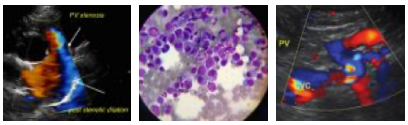
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/2/21

PATIENT

Quinn Smith

SPECIES

Canine

BREED

Labradoodle

SEX

Female, spayed

AGE

10/4/2013

WEIGHT

67 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

12010

PRESENTING CLINICAL SIGNS

History: History of hematuria for years. Has an ongoing history of UTI's but past 1-2 infections have not responded to antibiotics. Radiographs taken elsewhere, negative for stones. Overt hematuria with clots for months. On exam bladder hard and palpable. Apparent soft tissue mass in bladder on quick scan.

Current Medications: No current medications.
Lab Results: Urinalysis pending.
Radiographs: Radiographs taken elsewhere, negative for stones.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

Urinary System

The urinary bladder is moderately distended. An approximately 4 cm irregular vascular mass is visualized and appears to occupy the majority of the bladder lumen. The point of origin is unclear but it appears to be predominantly within the right apical aspect. The remaining bladder wall is thickened and irregular. There is questionable infiltration at the level of the trigone. No cystic calculi are observed. A scant amount of echogenic debris is suspended within the lumen. The proximal urethra is subjectively normal in thickness and not overtly dilated.

The left kidney is normal size (6.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

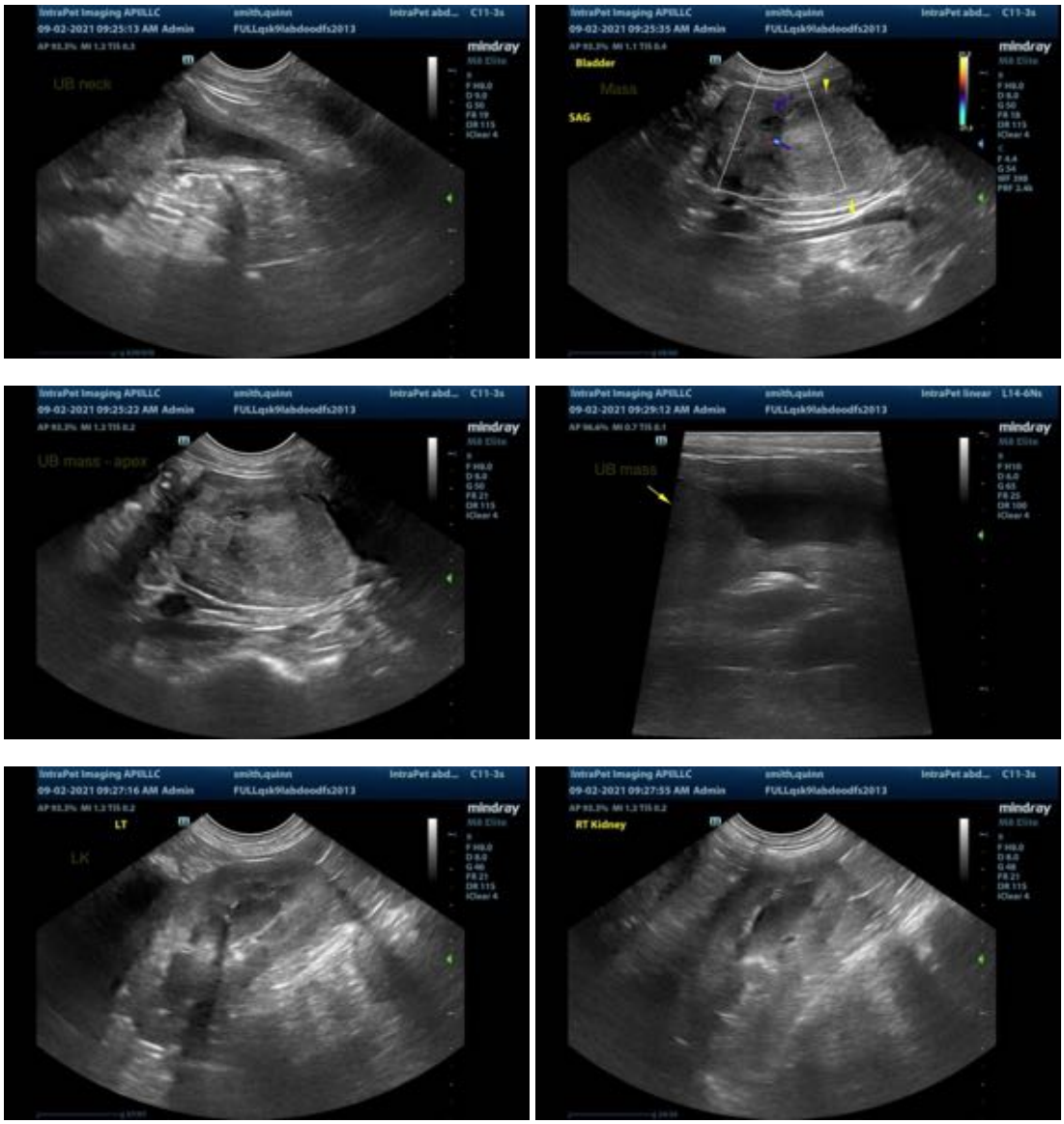
- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is considered likely with a low possibility of benign pathology (i.e., polypoid cystitis). Given that the point of origin and extent of trigonal involvement is difficult to discern, it is unclear whether surgical removal would be a viable treatment option.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider three-view thoracic radiographs and a complete abdominal ultrasound to assess for metastatic disease as well as a urine BRAF test can also be considered to confirm neoplasia. Also consider referral to a board-certified veterinary oncologist to discuss chemotherapy options.

- If palliative care for the bladder mass is desired, consider the following regimen:

  1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
  2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
  3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com