

**DATE**

1/2/23

PRESENTING CLINICAL SIGNS

Ab seems bloated for past 3 months, Pants constantly all day but not at night, Keeps tail down most of the time, recently 2 uti

PATIENT

Izzy Jakubowski

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

9/19/09

WEIGHT

17.6 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**

Honeygo AH

REFERRING VET

Dr. Mullenex

INVOICE

20336

Current Medications: Just started Vetprofen 75mg, 1/2 SID
 Lab Results: normal LDDT 11/22. 11/22superchem = Na/K 26
 Alk Phos 759. UA=trace blood, after abx
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No apical masses, inflammatory changes, echogenic sediment or cystoliths are observed. However, within the proximal urethra, extending slightly into the trigone, there is a heterogenous, irregular, primarily hyperechoic mass that is approximately 3.5 cm in length.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. The left kidney measured 4.78 cm. The right kidney measured 5.29 cm. Cortical cysts, as well as small nonobstructive nephroliths are noted in the left kidney. Small cortical cysts, as well as small nonobstructive nephroliths are noted in the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (2.72 cm long x 0.76 cm at cranial pole and 0.9 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.12 cm long x 0.78 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A proximal urethral mass, extending into the trigone, most concerning for infiltrative neoplasia, such as transitional cell carcinoma vs other. A benign inflammatory urethritis, secondary to chronic urinary tract infections, non-observed mineral, etc., can't be ruled out but is considered less likely.
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

Secondary Findings

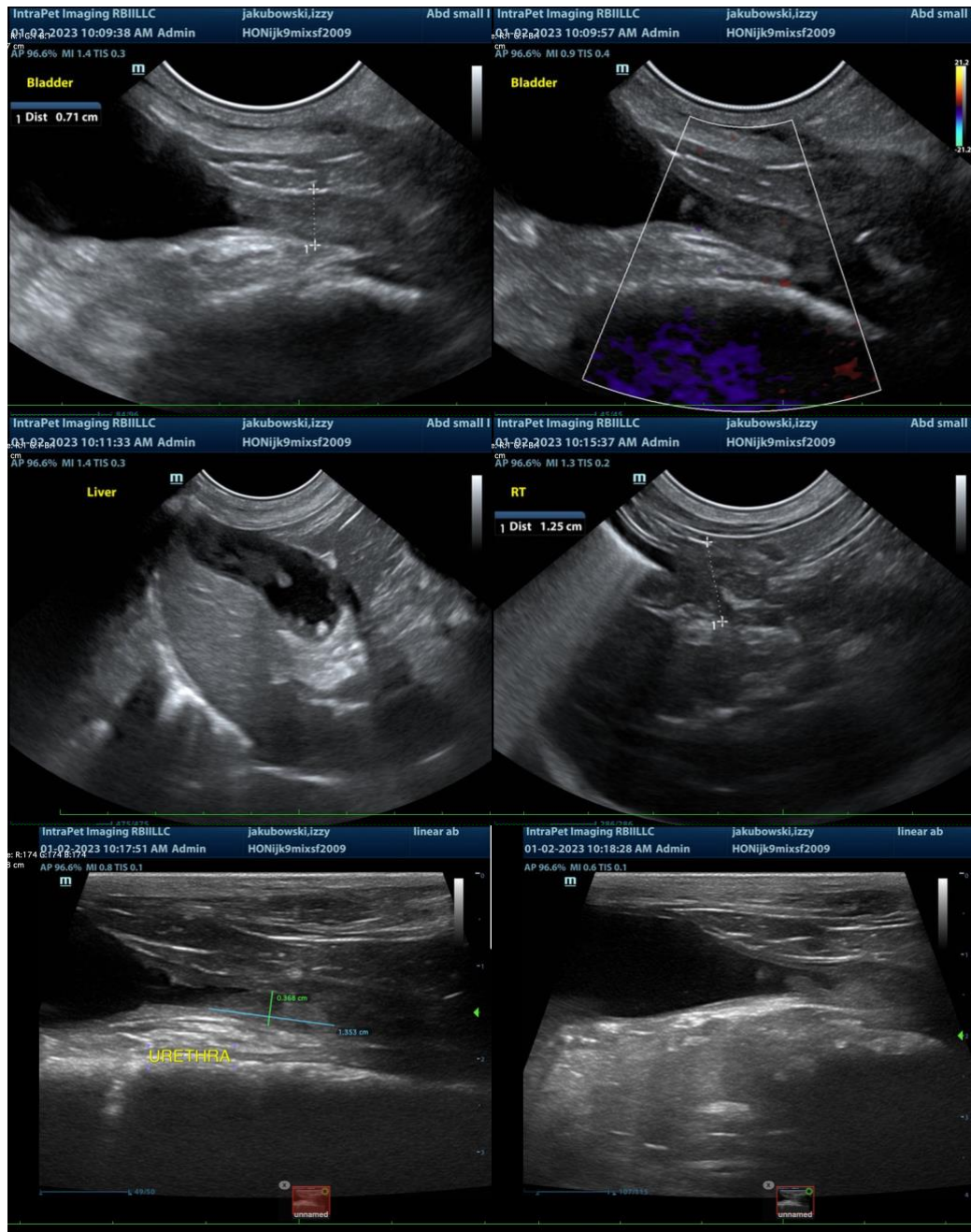
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Age-related kidney changes with bilateral cortical cysts and small non-obstructive nephroliths bilaterally

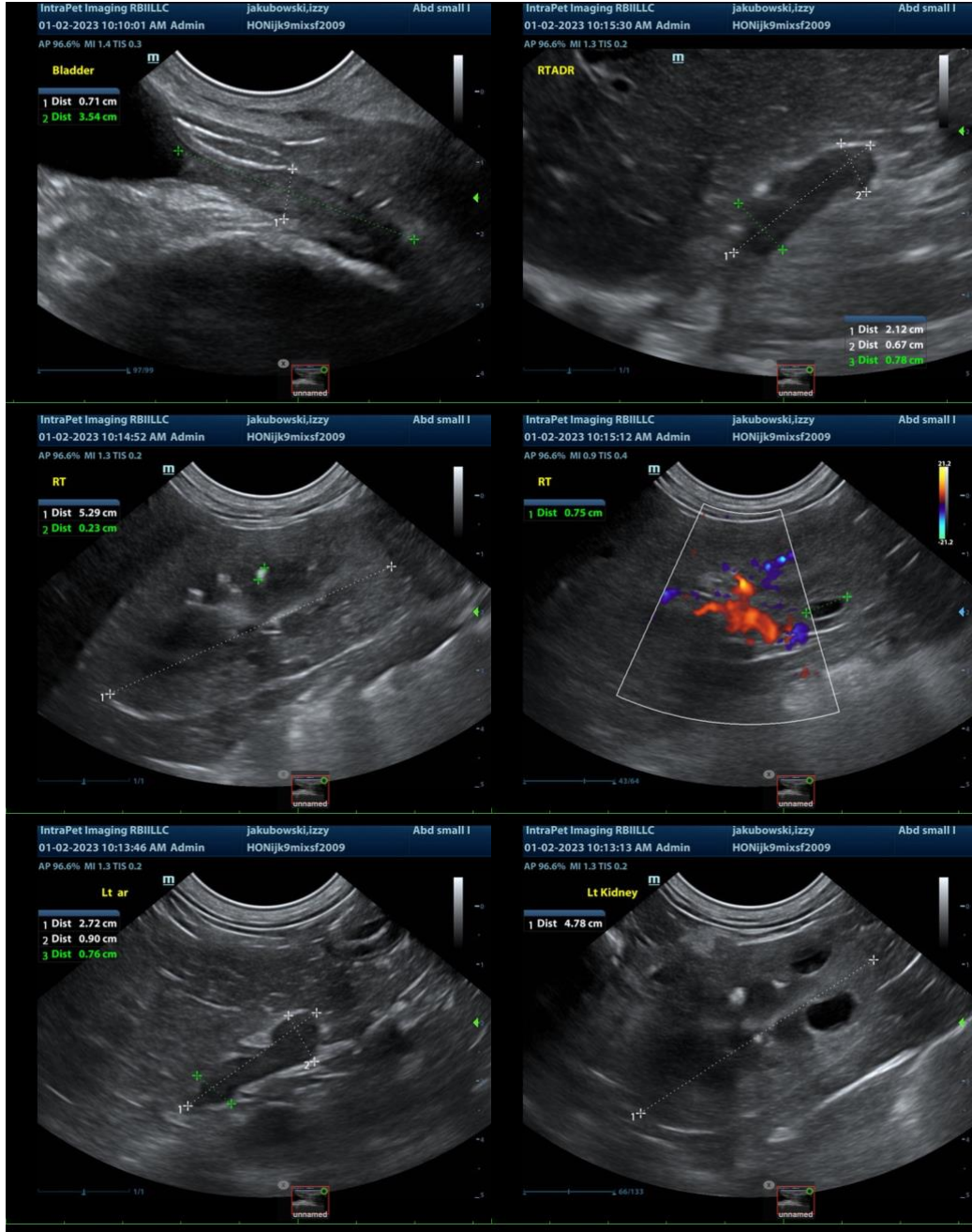
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

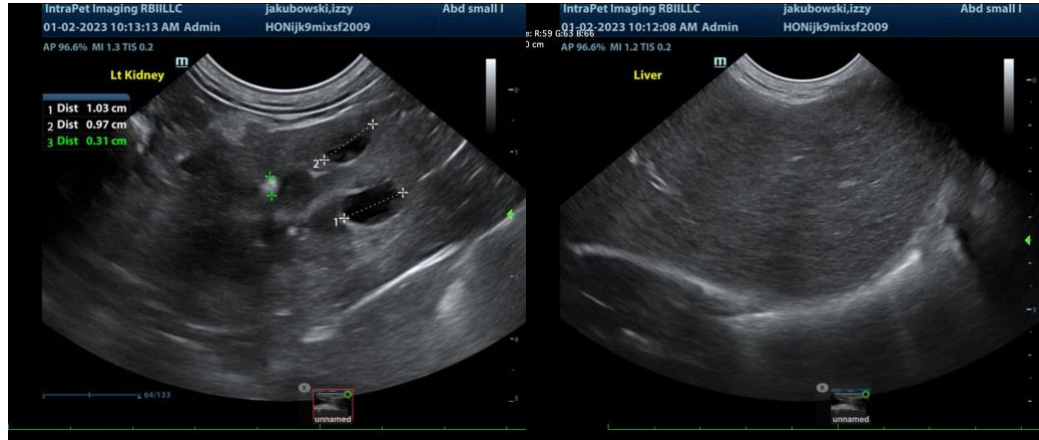
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

In the meantime, while awaiting results, antibiotic therapy, ideally based on culture and sensitivity results, if possible, and anti-inflammatory therapy are recommended to offer some relief in clinical signs.







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.

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