



**PATIENT**

Cobie Tremain

**PRESENTING CLINICAL SIGNS**

History: Hematuria, no straining, non-responsive to Amoxi. No stones on rads.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: UA: USG 1.017; PH 7.5; wbc & rbc, rods (free catch)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Mix

**Urinary System**

The urinary bladder was mildly distended in size with variably thickened urinary bladder wall. Small sessile based dorsal and small to moderately sized sessile based ventral wall mass lesions were present. Ventral wall mass lesion measured 3.2 cm in diameter. Dorsal wall mass lesion measured 1.2 cm in diameter. Mild irregularly thickened dorsal trigone wall measured 0.84 cm width. Anechoic urine was present with moderate particulate to mobile, non-dependent urine sediment. No evidence of mineral or calculi. Urethra overtly normal in structure with subjective mild decreased urethral tone to a depth of 5.0 cm. Proximal urethral diameter measured 0.65 cm.

**SEX**

Female Spayed

**AGE**

7y 5m

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

**WEIGHT**

86 lbs

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.3 cm in length.

**INTERPRETED BY**

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

**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 width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size, confirmation and adrenal depth. No obvious pathology in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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.

**HOSPITAL NAME**

VCA Blairstown AH

**REFERRING VET**

Dr. Summers

**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.

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**DATE**

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**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**

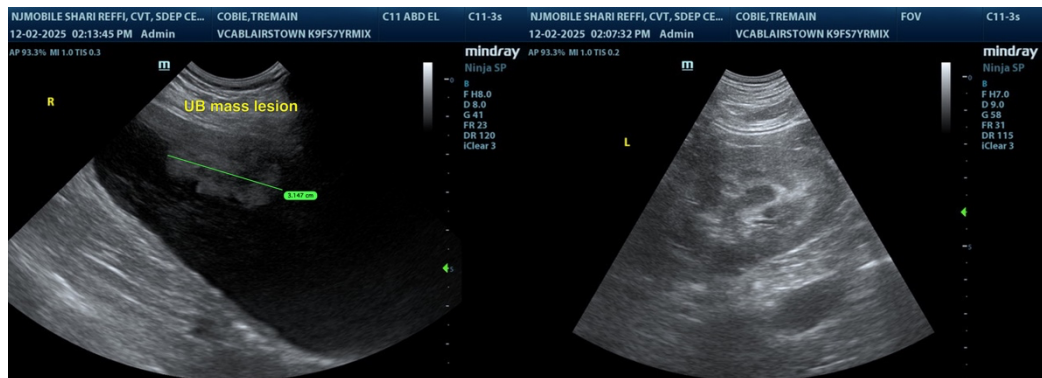
No overt lymphadenopathy or peritoneal effusion was present.

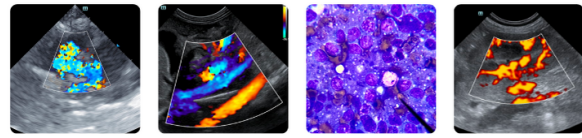
**ULTRASONOGRAPHIC FINDINGS**

- Variably thickened urinary bladder wall exhibiting small dorsal and small to moderately sized ventral mass lesions
- Moderate urine sediment
- Normal proximal urethral structure with mild decreased tone
- Normal bilateral kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diffuse to variable cystitis or urinary bladder neoplastic criteria are primary consideration. Urine C/S on sterile urine sample with concurrent screening BRAF assay is recommended. Urinary bladder biopsy with histopathology and tissue C/S may be required for definitive diagnosis. No overt urethral pathology or regional lymphadenopathy present.





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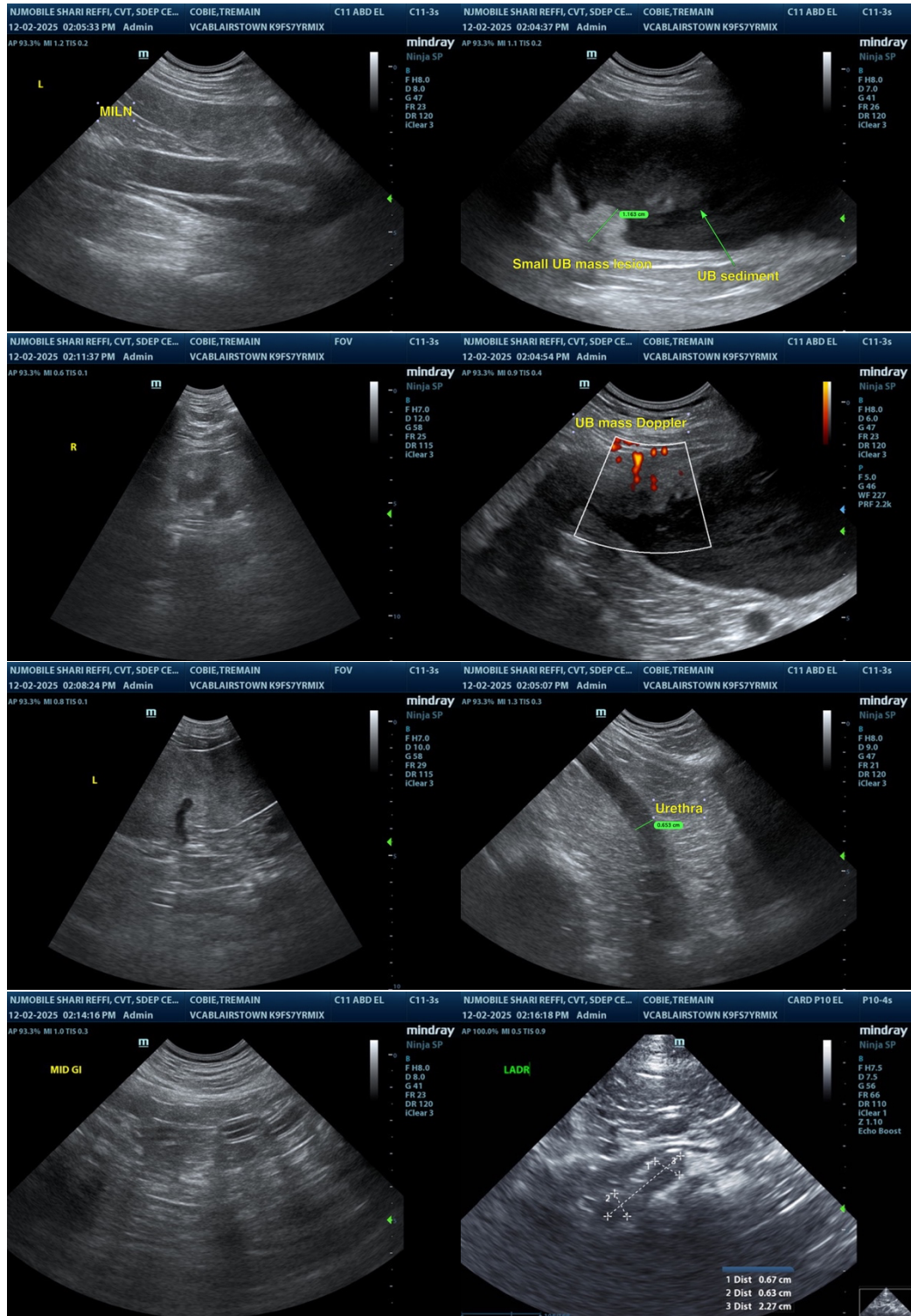
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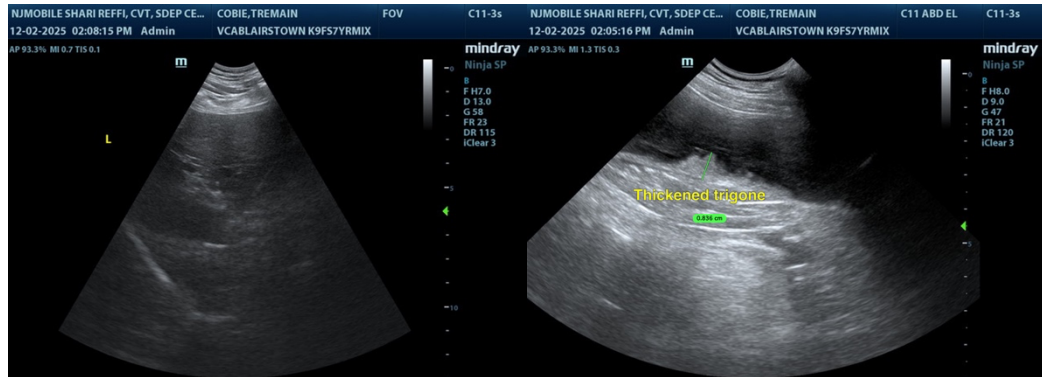
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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