

PATIENT

Bud Andersen

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

11y

WEIGHT

33.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex VS Ltd.

REFERRING VET

SAVE Emergency/ ER
Doctor

INVOICE

13371

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: Hematuria progressed from pink → frank blood. Intermittent normal urination between episodes. Increased frequency of urination. No stranguria or dysuria observed. No systemic illness (BAR, eating/drinking normal)

Relevant history: Mast cell tumors x2 (previously excised). Chronic cutaneous hemangiomas. No current medications. No toxin exposure.

Abnormal PE/Chem/CBC/UA Results: PHYSICAL EXAM SUMMARY: BAR, stable, MM: pale pink, Abdomen: soft, non-painful, No palpable masses, Prostate: WNL on rectal exam, No lymphadenopathy
CBC: WNL (platelets adequate) Chemistry: WNL (mild lipase increase) Urinalysis: USG 1.029 2+ protein >50 RBC / HPF >50 WBC / HPF No bacteria, no crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly thickened primarily apical wall. Mild asymmetrical luminal surface contour and minor polyploid component. Maintained homogeneous non-mineralized mural echogenicity. Apical urinary bladder wall measured 1.1 cm width. Anechoic urine was present without evidence of mineral or calculi. The trigone and cystourethral junction were free of pathology. The visible proximal urethra to a depth of 4.0 cm exhibited normal tone and structure.

The residual prostate presented sonographically normal measuring 1.25 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 8.4 cm in length. The right kidney measured 8.0 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 0.71 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 0.55 cm width at the caudal pole.

Spleen

The spleen was subjective mildly enlarged in size with splenic folding exhibiting maintained symmetrical capsule contour with subtle parenchyma heterogeneity. No mass or nodules present with normal vascular volume.

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 normal in appearance without signs of congestion. The gallbladder was non distended in size with



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moderate, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing, mildly shadowing ingesta.

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

- Mildly thickened apical urinary bladder with mild polyploid component – suggestive of polyploid cystitis, minor potential for emerging neoplastic criteria
- Normal residual prostate and visible proximal urethra
- Normal bilateral kidneys
- Mild splenomegaly with folding – hyperplasia, hematopoiesis, sedation if clinically applicable, incidental mild splenitis, early infiltrative splenic neoplasia thought less likely
- Congealed, non-organized gallbladder debris – not consistent with mature mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Screening BRAF assay warranted, although urinary bladder neoplastic criteria considered less likely. Assuming normal clotting status and using 25-gauge needle, splenic FNA cytology recommended given patient history. If persistent lower urinary tract signs, urinary bladder wall biopsy may be considered for histopathology and tissue C/S. Ursodiol recommended if cholestasis arises.



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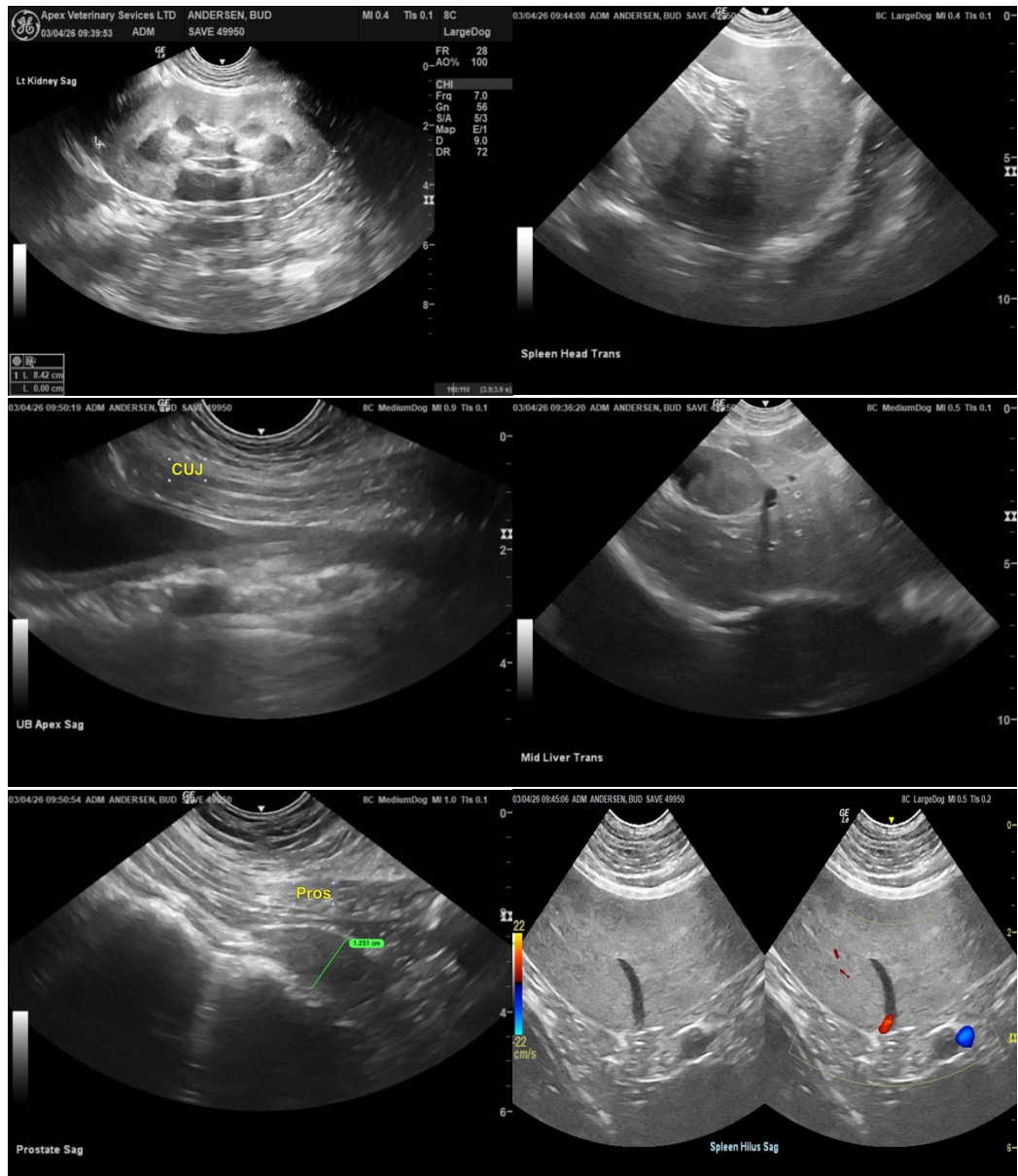
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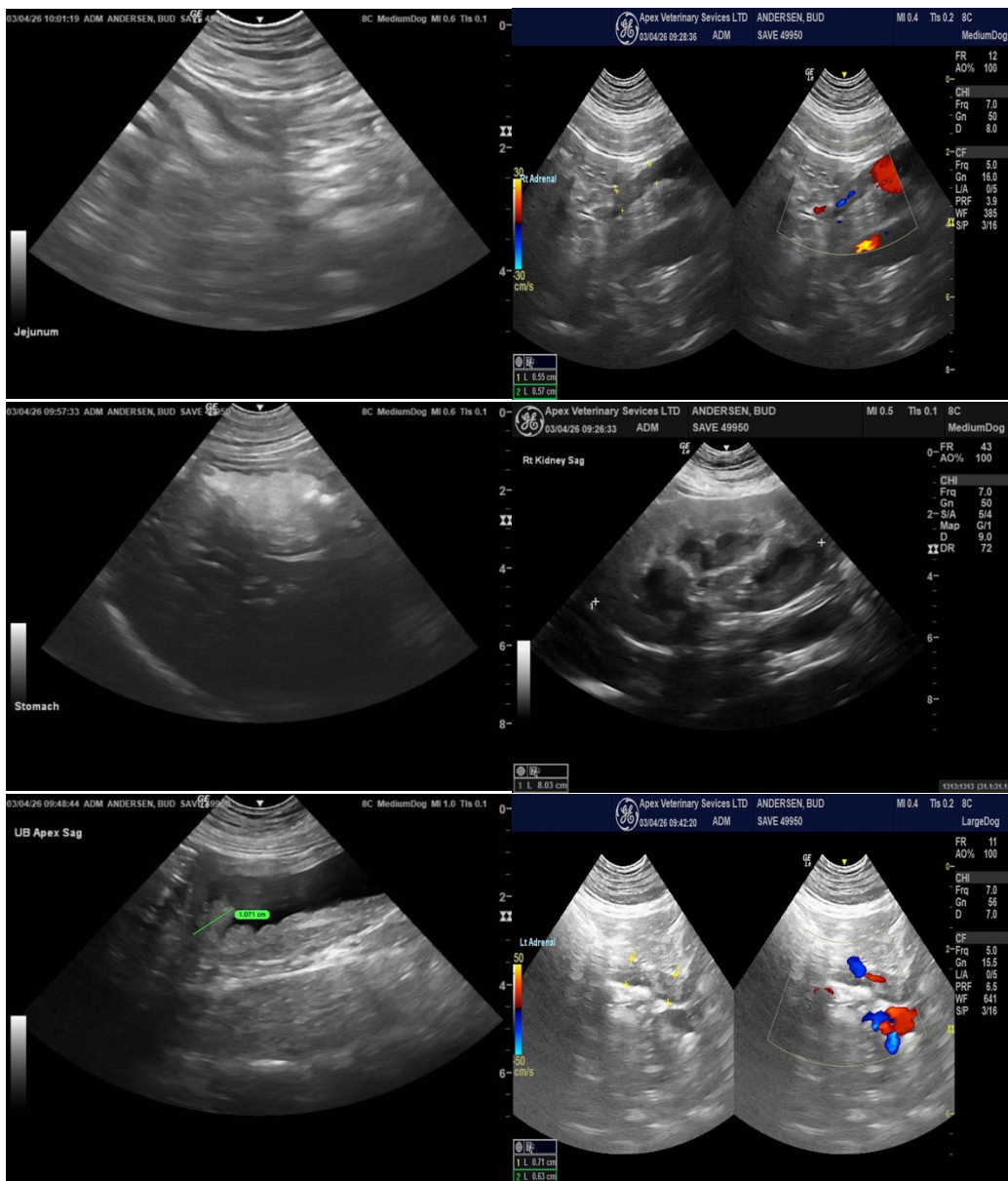
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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