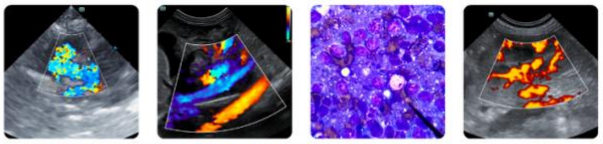

PATIENT

Brady Reiter

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

31.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Godwin

HOSPITAL NAME

Wellesley Animal Hospital

REFERRING VET

Dr. Meghan Godwin

INVOICE

15817

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Ultrasound to investigate elevated ALP, patient doing clinically well at home.

Abnormal PE/Chem/CBC/UA Results: 3/14/26: History of elevated ALP: 1,120 U/L UA: urine protein 3+ RBCs 10-15 HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A solitary potentially sessile-based mass extending into the urinary bladder lumen exhibiting nonhomogenous focally hyperechoic parenchyma consistent with mass mineralization measuring approximately 2.2 cm in diameter. The urinary bladder was nondistended in size with normal tone without evidence of obstruction to urine outflow. 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. Subjective mild decreased proximal urethral tone with normal structure to a depth of 3.0 cm.

The area of the residual prostate appeared normal and free of pathology.

No obvious visualized medial iliac or sublumbar lymphadenopathy.

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. The left kidney measured 5.5 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland measured 0.60 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 mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate variably hyperechoic nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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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.

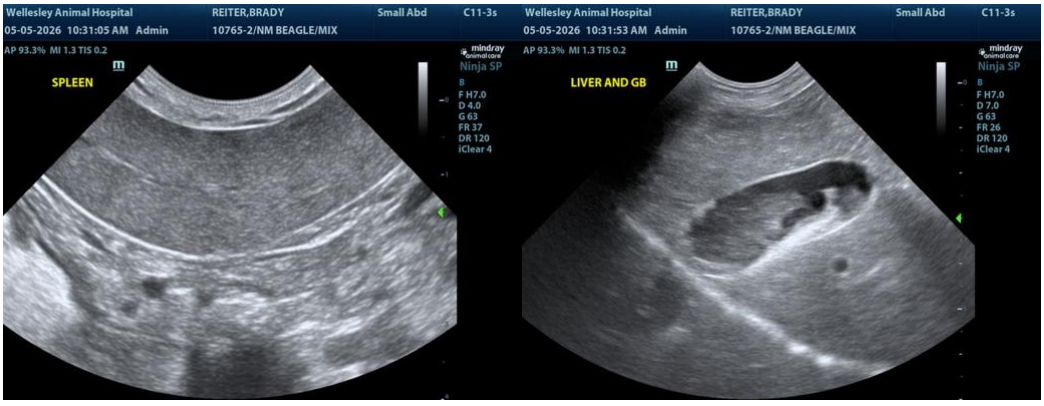
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass- consistent with neoplasia i.e. transitional cell carcinoma.
- Age-related renal/adrenal changes without evidence of adrenomegaly.
- Benign hepatopathy pattern- sonographically suggestive of vacuolar/cholestatic hepatopathy in conjunction with elevated ALP.
- Mild/moderate gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with a urine BRAF assay is recommended. No overt evidence of current regional lymphatic metastasis. No evidence of adrenal pathology as an obvious contributing factor to the hepatopathy in conjunction with lack of reported clinical signs.

Screening hepatic FNA cytology could be considered primarily to assess for evidence of non-obvious inflammation. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.



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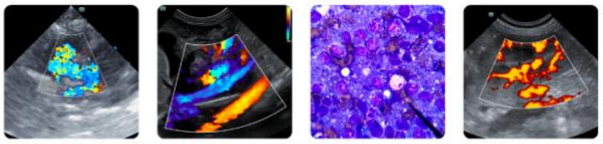

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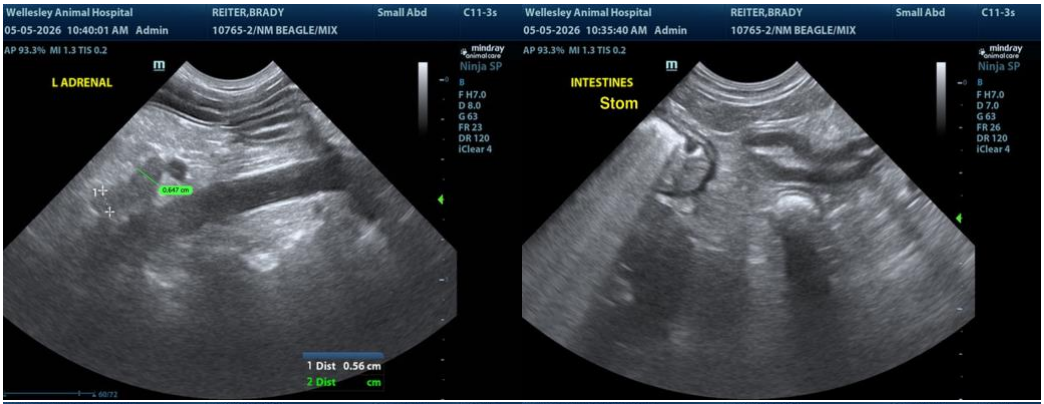

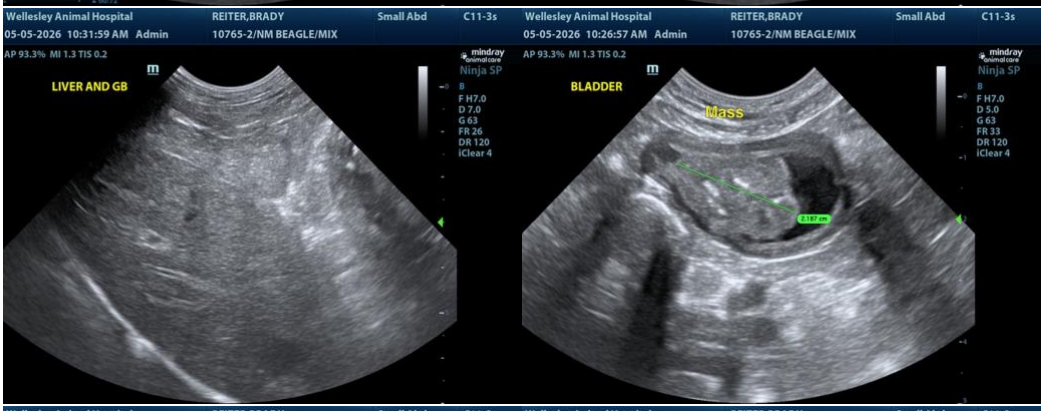

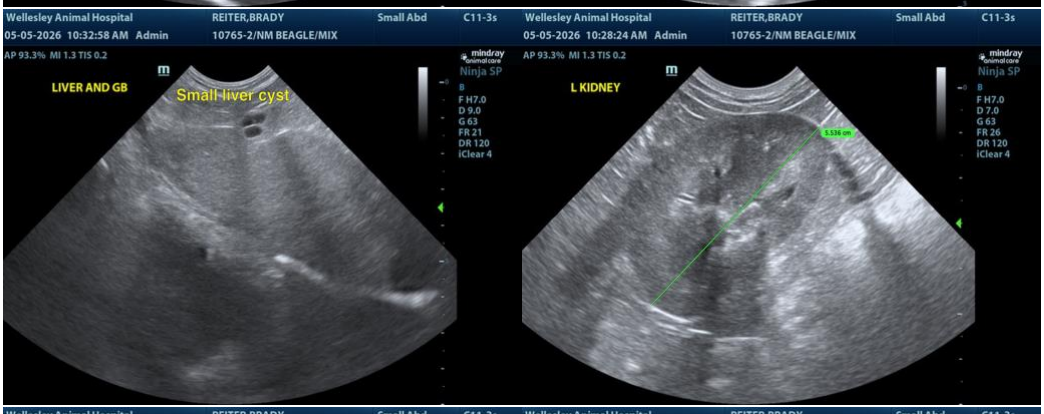

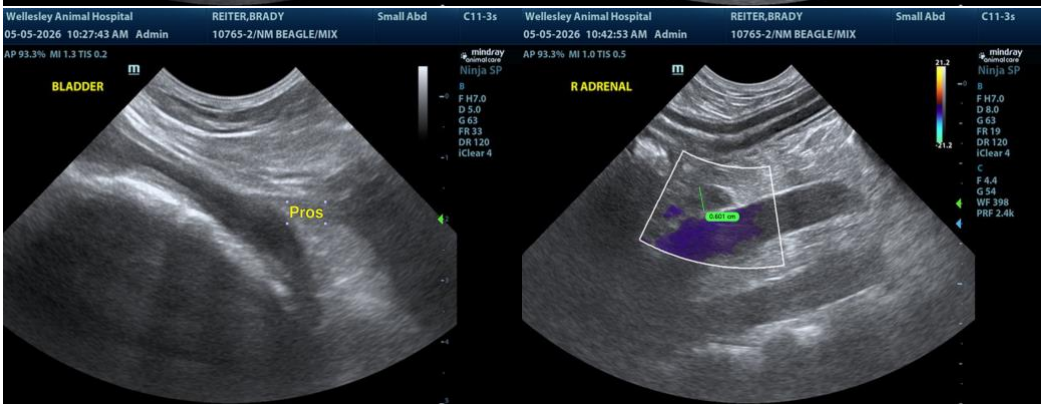

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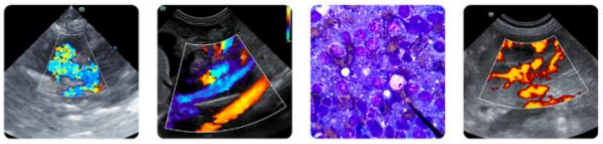

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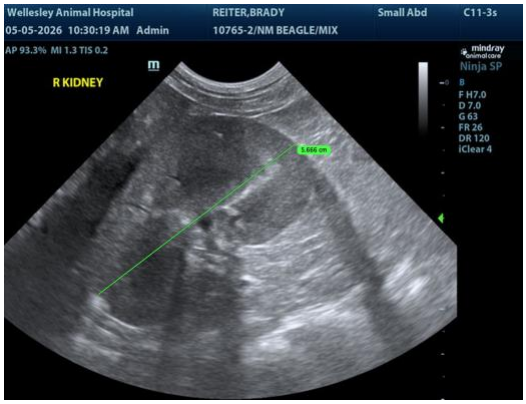

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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