequently and seems to have a constant urge to urinate. She can occasionally empty her bladder with a good stream. P/E- A digital rectal examination was performed. The urethra felt prominent along its length, but no discrete masses were palpated.

Abnormal PE/Chem/CBC/UA Results: U/A Free catch not first am but was morning sample USG 1.015 Ph WBC >50/hpf RBC 47/hpf suspect Cocci and rods- bacterial confirmation none detected Non squam 1-2/hpf Suspect Non Hyaline casts Repeat U/A on cysto sample USG 1.015 WBC 3/hpf RBC 3/hpf suspect cocci - Bacterial confirmation none detected Non squam 1-2 /hpf Urine Culture Negative B/W: elevated ALT similar to last year and new elevated ALKP - ALT 434 (18-121) prev 417 ALKP 173 (5-160) Prev 102 Recommend option 1 most ideal U/S abdomen to check for neoplasia- Urethral vs bladder vs Urolith/Nephrolith/ and assess liver due to elevated ALT and ALKP Urination Improved by 1/3 when placed on Clavaseptin for 5 days prior to culture results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Overall normal urinary bladder wall without evidence of urinary bladder tumors or overt cystitis. Primarily anechoic urine was present in the lumen with minor dependent lumen mineral. No obvious pathology in the area of the trigone or cystourethral junction. The proximal urethra was mildly thickened in appearance to an approximate depth of 4.0 cm to 5.0 cm. Possible nonhomogenous soft tissue echo present within the proximal urethral lumen. Proximal urethra measured 0.86 cm in diameter.

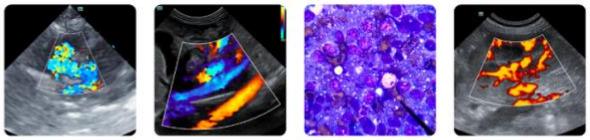
Subnormal right kidney size compared to the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pelvic and lateral diverticuli mineral to renoliths were present bilaterally with mild right kidney pyelectasia. The left kidney measured 6.8 cm in length. The right kidney measured 5.4 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 0.68 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 0.61 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



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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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Central moderately sized mixed echogenic to nonhomogenous hyperechoic mass was visualized measuring approximately 8.0 cm to 8.5 cm in diameter.

The gallbladder was non distended in size with mild nonorganized primarily gravity dependent to nondependent 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 contained mild nonshadowing variable echogenic ingesta (consistent with food echogenicity) 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 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

- Liver mass- neoplasia such as carcinoma or other favored, hyperplasia, granuloma, etc. all potentials.
- Nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting renolithiasis and mild right kidney pyelectasia.
- Minor urinary bladder lumen mineral.
- Thickened urinary bladder with suspect possible urethral lumen echo- concern for indistinctly visualized urethral mass versus urethritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic mass FNA cytology is warranted for initial clarification. Concurrent BRAF assay +/- cytospin cytology of free catch urine sample to assess for atypical or neoplastic transitional cells is recommended. Hepatic biopsy and cystoscopy may be required for further clarification and a definitive diagnosis. This patient is suspected to be passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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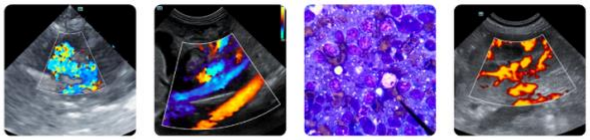

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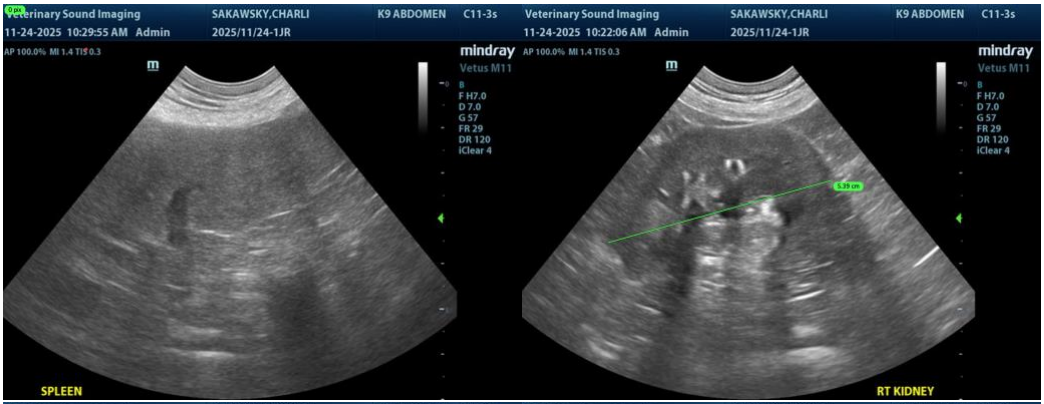

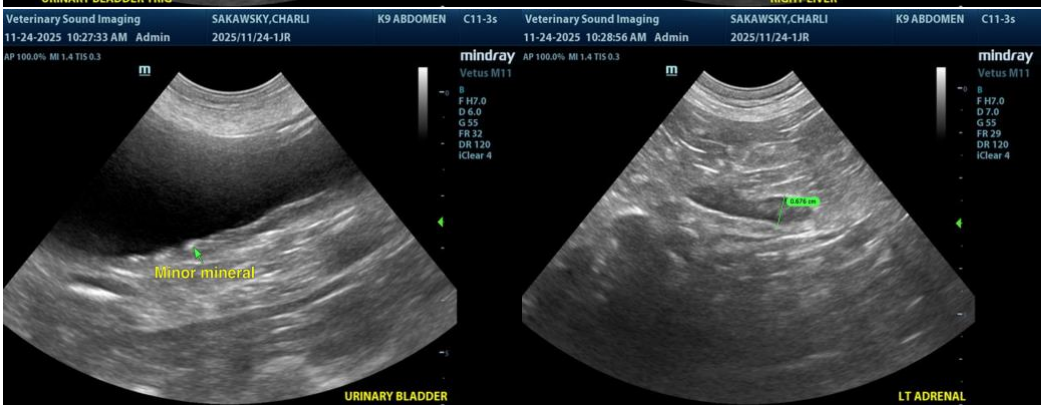

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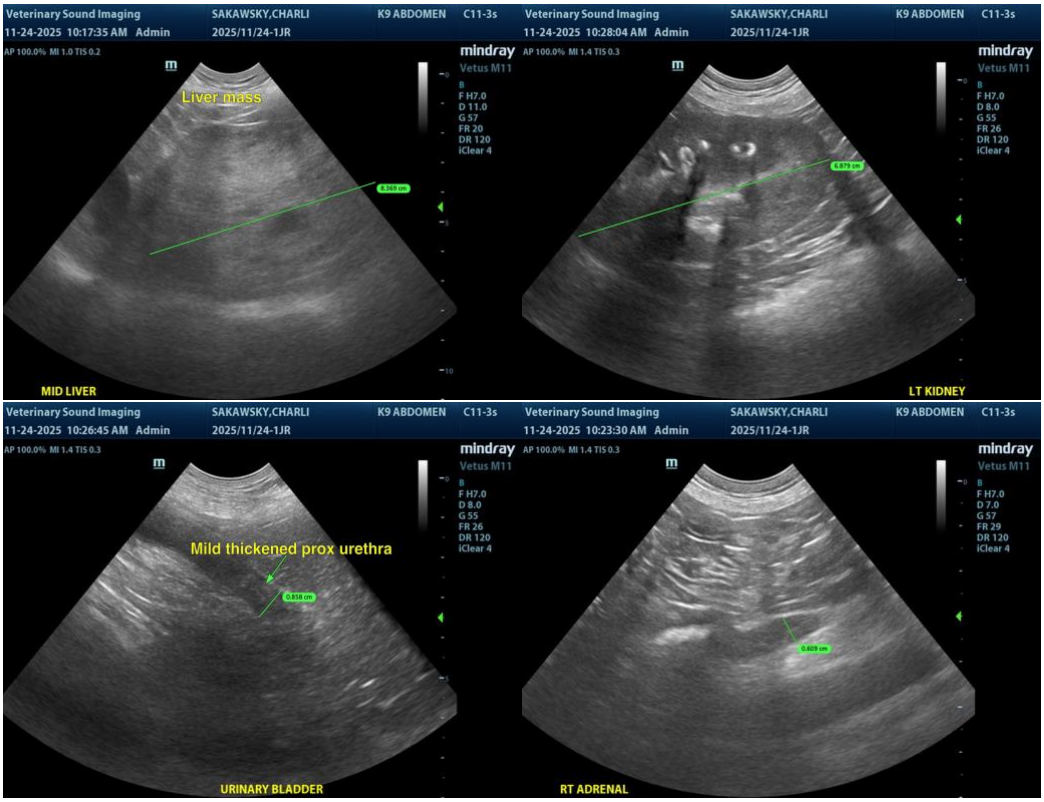

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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