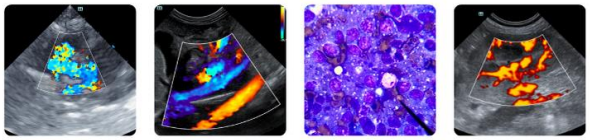


PATIENT

Shiloh Pearson

SPECIES

Canine

BREED

Border Collie X

SEX

Female Intact

AGE

11 years, 10 months, and 2 weeks

WEIGHT

34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bowmont AH

REFERRING VET

Dr. Maureen Blessing, DVM, CVCP

INVOICE

10704

DATE

3/19/26

PRESENTING CLINICAL SIGNS

History:

- This is a 13-year-old intact female dog with a significant history of a suspected bladder tumor and recent anemia, who presented for a pre-spay evaluation. The primary concern is a bladder mass, which is being investigated further before proceeding with surgery.
- The patient was previously seen at an emergency clinic for hematuria, where a bladder tumor in the trigone region was discovered. A subsequent BRAFF test for the tumor came back negative.
- The planned spay procedure has been postponed pending a full abdominal ultrasound to re-evaluate the bladder, uterus, and ovaries for a more detailed assessment before considering referral to a specialist.
- There is also a concern for potential internal bleeding. The patient appeared pale, and while she was previously anemic, her hematocrit is now in the low-normal range. A high reticulocyte count was noted, suggesting a regenerative anemia.
- The patient has a history of a vulvar mass that was surgically removed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. A nonhomogeneous urinary bladder neck mass appearing to extend into the proximal urethra was present, measuring ~6.0 cm x 2.6 cm.

The left and right ovaries were overtly normal in sonographic appearance. The uterus exhibited primarily generalized mild distention with anechoic fluid. Overall normal uterine wall was noted with focal areas of uterine wall thickening, which may suggest mild uterine polyps or areas of mild endometrial hyperplasia. There is no evidence of uterine tumors.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

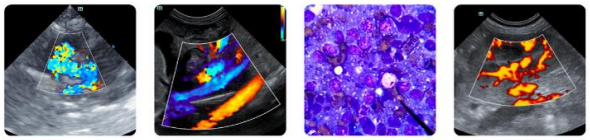
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with mild heterogeneous splenic parenchyma exhibiting discreet areas of hypoechoic parenchyma, likely consistent with differentiation between red / white pulp, possible mild hematopoiesis or discreet lymphoid hyperplasia. There is no evidence of splenic neoplastic



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criteria, which is thought less likely. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. 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 was empty without evidence of retained ingesta, fluid, 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 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

- Urinary bladder neck mass extending into the proximal urethra
- Mild fluid-dilated uterus with suspect small uterine polyps or focal endometrial hyperplasia
- Age-related hepatosplenic changes
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder and proximal urethral mass is consistent with neoplastic criteria, i.e., transitional cell carcinoma, despite negative BRAF assay. The mass does not appear to be obstructive to urine outflow, given lack of distended urinary bladder. There is no obvious evidence of current regional lymphatic metastasis.

The mild fluid-dilated uterus may indicate mild pyometra, mucometra, hydrometra, or similar. There is no overt ovariouterine neoplastic criteria or intrabdominal bleeding. An oncology consultation may be considered regarding the urinary bladder and proximal urethral mass. CBC pathology review is suggested.

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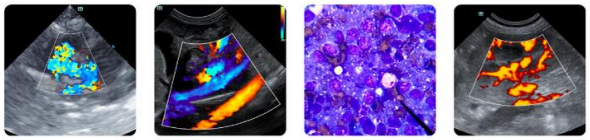

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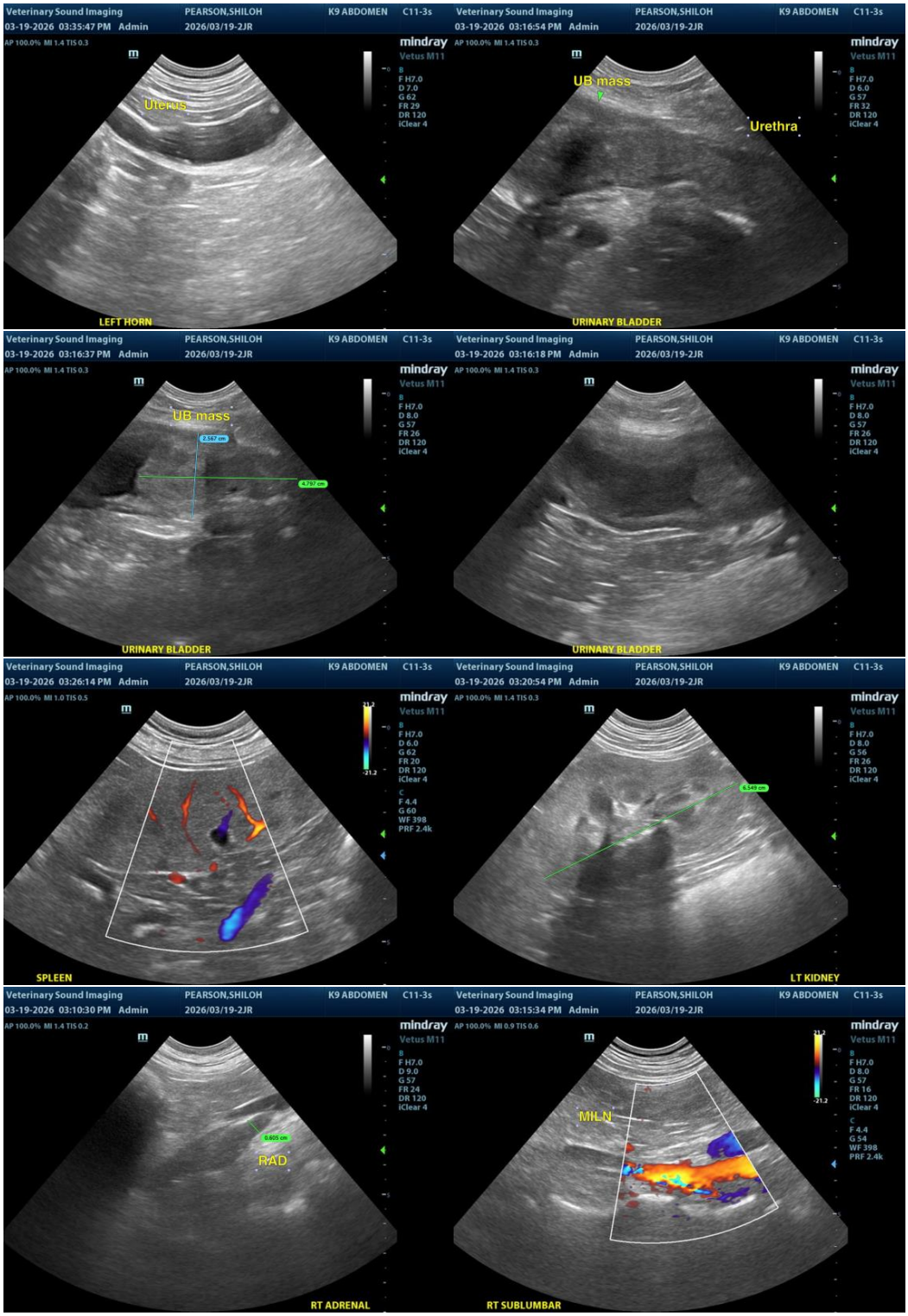

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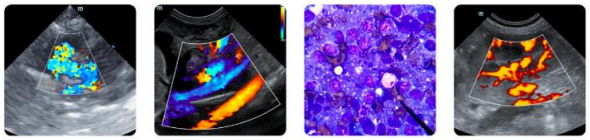

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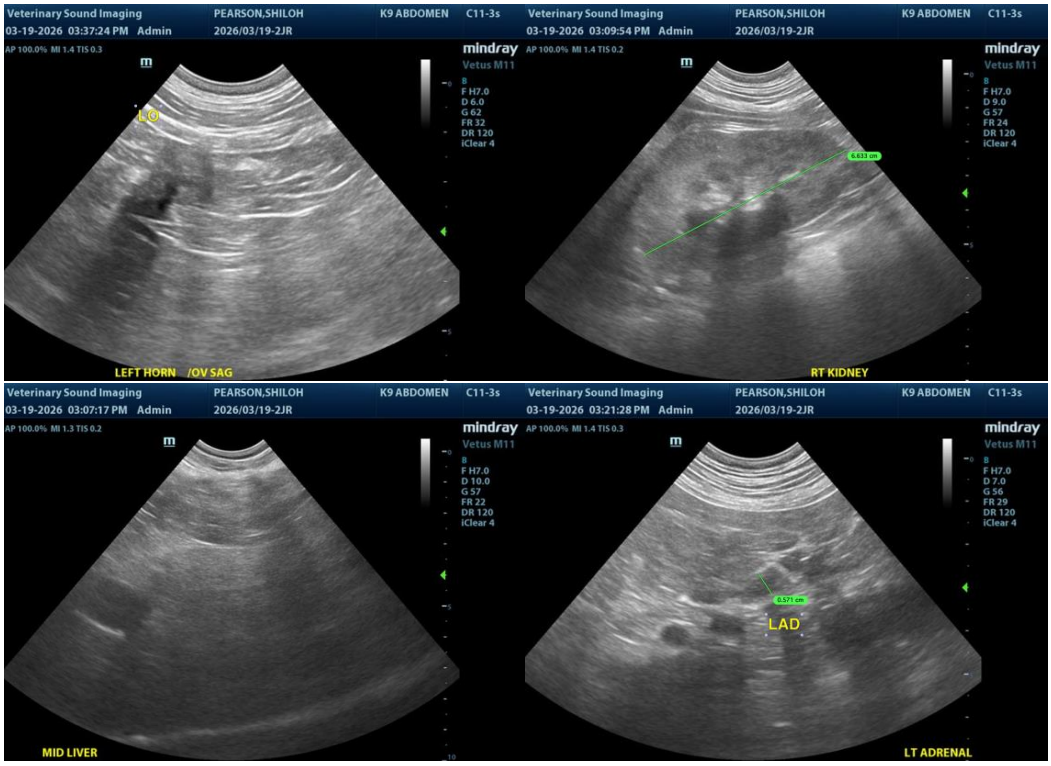

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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