



PATIENT

Cody Galston

SPECIES

Canine

BREED

German Wirehaired
Pointer

SEX

MN

AGE

11y

WEIGHT

67.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Lix Jacka

INVOICE

10693

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Lethargic, inappetent, dribbling urine. Profound weight loss. Elevated PLI per O at previous clinic. Other lab results unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with extensive to multiple sessile-based urinary bladder masses exhibiting asymmetrical margination with nonhomogeneous to focally mineralized parenchyma. An example of a urinary bladder mass measured 2.8 cm x 2.3 cm, with the majority of the mass occupying the caudal urinary bladder and urinary bladder neck, measuring ~6.0 cm x 3.0 cm.

The residual prostate and proximal urethra were not definitively visualized with suspected extension of the mass into the area of the residual prostate and proximal urethra.

No obvious visualized medial Iliac or sublumbar lymphadenopathy/masses.

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. Moderate hydronephrosis was noted. The left kidney measured 6.5 cm in length. The right kidney measured 8.0 cm in length. Probable mild underestimation of left kidney size noted.

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/Gallbladder

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild shadowing ingesta without signs of obstruction or foreign material.



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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 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 urinary bladder mass likely extending into residual prostate and proximal urethra
- Bilateral hydronephrosis
- Sonographically normal gastrointestinal tract with mild shadowing gastric ingesta
- Mild hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria, i.e., transitional cell carcinoma. The lack of significant urinary bladder distention is not overtly consistent with obstruction to urine outflow. However, bilateral ureteral obstruction is probable, given bilateral hydronephrosis. Urinary bladder surgical options are precluded.

No overt visible evidence of current regional lymphatic metastasis. The hepatomegaly is most suggestive of benign criteria. A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to assess for additional occult disease as a contributing factor to the weight loss may be considered.





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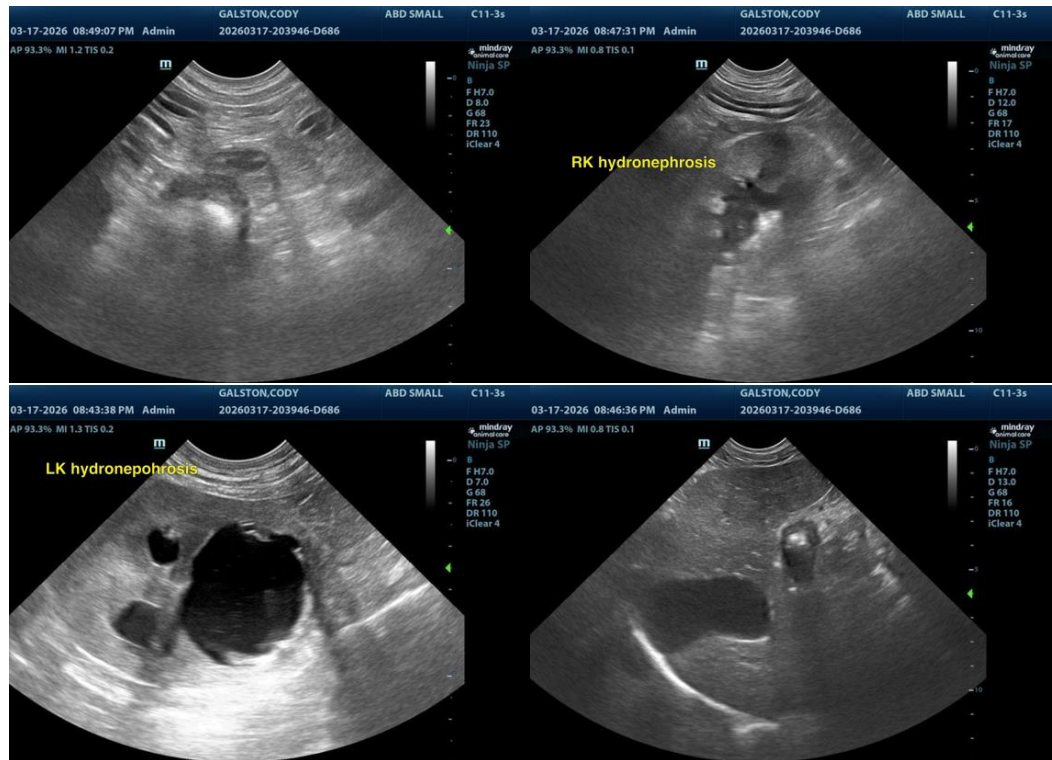
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com