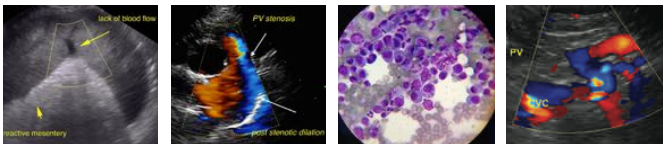
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Newman Magnetti

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

9 years

WEIGHT

8.6 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Mahalo VH

INVOICE

95556

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Presented on 1/15/22 with incontinence (spotting) and pollakiuria. Mass palpated in mid-caudal abdomen. In-house brief ultrasound showed mixed echogenic mass of unknown origin. Other history includes severe IVDD about 18 months ago and a history of diarrhea that responds to Progut. Abnormal PE/Chem/CBC/UA Results: 1/15/22: Low normal HCT (39%) Hemoglobin = 130 (134-207) Normal Neutrophil count (9.9 with R=2.9-12.7) Bands=1.2 (0.0-0.2) SDMA=15 (0-14) Alb=21 (27-39) Glob=48 (24-40) TT4=11.7 (13-53)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. There is a solitary broad based mass lesion on the apex of the bladder measuring 1.5 cm at the base x 1.5 cm extending into the lumen. The mass is heterogenous in echotexture and echogenicity. It has normal uniform wall thickness (< 0.2 cm).

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (4.8 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.38 cm at cranial pole and 0.53 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

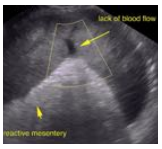
Right adrenal gland is unable to be measured due to the pathology in the abdomen; however, the region of the right adrenal gland is evaluated without evident adrenal pathology.

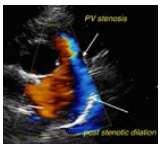
Spleen

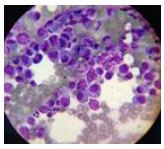
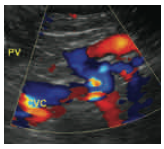
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.





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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines. See other.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Immediately cranial to the bladder, appearing to potentially be in contact with the apex of the bladder, is a 5.0 cm round, heterogenous, partially cavitated mass of undifferentiated tissue origin. However, top differential is medial iliac lymph node; however, a bowel mass cannot be definitively ruled out. The right adrenal gland cannot be definitively ruled out, but is considered exceedingly less likely based on location.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

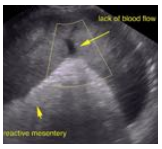
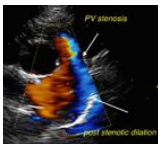
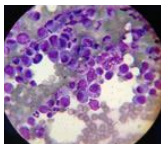
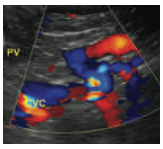
Urinary bladder mass. Most concerning for infiltrative neoplasia such as transitional cell carcinoma versus other. Benign inflammatory disease cannot be ruled out, but is considered less likely of indentation of the bladder wall caused by the mass cranial to the bladder versus direct involvement of the bladder wall mucosa. It is also possible, but the mass at the apex of the bladder is believed to originate from the bladder mucosa and appears to be separate from the mass cranial to the bladder.

Heterogenous mass cranial to the urinary bladder. Believed to be a medial iliac lymph node; however, a mass incorporating or originating from bowel is less likely, but possible. Right adrenal versus other cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a FNA of the mass if the patient's coagulation status is appropriate as well as three view thoracic radiographs to further assess any other metastatic disease as well as further assess the cardiopulmonary status. Given the clinical signs as well as the urinary bladder wall involvement. I also recommend a urinalysis and urine culture as well as submission of urine to look for BRAF gene mutation that is associated with urinary bladder cancer, unless a diagnosis is obtained from the cytology of the mass cranial to the bladder.

Other diagnostic options include a FNA of the bladder mass versus the lymph node; however, there is a small risk of tumor seeding/trailing with aspiration of either lesion. An abdominal CT scan is also an

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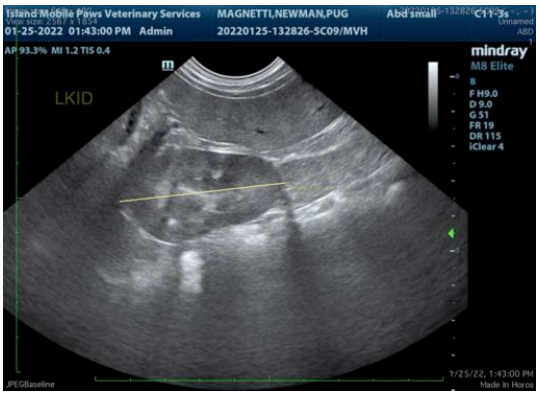
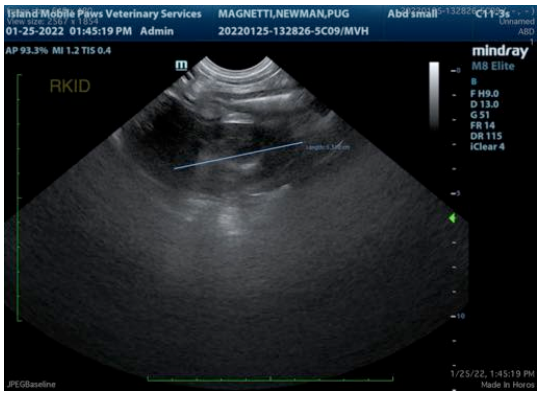
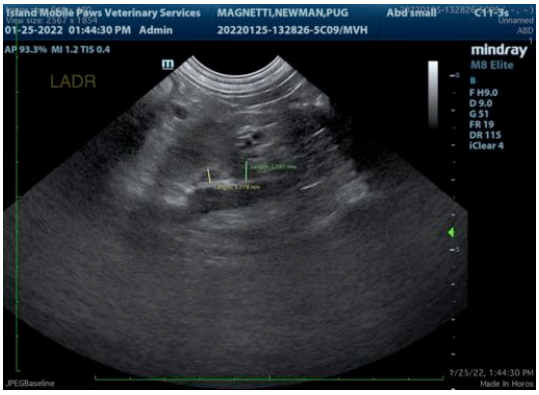
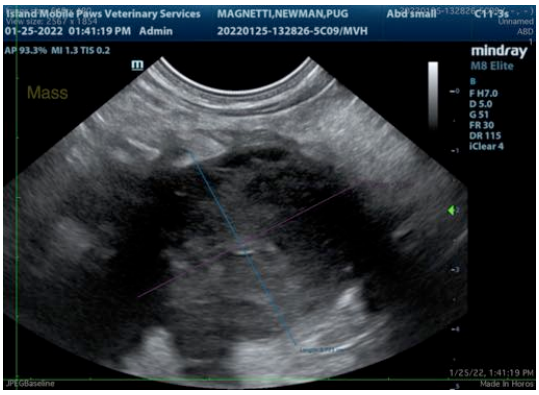
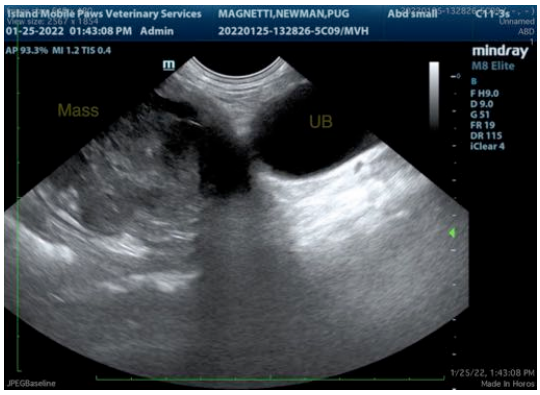
option for a more definitive determination of tissue origin. However, cytologic diagnosis via an aspirate will likely yield that answer.











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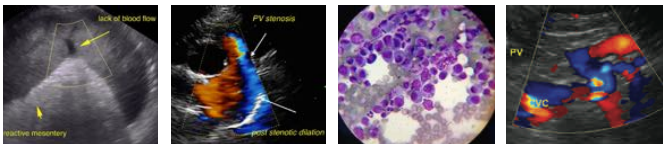

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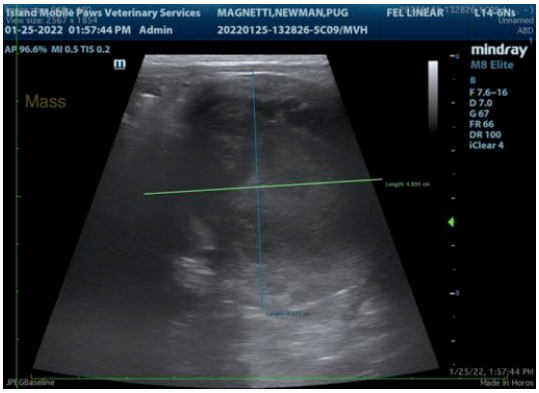

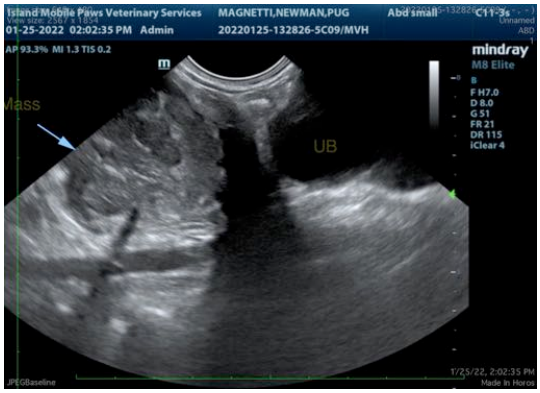

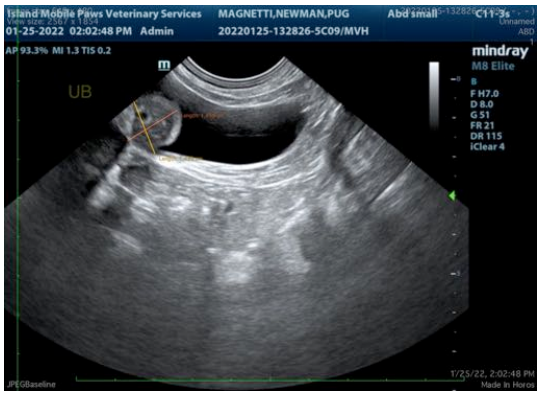

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com