



**PATIENT**

Taz Argueta

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

8 Years 3 Months

**WEIGHT**

69 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Harrs

**INVOICE**

14993

**DATE**

04/10/26

**PRESENTING CLINICAL SIGNS**

Recurrent cystitis, last UTI 1 month ago, tens on caudal abdomen palpation

Meds: Apoquel

Abnormal PE/Chem/CBC/UA Results: Mild Leukopenia (Lymphopenia) Neuts low-normal, urine: rods, hematuria, USG 1.032

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with diffusely thickened mild nonhomogenous nonmineralized urinary bladder wall exhibiting areas of mild asymmetrical to scalloped luminal surface contour. The 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 change were noted.

The residual prostate was mildly prominent in size exhibiting mild nonhomogenous nonmineralized parenchyma measuring 1.4 cm in diameter.

Normal size and margination was 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 6.9 cm in length. The right kidney measured 6.9 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 0.50 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 & Gallbladder**

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 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.



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta consistent with food echogenicity without signs of 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.

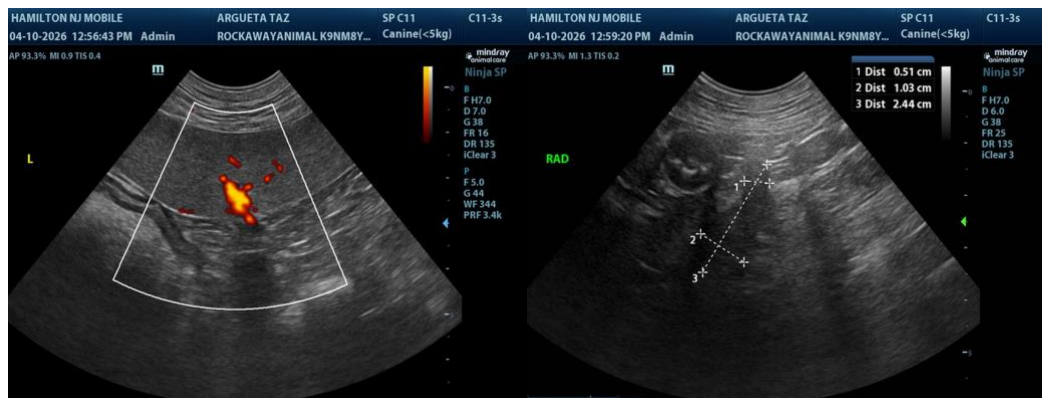
**ULTRASONOGRAPHIC FINDINGS**

- Nondistended diffusely thickened urinary bladder.
- Mildly prominent nonhomogenous nonmineralized residual prostate gland.
- Normal bilateral kidneys.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Moderate to severe chronic cystitis with potential for low-grade chronic prostatitis given historical to recurrent UTI is suspected. Diffuse urinary bladder to concurrent emerging prostatic neoplasia i.e. transitional cell carcinoma, may present in similar sonographic manner. Recheck urine culture and sensitivity on a sterile urine sample is recommended. This may be obtained via urethral catheterization with potential for traumatic urinary bladder wall catheterization for cytology. Screening BRAF assay is warranted.

No evidence of regional lymphadenopathy or metastatic criteria. Continued UTI protocol, which may include higher dose, shorter frequency antibiotic regimen, i.e. enrofloxacin or Clavamox 20 mg/kg for five to seven days given evidence of suspected cystitis may prove beneficial. Urinary bladder wall biopsies may be required for a definitive diagnosis.





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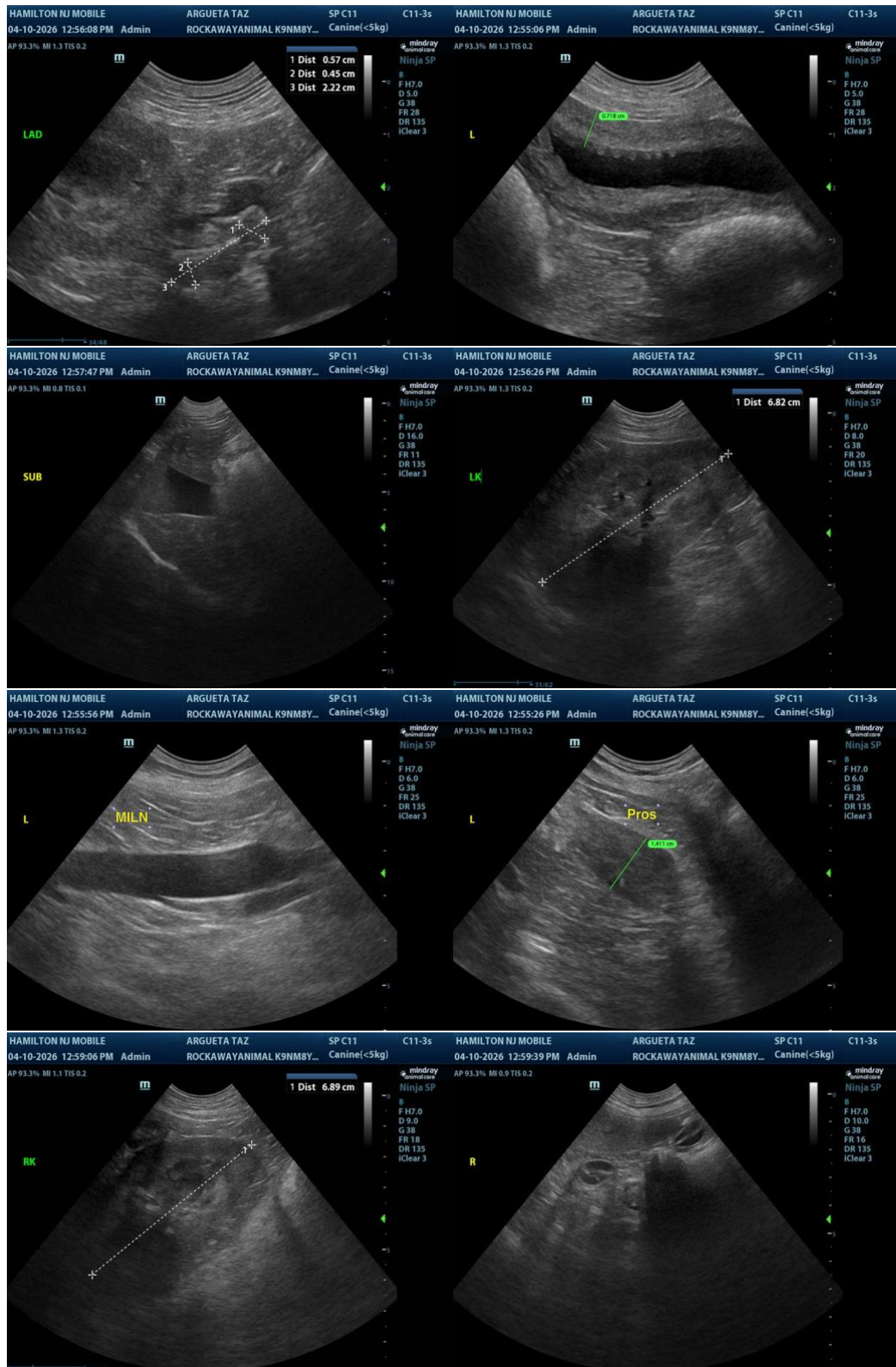
Dr. Harrs

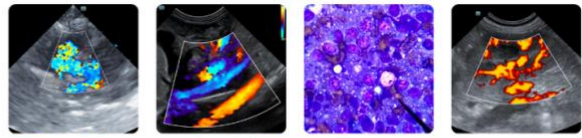
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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