



## PATIENT

Baxter Bass

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Male Neutered

## AGE

8y 6m

## WEIGHT

28 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cecelia Dean

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Ryan Leal

## INVOICE

13250

## DATE

3/5/26

## PRESENTING CLINICAL SIGNS

History:

- Initially presented 2/17/26 for hematuria and blood noted on penis, imaging declines and empiric therapy for UTI initiated
- Presented yesterday, 3/4 for recheck and persistent hematuria. POCUS revealed abnormal bladder, full AUS recommended. Presented to today for AUS and BRAF collection

Abnormal PE/Chem/CBC/UA Results: UA -- hematuria Pending BRAF submission no cbc/chem at this time

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

A sessile based, elongated mass was present appearing to involve the majority of the ventral urinary bladder wall and extending into the urinary bladder lumen. Non-homogeneous, non-mineralized parenchyma confirm blood flow in the mass noted on power doppler. The mass measured ~3.5 cm x 1.0 cm extending into the area of the cystourethral junction without overt evidence of obstruction to urine outflow. Concurrent mild to moderate, non-dependent urine sediment present with no evidence of calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The visible prostate and proximal urethra to a depth of 3.0 cm were sonographically normal.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 or left/right hydro ureter was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.2 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 0.41 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 0.45 cm width at the caudal pole.

### 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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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 with no signs of ileus, obstruction 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 apparent 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**

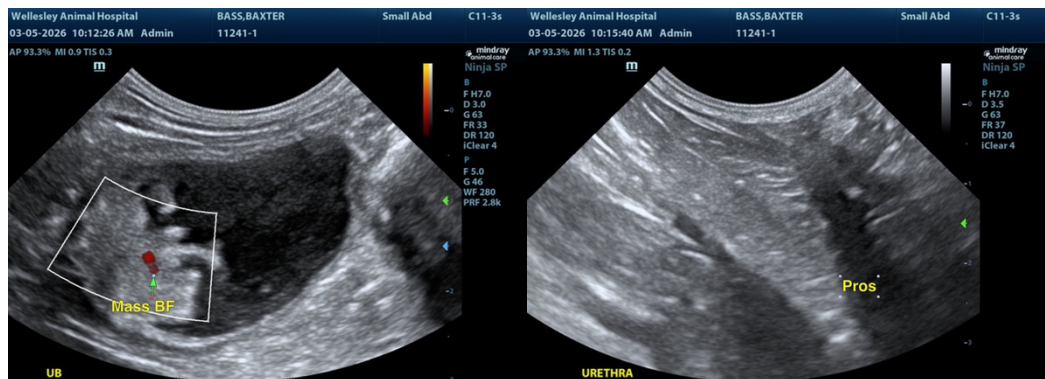
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder mass consistent with neoplastic criteria, i.e. transitional cell carcinoma
- Overtly normal visible residual prostate and proximal urethra
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with BRAF assay is recommended. Concurrent urine C/S to rule out concurrent UTI may be considered. No current evidence of regional lymphatic metastasis or left/right hydro ureter obstruction.





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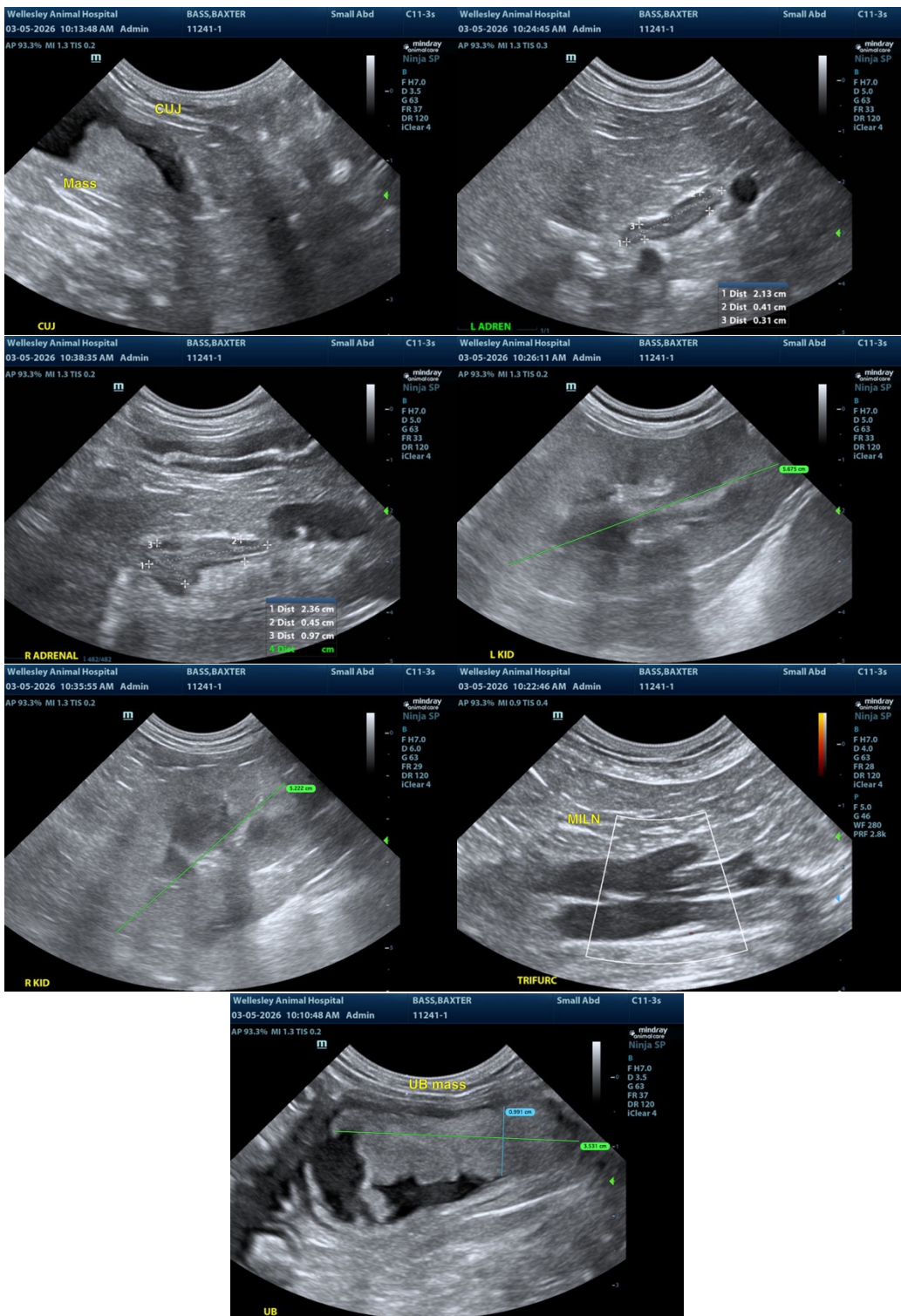
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)