



PATIENT

Gracie Fabian

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

13

WEIGHT

55 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley, CVT

HOSPITAL NAME

Geary Veterinary
Services

REFERRING VET

Dr. Curtis Geary,
VMD

INVOICE

10838

DATE

4/29/26

PRESENTING CLINICAL SIGNS

Patient is here for a second opinion and AUS. Patient is straining to urinate and having urgency since December. Primary DVM has done BW and UA and treated suspected UTI with SMZ and Enrofloxacin. Patient is uncomfortable and grunting when trying to urinate. Patient has progressed with straining rapidly over the past 6 weeks. Only passing about a tablespoon of urine at a time.

Abnormal PE/Chem/CBC/UA Results: On physical exam, bladder palpates very large and patient is very uncomfortable. Patient squatting and straining during entire appointment with us. BW and Urine performed at primary DVM, BW done 03/22/26 ALKP: 324 (H) - Otherwise unremarkable U/A done 03/22/26 Blood: 3+ Epi Cells: 2+ (3-5)/HPf SG: 1.025 WBC: 15-20 HPF U/A done 04/04/26 SG: 1.012 Protein: Trace Blood 250 Leuk: 100 WBC: 27/HPF RBC: >50/HPF Rod Bacteria Suspected Non Squamous Epi Cells: 3-5/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone, exhibiting mild to moderate, particulate urine sediment. A nonhomogeneous soft tissue mass lesion was noted, exhibiting discrete hyperechoic foci at the level of the cystourethral junction extending into the proximal urethra, measuring ~4.5 cm x 1.0 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild areas of medullary mineral were noted. No evidence of pyelectasia was noted in either kidney. The left kidney measured 5.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

A nonhomogeneous, mildly expansive, nonmineralized, hyperechoic nodule was present in the left adrenal gland caudal pole with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.0 cm x 0.81 cm. The caudal pole of the left adrenal gland measured 1.0 cm width.

A nonhomogeneous, mildly expansive, nonmineralized, hyperechoic nodule was present in the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 1.0 cm. The caudal pole of the right adrenal gland measured 1.1 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small hyperechoic perihilar nodule was present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



PATIENT

Liver/ Gallbladder

Gracie Fabian

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

13

WEIGHT

55 lbs.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 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.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Cystourethral junction / proximal urethral mass, distended urinary bladder with urine sediment
- Mild chronic renal changes exhibiting mild medullary mineral
- Perihilar splenic nodule – consistent with benign myelolipoma
- Bilateral nodular adrenomegaly

IMAGING PERFORMED BY

Keisha Smitley, CVT

HOSPITAL NAME

Geary Veterinary
Services

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Curtis Geary,
VMD

The cystourethral junction / proximal urethral mass is consistent with neoplastic criteria, i.e., transitional cell carcinoma. Secondary partial obstruction to urine outflow appears present. There is no obvious current evidence of regional lymphatic metastasis. Referral for potential traumatic catheterization or stent placement could be considered with concurrent oncology consult. There is no evidence of left or right ureter obstruction.

INVOICE

10838

DATE

4/29/26

Potential considerations for the adrenal nodules may include adenoma, hyperplasia or potential emerging neoplasia, i.e., pheochromocytoma or other. Assessment of systemic BP is suggested for evidence of hypertension which may allude to an emerging pheochromocytoma. Initial sonographic monitoring of the nodule for evidence of progression with recheck in 4-6 weeks would be ideal.



PATIENT

Gracie Fabian

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

13

WEIGHT

55 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley, CVT

HOSPITAL NAME

Geary Veterinary
Services

REFERRING VET

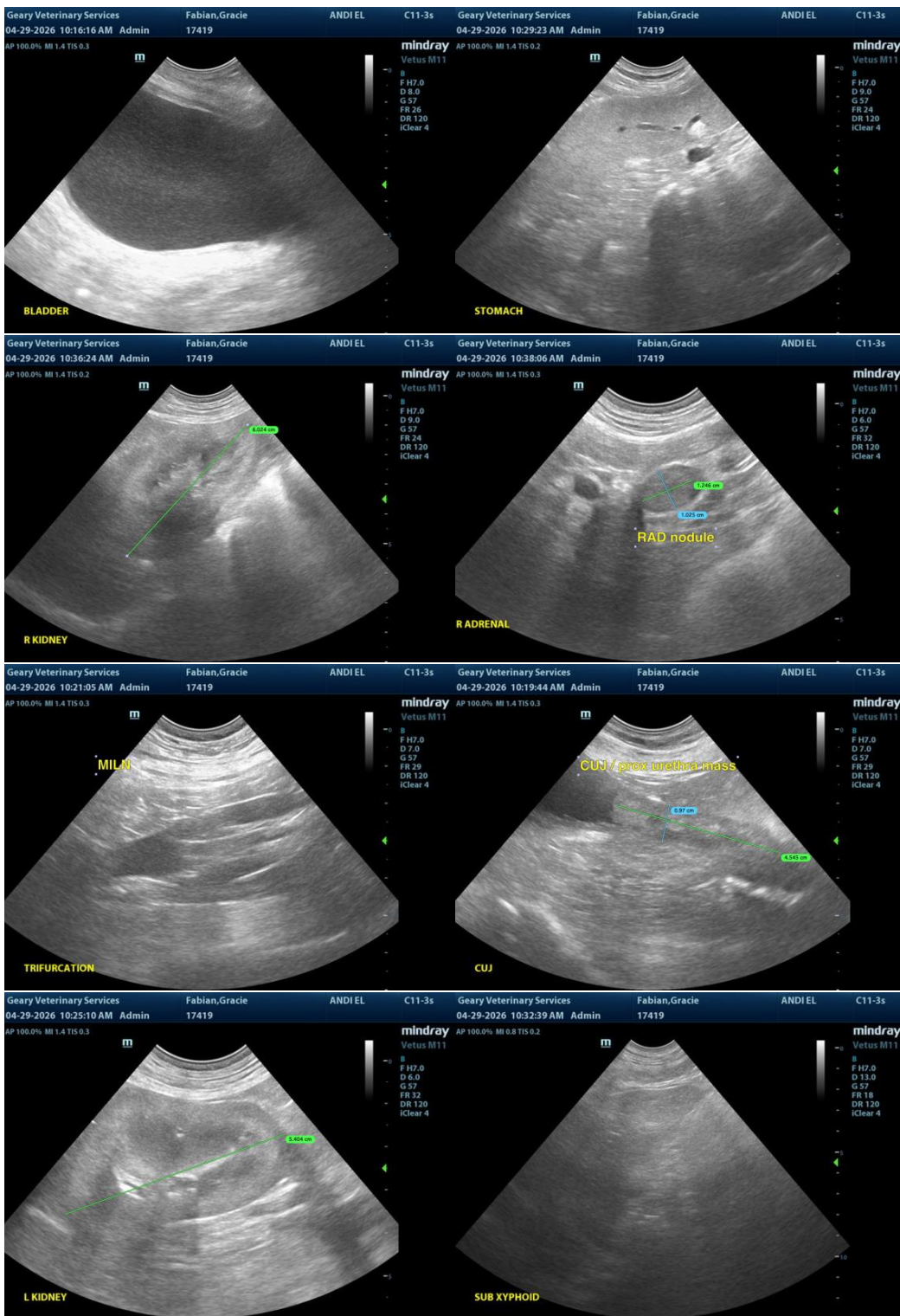
Dr. Curtis Geary,
VMD

INVOICE

10838

DATE

4/29/26





PATIENT

Gracie Fabian

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

13

WEIGHT

55 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley, CVT

HOSPITAL NAME

Geary Veterinary
Services

REFERRING VET

Dr. Curtis Geary,
VMD

INVOICE

10838

DATE

4/29/26



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