



PATIENT

Bash Frickenstein

SPECIES

Canine

BREED

Puggle

SEX

Male Neutered

AGE

9y

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Alexandra Pasaturo

INVOICE

13176

DATE

2/7/26

PRESENTING CLINICAL SIGNS

History:

- Presented for hematuria starting on 1/27, blood work & UA performed.
- Meds: Patient started on clavamox and gabapentin
- Presented 2/6 for continued hematuria, suspect bladder mass on AFAST
- Presented 2/7 for chest rads, AUS, and BRAF testing

Abnormal PE/Chem/CBC/UA Results: Diagnostics 1/27 AXR- suspect cystic calculi present, moderate amount of feces in colon, distended bladder CBC/CHEM- ALT 170 (10-125) , ALKP 584 (23-212) SediView (free catch): USG 1.012 RBC >50, rods suspected presence Significant pyuria with hematuria and proteinuria: Consider iatrogenic, kidney or bladder inflammation, infection, urinary calculi, neoplasia, and hemorrhage. If indicated, consider diagnostic imaging or testing for bleeding disorders. Reevaluate proteinuria after resolution.' Diagnostics 2/7 Chest xrays: NSF BRAF1: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass noted in the caudal ventral urinary bladder wall extending into the cysourethral junction without obstruction to urine outflow. The mass extended mildly into the caudal urinary bladder lumen. The mass measured 4.3 cm x 1.6 cm. Non-homogeneous mass parenchyma exhibiting hyperechoic areas consistent with mass mineralization. The urinary bladder was non-distended in size with mild urine sediment visualized. The ureteral papillae were normal. The ureters were not visible which is normal.

The visualized residual prostate and proximal urethra were sonographically normal.

No overt visualized medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney was primarily viewed in transverse plane. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.56 cm width. The right adrenal gland measured 0.58 cm width.

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.



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Liver

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of 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.

ULTRASONOGRAPHIC FINDINGS

- Ventral urinary bladder mass – consistent with neoplastic criteria/transitional cell carcinoma
- Mild age-related renal changes
- Non-specific hepatopathy – subjective benign
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending BRAF testing is recommended. No overt evidence of regional lymphatic metastasis. vacuolar/cholestatic hepatopathy favored with potential for concurrent inflammatory hepatic disease, hyperplasia or other benign hepatopathy without sonographic evidence of hepatic primary or metastatic neoplastic criteria. Hepato-supportive medications may prove beneficial.



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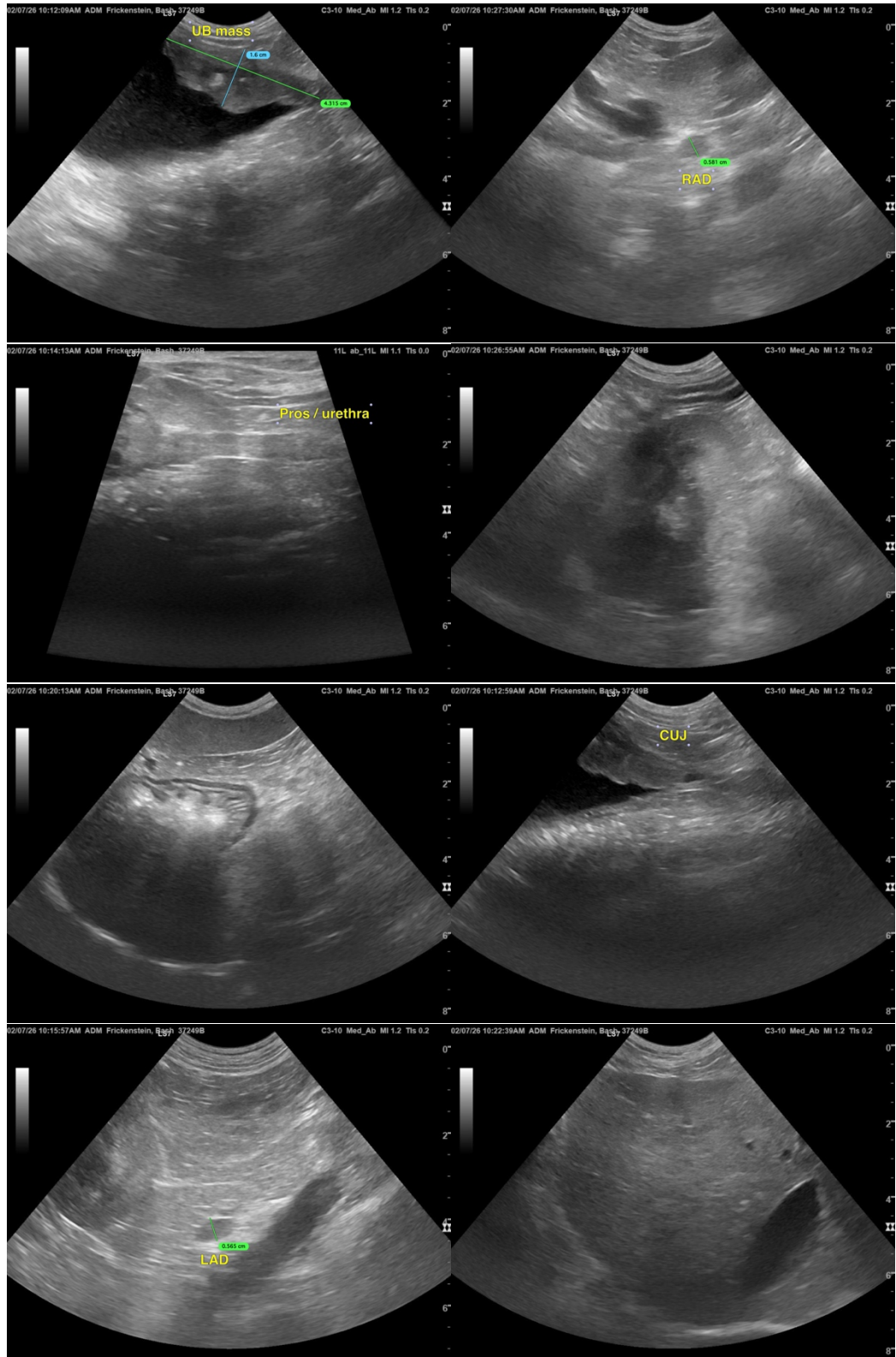
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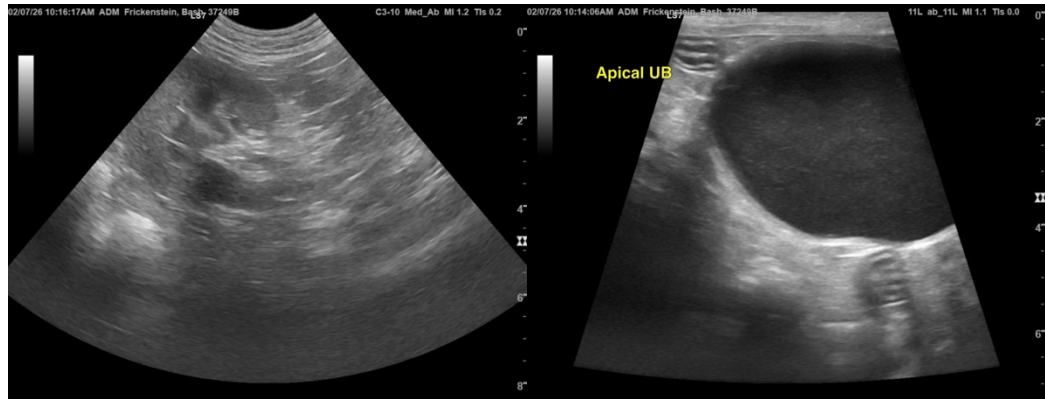
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com