



PATIENT

Makai Colon

SPECIES

Canine

BREED

Australian Shepard

SEX

Female Spayed

AGE

13y 5m

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Diaz, LVT

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Ileana Rivera, DVM

INVOICE

13190

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

- The patient initially presented on January 3 for hematuria. At that time, the pet was already receiving antibiotic therapy for periodontal disease. Abdominal radiographs were performed, and sediment was noted within the urinary bladder. An abdominal ultrasound was recommended for further evaluation but not performed at the time. Clinical signs improved while on antibiotic therapy. However, the patient presented on February 7 after hematuria was observed again.
- Recent bloodwork revealed mild anemia and a mild elevation in BUN, with creatinine and phosphorus within normal limits.
- Given the recurrence of hematuria after initial improvement, the presence of bladder sediment on radiographs, and current laboratory findings, there is concern for transitional cell carcinoma (TCC) versus chronic inflammatory or structural urinary bladder disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The trigone and cystourethral junction were free of pathology. The urinary bladder and the visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, focally hypoechoic sediment was present. Potential for indistinct minor lumen mineral. No evidence of macro calculus or urinary bladder tumors. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild, loss of corticomedullary distinction was also present. The left kidney measured 4.0 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left and right adrenal glands were 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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.

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.

PRIMARY FINDINGS

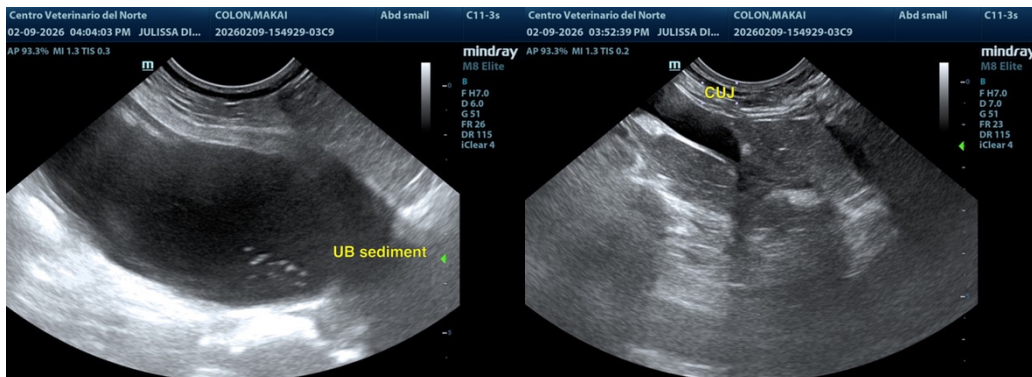
- Sonographically normal urinary bladder with mild urine sediment and suspect indistinct lumen mineral
- Normal visible proximal urethra
- Bilateral mild chronic renal changes

SECONDARY FINDINGS

- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of urinary bladder or visible proximal urethra tumors. Recheck urine C/S on sterile urine sample in 7 days post completion of antibiotics is recommended. Although no sonographic evidence of neoplastic or lower urinary tract neoplastic criteria, screening BRAF assay could be considered.





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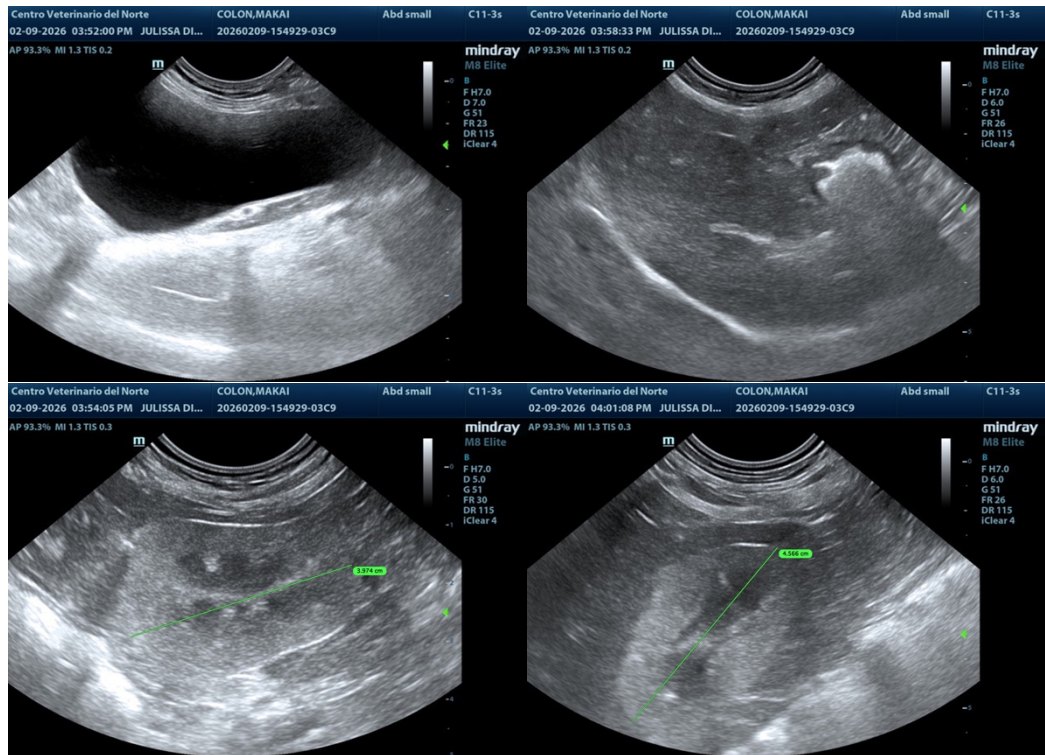
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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