



**PATIENT**

Chase Woods

**PRESENTING CLINICAL SIGNS**

r/o bladder mass

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Generalized thickened ventroapical and dorsal urinary bladder walls were present extending mildly into the area of the trigone yet not appearing to involve the urinary bladder neck. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with an indistinct area of possible mural proliferation appearing to arise from the ventral luminal surface extending mildly into the bladder lumen exhibiting similar echogenicity to adjacent wall measuring ~ 0.93 cm in diameter. Ventroapical bladder wall width measured 0.80 cm. No evidence of sediment or calculi was noted.

**BREED**

German Shepherd

**SEX**

MN

**AGE**

13yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.6 cm in length.

**WEIGHT**

52lb

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**INTERPRETED BY**

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

The area of the residual prostate appeared normal and free of pathology measuring 1.1 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 1.7 cm length. No overt pathology in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Val Shumskaya

**Spleen**

The spleen exhibited overall normal size and mild parenchyma heterogeneity. A solitary discrete mildly expansive hypoechoic nodule was present in the cranial spleen measuring 1.7 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**HOSPITAL NAME**

HoHoKus Vet

**Liver/Gallbladder**

**REFERRING VET**

Dr. Gannon

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

12300ag

**Gastrointestinal**

**DATE**

02/17/2023



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta with non-specific area of shadowing ingesta or echo measuring 2.4 cm in diameter.
Chase Woods	
<b>SPECIES</b>	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b>Pancreas</b>
German Shepherd	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.
<b>SEX</b>	<b>Free Abdomen</b>
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13yr	<ul style="list-style-type: none"> <li>• Subnormal urinary bladder size exhibiting generalized uniform thickened wall, possible focal mural proliferation, atypical polyp or blood clot</li> <li>• Bilateral chronic renal changes</li> </ul>
<b>WEIGHT</b>	<b>Secondary findings</b>
52lb	<ul style="list-style-type: none"> <li>• Non-specific subtly expansive cranial splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded</li> <li>• Hepatic parenchyma remodeling-benign</li> <li>• Focally shadowing gastric ingesta/echo</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Sonographically the pattern of urinary bladder wall thickening may suggest a higher probability of moderate to possible chronic cystitis. The possibility of an extensive urinary bladder tumor which may potentially present in a similar sonographic manner cannot be definitively excluded. No evidence of peri-cystic pathology. A screening BRAF assay is recommended. A cytospin cytology of a free catch urine sample to assess for atypical transitional cells could also be considered. Ideally sonographic reassessment of a full urinary bladder is recommended. A urine C/S on sterile urine sample is suggested if not recently done.
<b>IMAGING PERFORMED BY</b>	
Val Shumskaya	
<b>HOSPITAL NAME</b>	
HoHoKus Vet	
<b>REFERRING VET</b>	The shadowing gastric ingesta/echo is non-specific and may indicate recent meal ingestion, dense ingesta, treat or medication if clinically applicable. Potential for gastric foreign material cannot be excluded. Correlation with most recent meal ingestion recommended. Sonographic monitoring of the stomach may be considered if clinically applicable.
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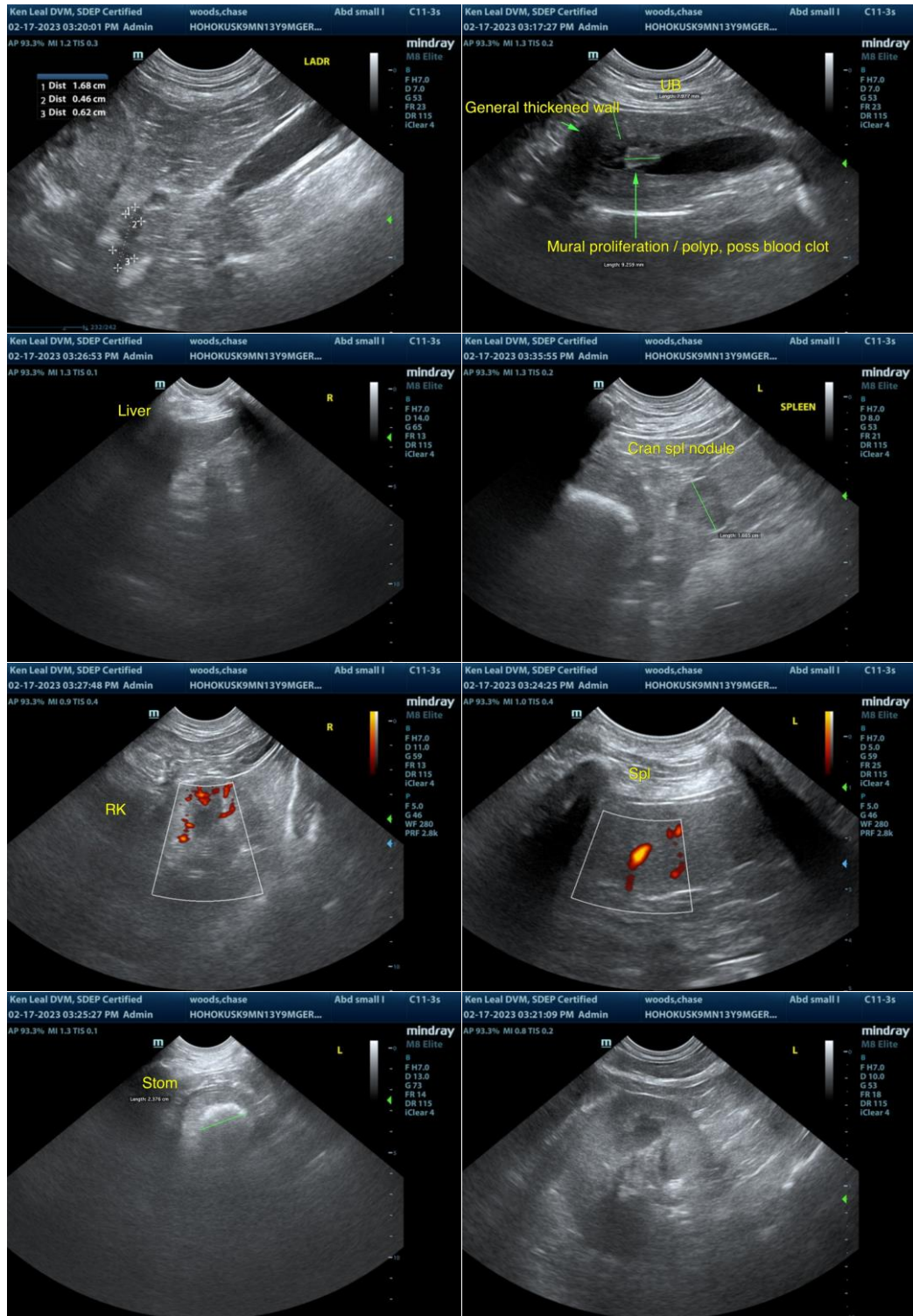
Dr. Gannon

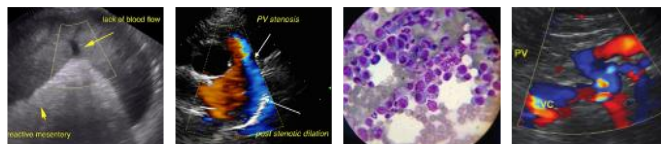
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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