



PATIENT

Valentina Brindisi

SPECIES

Canine

BREED

Staffordshire
Terrier/Retriever
mix

SEX

FS

AGE

12Y, 6M

WEIGHT

72lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

John Ammeraal DVM

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

John Ammeraal DVM

INVOICE

74421

DATE

3-31-26

PRESENTING CLINICAL SIGNS

- Owner noted bloody urine since yesterday

Abnormal PE/Chem/CBC/UA Results: Few dermal masses and eyelid masses. UA pending,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal size and tone. Variable to significantly thickened mid to apical urinary bladder wall most notable in the ventral apical urinary bladder exhibiting mild nonhomogeneous mural echogenicity and asymmetrical luminal surface contour. Ventral apical urinary bladder wall measured 1.5 cm wall width. Anechoic urine with mild nondependent particulate sediment and accumulated hyperechoic sand/mineral. The sand/mineral appeared to potentially be adhered to the apical urinary bladder wall; Potential for mineralized polyp not excluded. Concurrent focally thickened wall in the area of the ureteral papilla without evidence of ureteral obstruction measuring 0.5 cm in diameter. No evidence of pathology in the area of the cystourethral junction. The visualized proximal urethra to a depth of 4.0 cm exhibited subjective normal structure and tone. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

No obvious visualized medial iliac, sublumbar lymphadenopathy, or masses.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Significant to asymmetrically thickened mid to apical and focal dorsal urinary bladder wall.
- Urine sediment with suspect accumulated to potentially adhered hyperechoic urine sand/mineral.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant to variable cystitis or diffuse urinary bladder tumor are primary differentials. Correlation with urinalysis, urine culture and sensitivity, and BRAF assay is recommended. Urinary bladder biopsies required for definitive diagnosis. Empirical therapy for UTI pending urine culture and sensitivity results and consideration for NSAID trial with clinical and sonographic monitoring would be more conservative.



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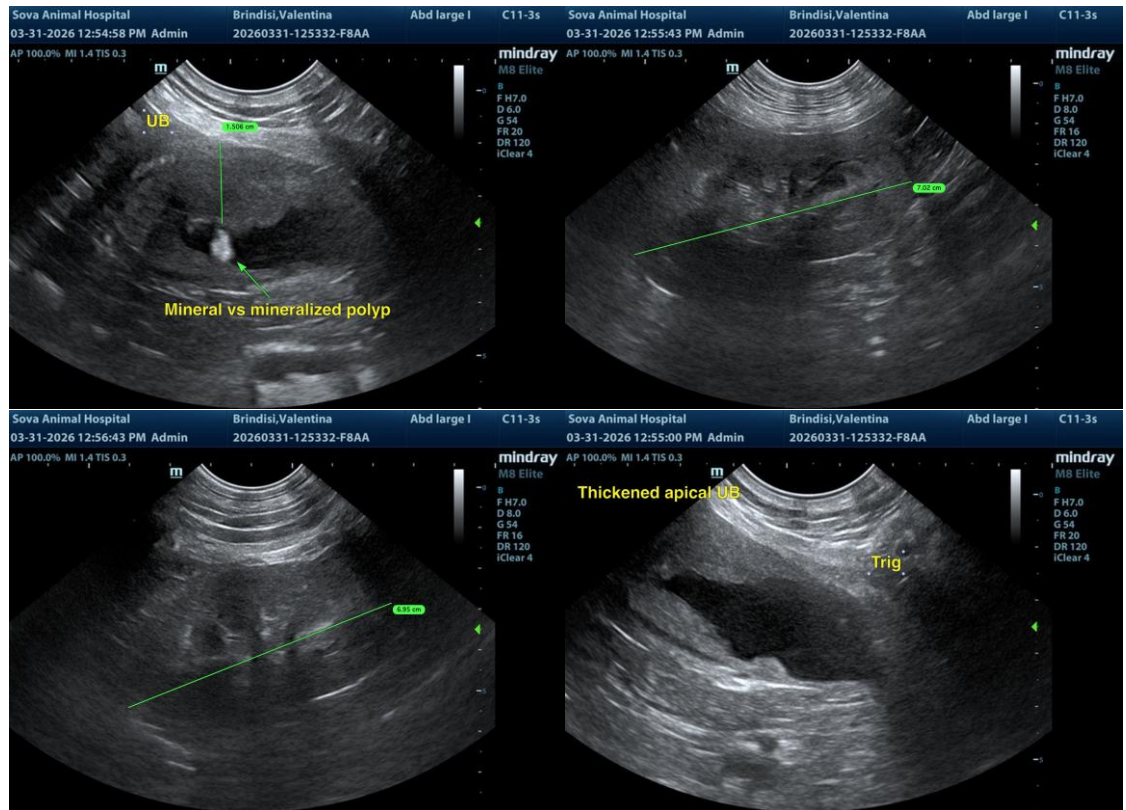
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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