



## PATIENT

Mya Young

## SPECIES

Canine

## BREED

Lab/Mastiff

## SEX

Female Spayed

## AGE

10

## WEIGHT

54 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura Field

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Laura Field

## INVOICE

13186

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

Submitted study contained 17 videos of the urinary bladder only.

### History:

- Has chronic recurrent uti's
- Last u/s showed poss mass in urethra, ran a BRAF test and it was positive indicating TCC, however there was blood and wbc in sample so in this case 1/4 chance of a false positive for that test
- Has uti at the moment
- Slightly hooded vulva
- Flat adrenals on last u/s, no symptoms of hypoAC- single cortisol not indicative of hypo AC
- Bloods relatively normal at time of last u/s

Abnormal PE/Chem/CBC/UA Results: Normal pe previous bloods in dec: CBC: RBC 8.95 (N 5.65-8.87) RDW high MPV High Chem: WNL SDMA 9 (N 0-14) TT4 28 (N 13-51) Cortisol (adrenals look flat on AUS) 114.8 (addison's unlikely if Value of cortisol is >48) PL 43 (N 0-200) serial u pr:cr ratios all indicate no significant proteinuria UA today (similar to others) collected via cysto amber, sl cloudy, usg 1.034 ,ph 7, pro 500mg/dl, bld 250 ery/ul wbc >50/hpf rbc >50/hpf rods present non squam epi 3-5/hpf

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone. Regionally thickened subjective ventral to possible ventral apical urinary bladder wall exhibiting asymmetrical luminal surface measuring ~1.0 cm width. The remainder of the urinary bladder exhibited non-thickened appearance extending into the trigone and cystourethral junction. Mild, non-dependent particulate to focal hyperechoic urine sediment. No visualized macro calculi present. The visible proximal urethra to a depth of 3.0 cm exhibited overtly normal structure and toe No obvious visualized proximal urethral mass or evidence of urethral obstruction.

No evidence of pericyclic inflammation or overtly visualized lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Regional, variably thickened ventral urinary bladder wall
- Overtly normal trigone and cystourethral junction and visible proximal urethra
- Mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urine sediment may indicate inflammatory cellular debris given reported UTI. Likewise, the thickened urinary bladder wall may indicate cystitis given subjective location of thickened wall. A urinary bladder mass, i.e. transitional cell carcinoma is not excluded. Empirical therapy for UTI based on urine C/S results recommended with serial sonographic monitoring of the thickened urinary bladder wall for evidence of resolution, persistence or progression. Biopsies may be required for definitive diagnosis. Chronic ascending infection owing to vulva conformation may be suspected.



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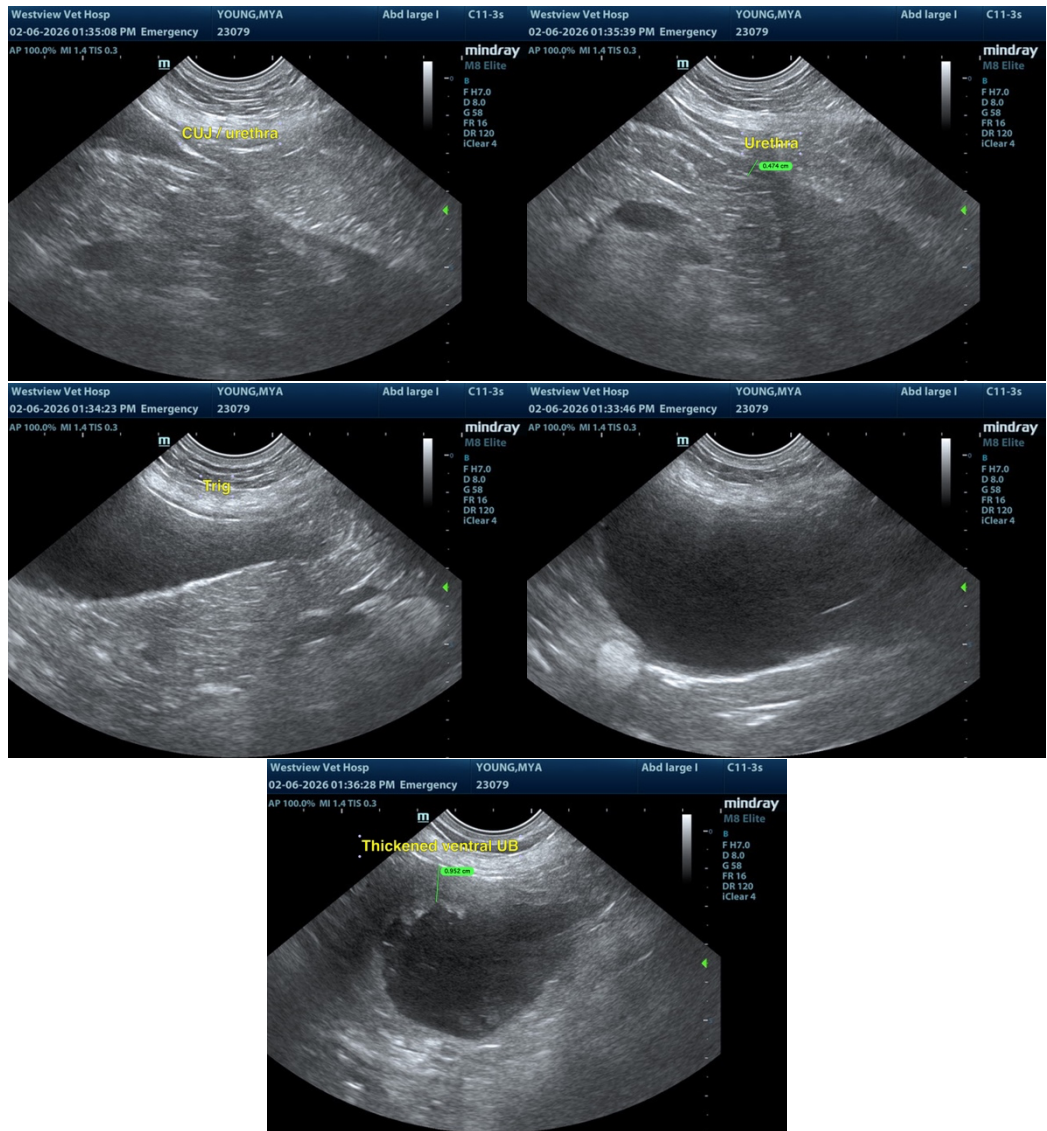
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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