



PATIENT

Charlie Kerr

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Hazem Othman

INVOICE

12570

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Presented for chronic lethargy and anorexia with occasional vomiting. Hx of Bladder mass (diagnosis of neoplasia vs polyp not closed by specialist at the time). Started on meloxicam but had to be discontinued due to GI flare up. Urine flow improved after discontinuation.

Abnormal PE/Chem/CBC/UA Results: Quantitative Pancreatic Lipase mildly elevated. CBC/chem declined. BW in July had mild neutrophilia and ALP increase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

An extensive urinary bladder mass was visualized occupying a majority of the ventral urinary bladder wall appearing to extend into the area of the cystourethral junction and probable proximal urethra. The mass measured approximately 5.0 cm x 2.3 cm. The mass exhibited nonhomogenous to mineralized parenchyma. Confirmed blood flow within the mass on color doppler.

No overt medial iliac or sublumbar lymphadenopathy or masses.

The kidneys presented with prominent size exhibiting bilateral moderate to severe hydronephrosis. No evidence of discernable medullary parenchyma with anechoic fluid occupying the area of the medulla. Intact left and right renal cortex. The left kidney measured 7.6 cm in length. The right kidney measured 8.2 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 0.44 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly thickened wall. Primarily empty gastric lumen with mild retained gastric fluid. Gastric body wall measured 0.56 cm wall width.



PATIENT

Charlie Kerr

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Hazem Othman

INVOICE

12570

DATE

12/05/25

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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Extensive mineralized urinary bladder mass suspected to be extending into the proximal urethra.
- Bilateral moderate to severe hydronephrosis.
- Mild hypomotile gastritis, sonographically unremarkable small intestine.
- Normal area of pancreas.
- Sonographically normal liver/gallbladder- consistent with mild benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria i.e. transitional cell carcinoma. Although definitive evidence of left or right hydroureter was not visualized, bilateral ureteral obstruction, secondary to the mass and associated bilateral hydronephrosis, is present. Correlation with lab work and assessment of renal parameters is recommended. Referral for oncology consult or potential interventional procedure pending assessment of renal function may be considered. Empirical therapy for gastritis is recommended.



PATIENT

Charlie Kerr

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

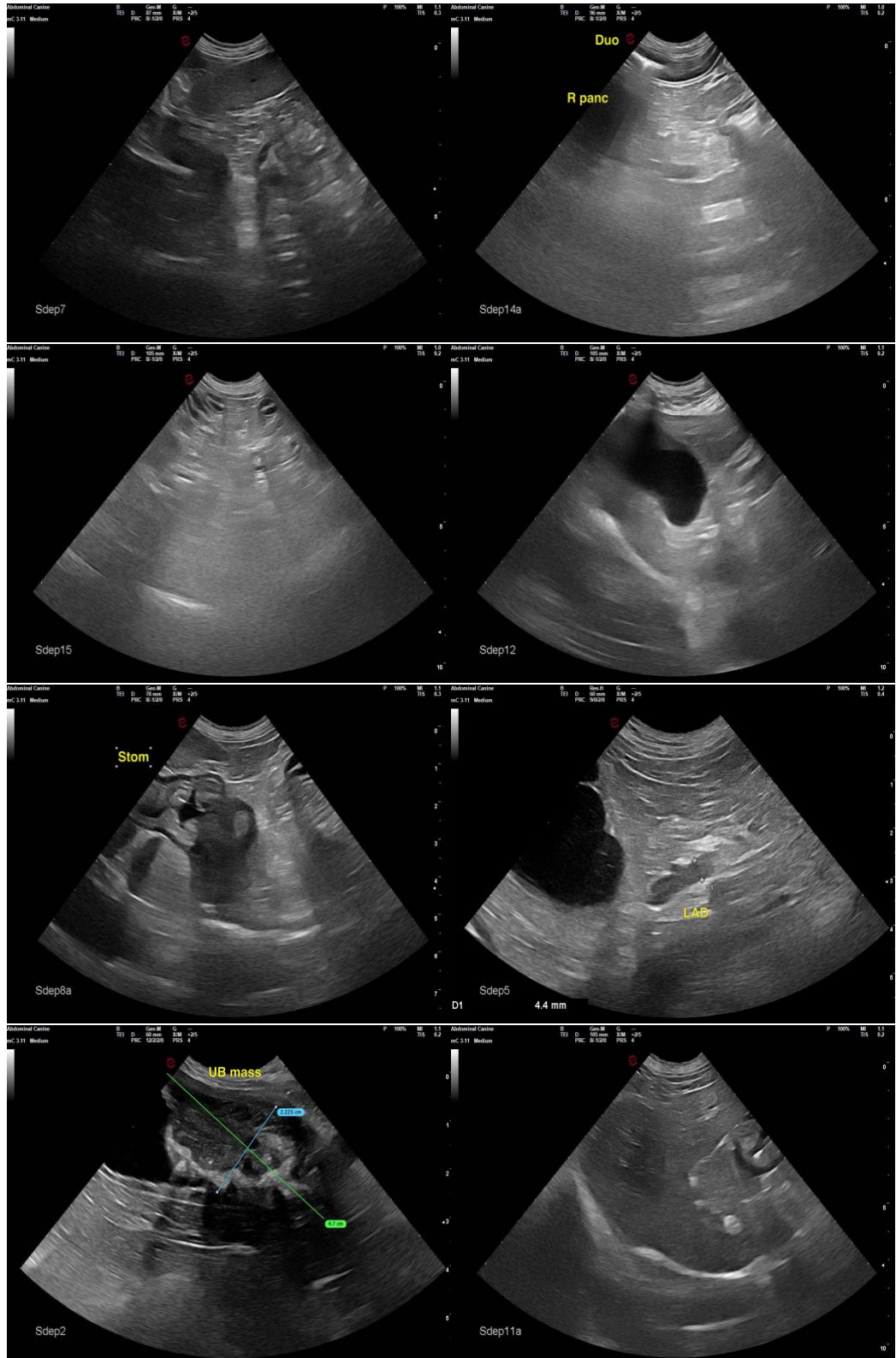
Dr. Hazem Othman

INVOICE

12570

DATE

12/05/25





PATIENT

Charlie Kerr

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

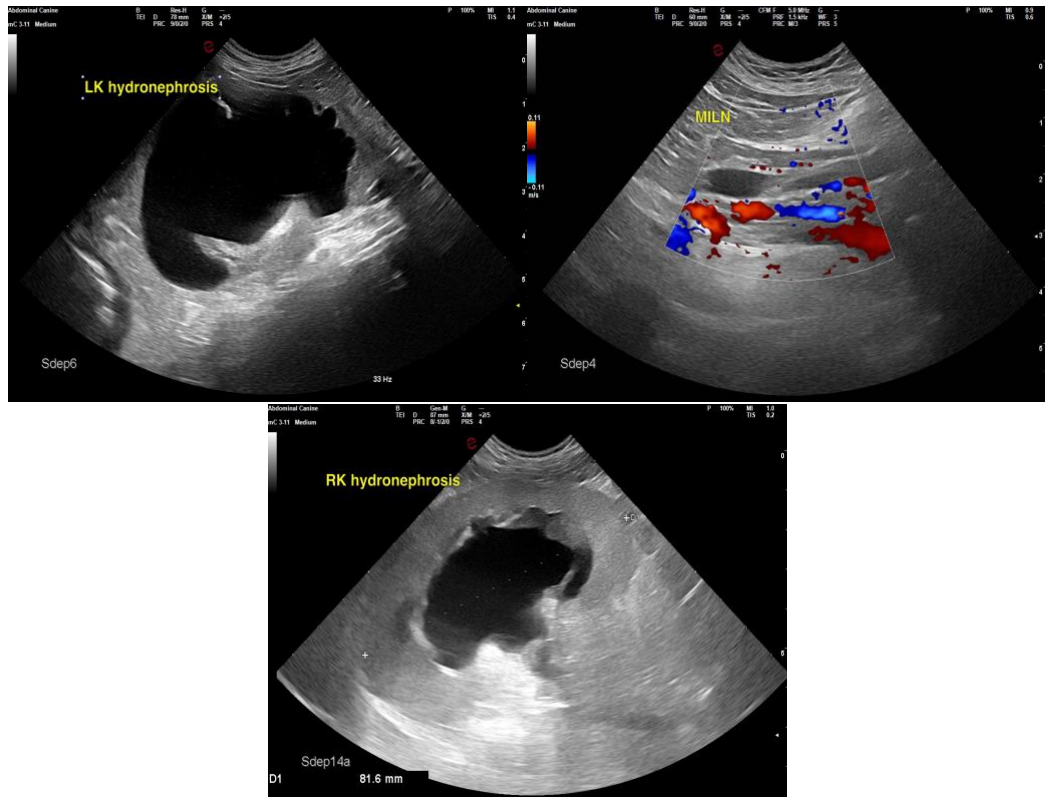
Dr. Hazem Othman

INVOICE

12570

DATE

12/05/25



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