



## PATIENT

Lucy Mashler-Rivera

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Female Spayed

## AGE

10

## WEIGHT

12.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julie Paulsen

## HOSPITAL NAME

Monterey AC - FL

## REFERRING VET

Julie Paulsen

## INVOICE

13248

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

Submitted study limited to the urinary bladder only.

History:

- Urinating blood. Took rads, no stones present. First time urinary issues.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone. Mild urine was present in the bladder lumen prohibiting full evaluation of the urinary bladder wall. Subjective mildly generalized thickened urinary bladder wall with apical wall measuring 0.36 cm width. A-linear likely, mildly non-homogeneous soft tissue structure exhibiting similar echogenicity to the urinary bladder wall and appearing to efface, attach or potentially connect to the dorsal and ventral urinary bladder wall measuring ~1.4 cm length was present. Concurrent minor, non-dependent urine sediment was no noted with no evidence of macro-calculi. The trigone and cystourethral junction were free of overt pathology. The proximal urethra was indistinctly visualized without overt pathology or evidence of obstruction to urine outflow to a depth of 1.0 cm.

## ULTRASONOGRAPHIC FINDINGS

- Non-distended yet mildly thickened urinary bladder, overtly normal visible proximal urethra
- Urinary bladder lumen linear like soft tissue structure appearing to efface or potentially connect to the dorsal and ventral urinary bladder wall, concurrent minor, non-dependent particulate urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall urinary bladder suggests cystitis criteria. The soft tissue lumen structure is nonspecific with considerations including attached or adhered accumulated sediments or blood clot, atypical polyploid lesion or possible mass, all potentials. Color doppler assessment of the soft tissue lesion was not utilized. No evidence of urinary bladder calculi. Urine C/Son sterile urine sample, screening BRAF assay as well as sonographic assessment of the bilateral kidneys to assess for evidence of renal infection or structural pathology as a potential cause of hematuria or urinary bladder blood clot is recommended. Pending additional diagnostics, sonographic monitoring of the urinary bladder, and +/- empirical therapy for UTI or cystitis is recommended.



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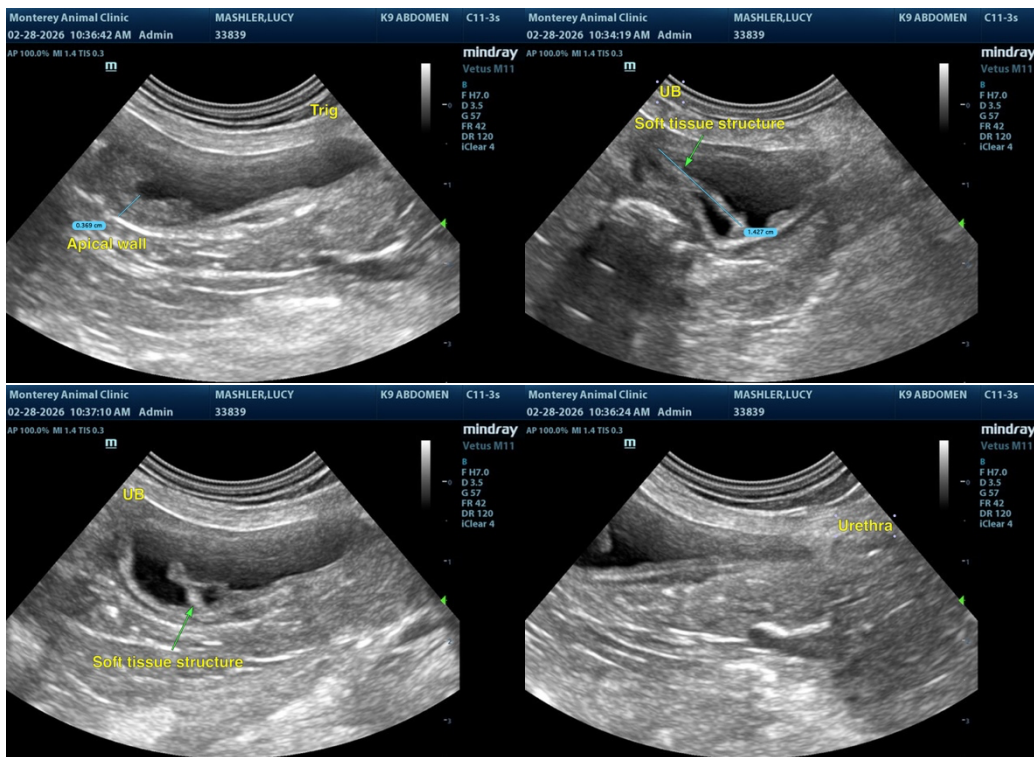
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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