



PATIENT

Riley Dellario

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

14

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road VH

REFERRING VET

Dr. Justin Freeby

INVOICE

13440

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: History of urinary incontinence

Abnormal PE/Chem/CBC/UA Results: routine lab work NSF for the cause of dysuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A mass in the ventral aspect of the urinary bladder trigone with asymmetrical margination and associated mineralization to possible concurrent embedded urinary bladder calculus was present measuring ~3.5 cm in diameter. The bladder was mildly distended in size with normal tone and concurrent dependent lumen mineral. The visible proximal urethra to a depth of 3.0 cm exhibited normal structure and tone. The parenchyma of the mass was heterogeneous with hyperechoic foci. The ureteral papillae were normal. The ureters were not visible which is normal.

No obvious visualized 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 was present. Small cortical cysts present. The left kidney measured 6.6 cm in length. The right kidney measured 6.2 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 0.62 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a mildly expansive, mixed echogenic, solid mass in the subjective cranial spleen with mild, associated capsule distortion and without evidence of capsular escape. The mass measured ~4.0 cm in diameter. The remainder of the spleen exhibited subtle parenchyma heterogeneity and mild asymmetrical medial capsule contour.

Liver

The liver exhibited generalized hepatomegaly. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A cystic mass adjacent to the gallbladder measuring 4.2 cm in diameter was noted. The gallbladder was distended in size with non-thickened wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. No current evidence of pericholecystic omental inflammation and effusion. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 right pancreas is mild asymmetrically enlarged in size exhibiting non-homogeneous remodeled parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mineralized urinary bladder mass area of the ventral trigone, concurrent mild urinary bladder lumen mineral
- Bilateral chronic renal changes
- Splenic mass
- Enlarged non-homogeneous liver with cystic intraparenchymal mass
- Early immature gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria with focal, significant cystitis secondary to embedded calculus thought less likely. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, metastasis or other). The cystic liver mass may indicate cystic hyperplasia, granuloma, cystadenoma or cystic primary vs metastatic neoplasia. Screening BRAF assay and assuming normal clotting status, splenic and hepatic mass FNA cytology as well as +/- fluid analysis warranted for further clarification. Correlation with urine C/S, ideally on sterile urine sample may be considered. Co current evidence of regional lymphatic metastasis.



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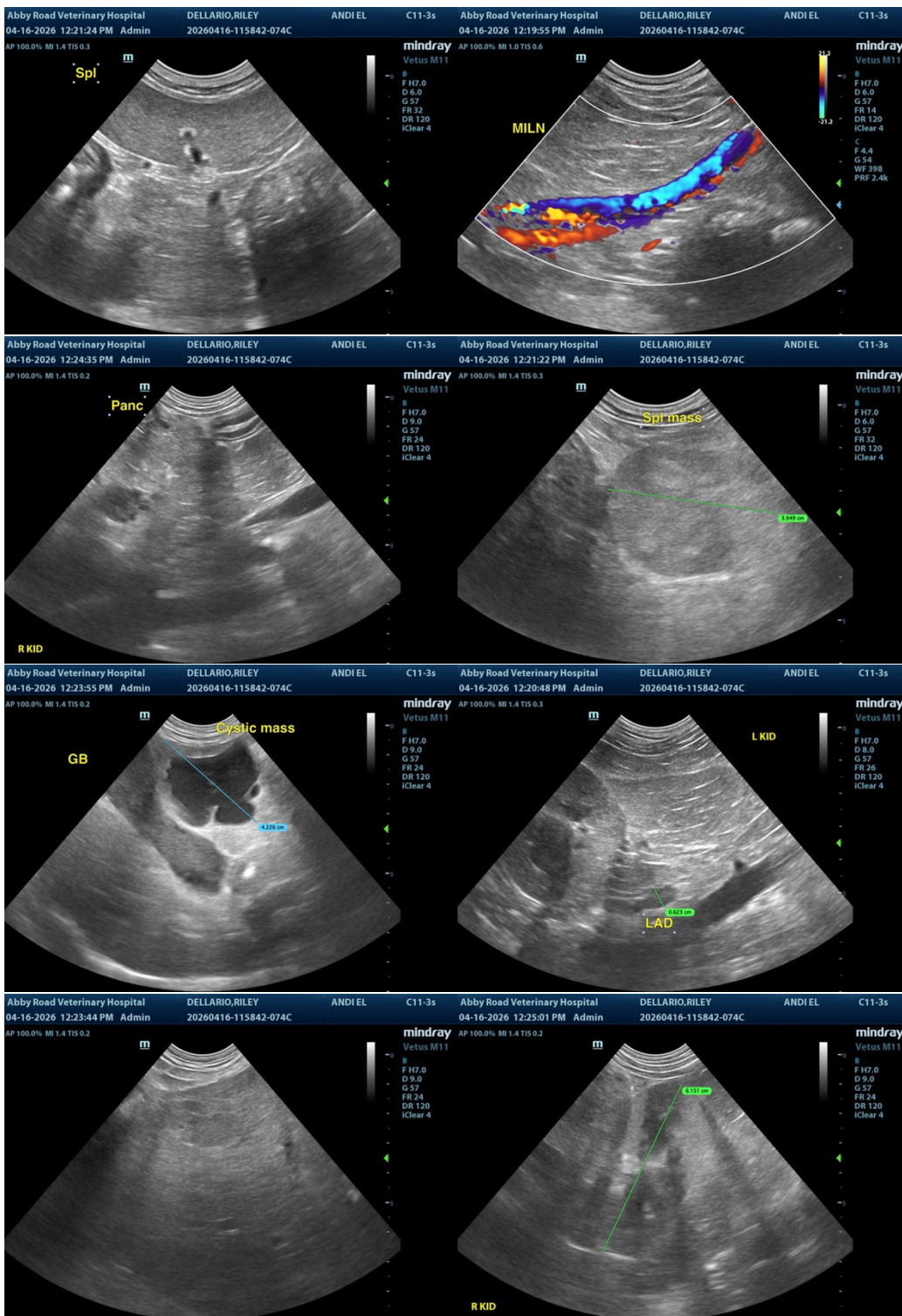
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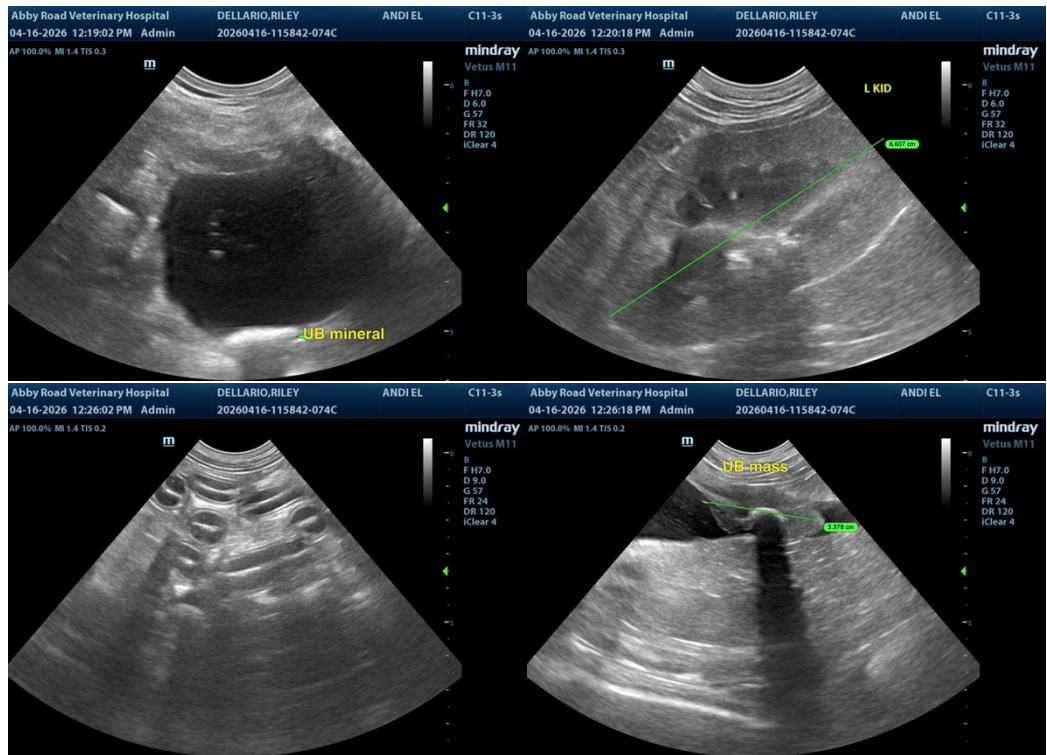
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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