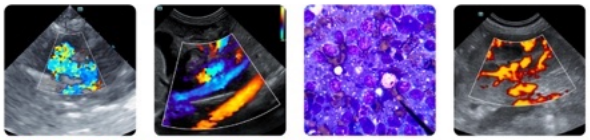

PATIENT

Nellie Lance

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

9 years

WEIGHT

43 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

78242

DATE

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PRESENTING CLINICAL SIGNS

History: Patient referred for ultrasound. patient had 2 to 3 months of straining to urinate. Will urinate once and have a descent stream then will try to urinate and posture multiple more times with nothing coming out.
Abnormal PE/Chem/CBC/UA Results: Blood work from other hospital: CBC: none Chem: wnl Urinalysis: Low Ph (5.5), 3+ urine protein, 1+ blood, High RBCs, High Epithelial cells. 1+ bilirubin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is slightly underdistended. A broad-based soft tissue mass measuring approximately 2.78×0.89 cm arises from the bladder neck/proximal urethral region and protrudes into the urinary bladder lumen. The lesion is mildly heterogeneous and causes marked narrowing of the bladder outlet. The urine is predominantly anechoic. The remaining urinary bladder wall appears smooth. No cystoliths are identified.

The left kidney is normal in shape and size, measuring 5.86×3.46 cm, with a cortical thickness of 0.60 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.05×3.26 cm, with a cortical thickness of 0.56 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity that is isoechoic to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.61 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland is suboptimally visualized and measures approximately 0.52 cm at the caudal pole.

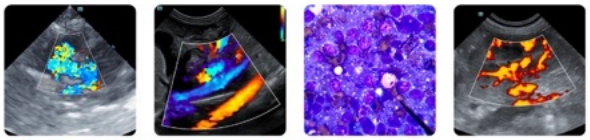
Spleen

Splenic thickness is 1.50 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 2.01 mm and preserved wall layering.

The duodenum measures 2.98 mm and the jejunum measures 3.44 mm. Intestinal wall layering is preserved throughout the evaluated segments.

No sonographic evidence of gastrointestinal inflammation, obstruction, ileus, foreign material, or infiltrative intestinal disease is identified.

The colon measures 0.92 mm and contains formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Broad-based bladder neck/proximal urethral mass measuring approximately 2.78×0.89 cm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A soft tissue mass arising from the bladder neck/proximal urethral region is identified. The lesion occupies the majority of the bladder outlet and proximal urethral lumen. The lesion location and clinical presentation are highly suspicious for urothelial carcinoma (transitional cell carcinoma). Polypoid cystitis and other less common neoplastic processes are considered less likely differential diagnoses.

The location and extent of the lesion provide a plausible explanation for the patient's symptoms. No sonographic evidence of complete lower urinary tract obstruction is identified at this time, as the urinary bladder is not markedly distended. Additionally, no sonographic evidence of upper urinary tract obstruction is identified, and the kidneys and renal pelves remain within normal limits.

No evidence of abdominal metastatic disease, regional lymphadenopathy, or other significant abdominal abnormalities is identified during this examination.

Recommendations

- Consider a CADET BRAF test if urothelial carcinoma is suspected and has not already been performed.
- Cystoscopic evaluation and biopsy, or traumatic catheterization cytology if appropriate, are recommended for definitive diagnosis.

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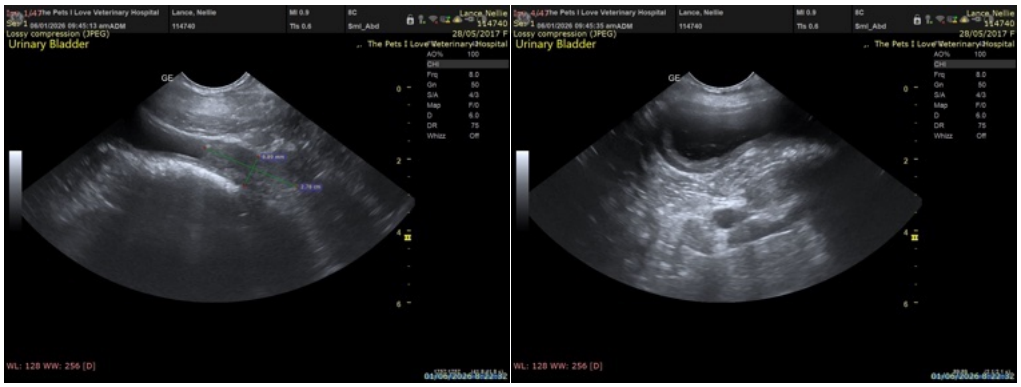
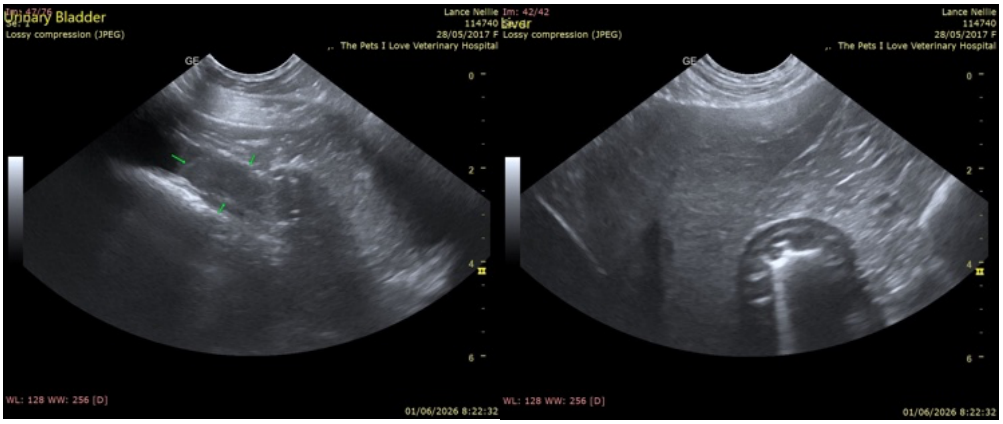
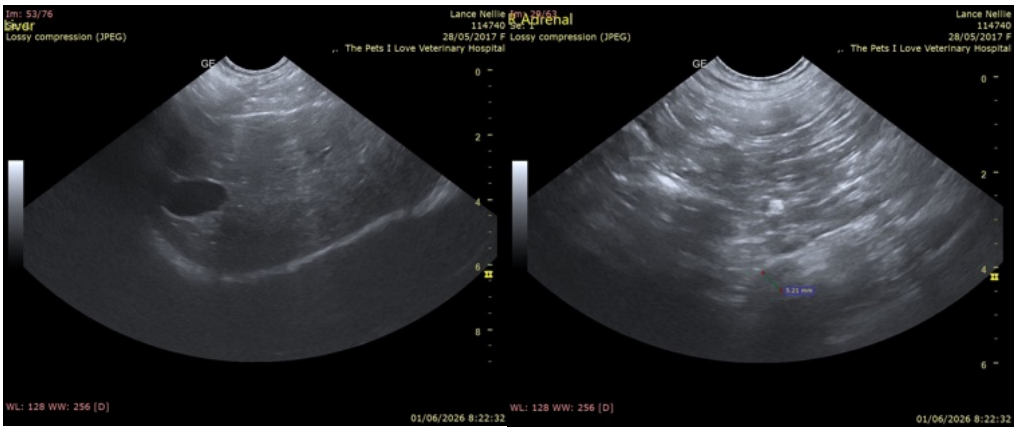
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.







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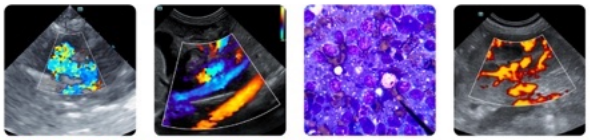

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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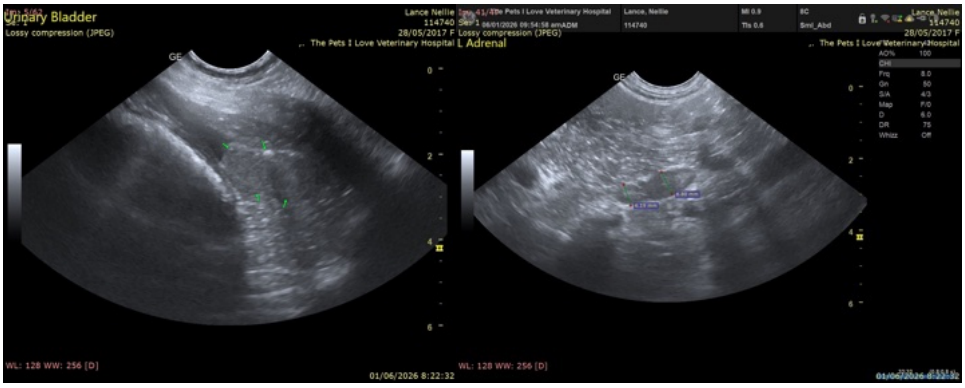

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com