

## PATIENT

Rose Walker

## SPECIES

Canine

## BREED

Pitbull

## SEX

SF

## AGE

01.01.2014

## WEIGHT

74

## INTERPRETED BY

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

## IMAGING PERFORMED BY

N. Stiff

## HOSPITAL NAME

Steamboat VH

## REFERRING VET

Dr. N. Stiff

## INVOICE

10720

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

### History:

- Rose has had trouble urinating for about 2 months. The owner reports that Rose underwent a couple of courses of antibiotics with no improvement.
- On March 20, a focal assessment sonography (FAST exam) revealed an incidental finding of a hyperechoic cavitated mass in the cranial abdomen.
- Bladder walls were noted to be thickened. Rectal palpation revealed a thickened urethra. Vaginal palpation resulted in frank blood. The owner is requesting further investigation.

The submitted study contained images from 3/20 and 3/24.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

There was no evidence of pathology in the area of the uterine remnant dorsal to the urinary bladder and proximal urethra.

No evidence of pathology in the area of the aortic trifurcation.

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. No evidence of pyelectasia was noted in either kidney. The left kidney measured 5.8 cm in length. The right kidney measured 6.4 cm in length.

### *Adrenal Glands*

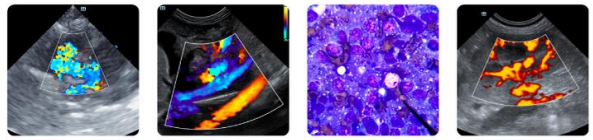
The left and right adrenal glands were not definitively visualized.

### *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*

A moderately expansive, asymmetrical, nonhomogeneous, mid-liver mass was present with associated hepatic capsule distortion, measuring ~7.0 - 7.5 cm in diameter. Subjective mild generalized hepatomegaly



## PATIENT

Rose Walker

## SPECIES

Canine

## BREED

Pitbull

## SEX

SF

## AGE

01.01.2014

## WEIGHT

74

## INTERPRETED BY

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

## IMAGING PERFORMED BY

N. Stiff

## HOSPITAL NAME

Steamboat VH

## REFERRING VET

Dr. N. Stiff

## INVOICE

10720

## DATE

3/24/26

was noted. The remainder of the hepatic parenchyma exhibited normal echogenicity and mild coarse echotexture. 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*

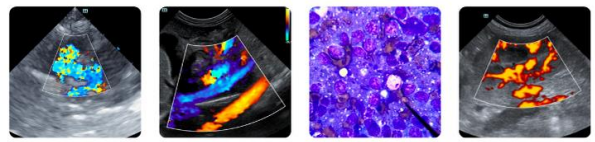
An unspecified, nonhomogeneous mass lesion was noted in unknown location on images, dated 3/20. The unspecified lesion measured ~4.3 cm x 3.1 cm. No evidence of peritoneal effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal area of uterine remnant
- Liver mass
- Mild chronic renal changes
- Unspecified mass lesion, images dated 3/20

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt sonographic evidence of upper or lower urinary tract or uterine remnant pathology dorsal to the urinary bladder. The liver mass is highly suggestive of neoplastic criteria, i.e., carcinoma, or other. Further assessment may include recheck urine C/S with empirical UTI protocol pending results and assuming normal clotting status, hepatic mass FNA cytology. The normal urinary bladder size is not overt consistent with obstruction to urethral outflow, yet nonobstructive urethral pathology past the level of the pelvic inlet cannot be definitively excluded. Screening BRAF assay and consideration for cystoscopy are recommended.



**PATIENT**

Rose Walker

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

SF

**AGE**

01.01.2014

**WEIGHT**

74

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

N. Stiff

**HOSPITAL NAME**

Steamboat VH

**REFERRING VET**

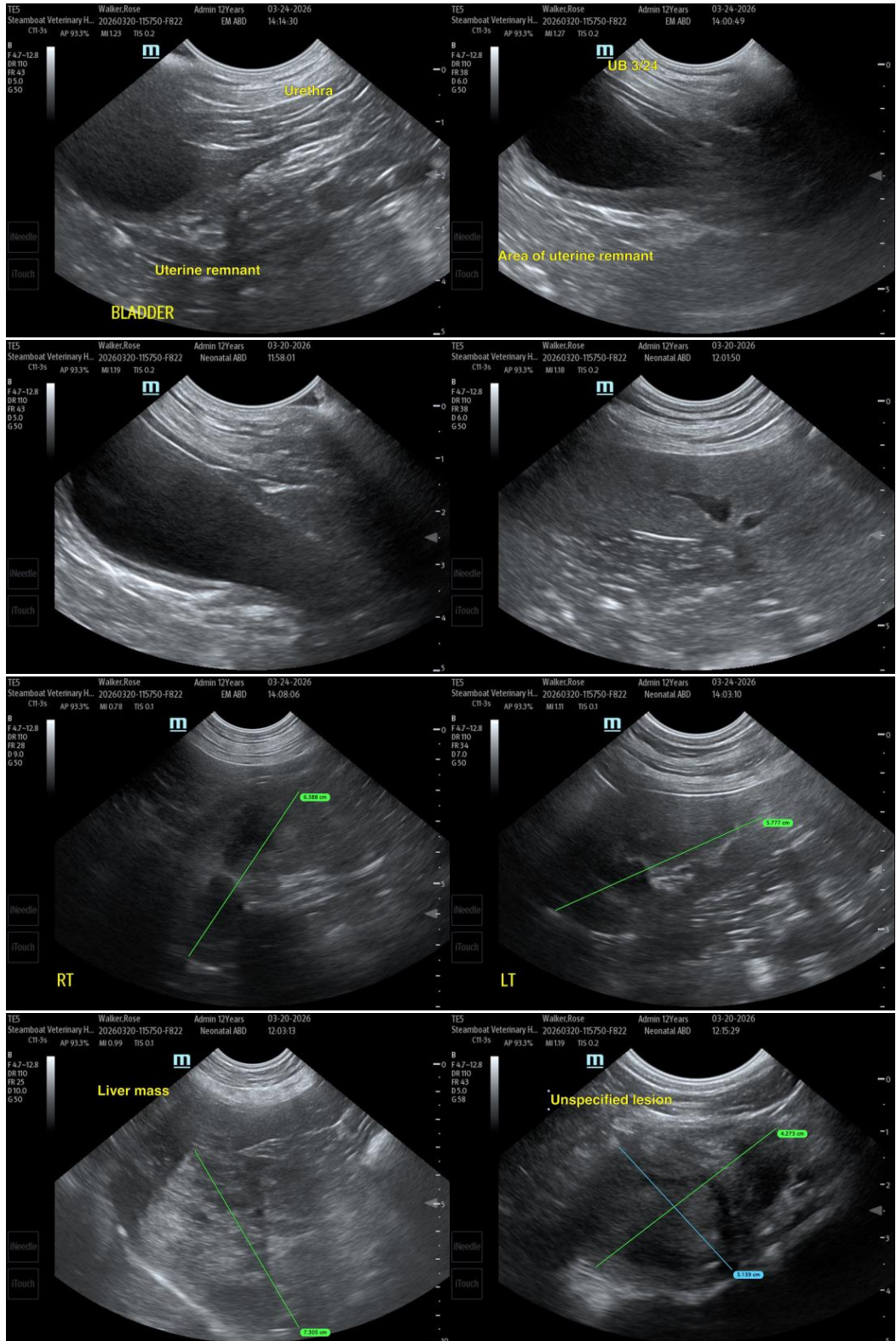
Dr. N. Stiff

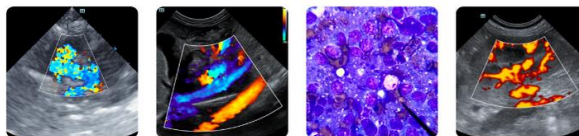
**INVOICE**

10720

**DATE**

3/24/26





## PATIENT

Rose Walker

## SPECIES

Canine

## BREED

Pitbull

## SEX

SF

## AGE

01.01.2014

## WEIGHT

74

## INTERPRETED BY

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

## IMAGING PERFORMED BY

N. Stiff

## HOSPITAL NAME

Steamboat VH

## REFERRING VET

Dr. N. Stiff

## INVOICE

10720

## DATE

3/24/26



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](mailto:info@sonopath.com)