

**DATE PRESENTING CLINICAL SIGNS**

10/26/22 Blood present in urine, then had subsequent UA rechecks and still had UTI and blood in the results.

PATIENT Current Medications: Proin 75mg #180, Clavamox 375mg BID #14- not currently on, last round was 8/31/22.

Moxy Lopato Lab Results: 3+ blood, 2-5 RBCs present.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES Sedation: IM sedation.
Stat Report: Not requested.

Canine

LIMITED ULTRASONOGRAPHIC EXAMINATION**BREED**

Labrador

Urinary bladder is adequately distended with primarily anechoic contents. There is a solitary sessile heterogenous mass lesion along the apex of the bladder, measuring 2.8 cm x 3.0 cm. No cystoliths are observed.

SEX

Spayed Female

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 mineral or infarcts observed. The right kidney measures 6.57 cm. Pyelectasia of 0.48 cm noted in the sagittal view. The left kidney measures 6.95 cm. Pyelectasia of 0.61 cm noted in the sagittal view.

AGE

11/8/14

No associated lymphadenopathy appreciated in these images.

WEIGHT

85 Pounds

PRIMARY FINDINGS**INTERPRETED BY**

Beth Johnson, DVM
DACVIM

- **Apical urinary bladder mass** – Concerning for infiltrative neoplasia such as transitional cell carcinoma versus other. However, given the somewhat atypical location for transitional cell carcinoma, benign inflammatory cystitis or polypoid cystitis cannot be ruled out without additional information.
- **Bilateral pyelectasia** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

SECONDARY FINDINGS**HOSPITAL NAME**

Eldersburg Vet

- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Alper

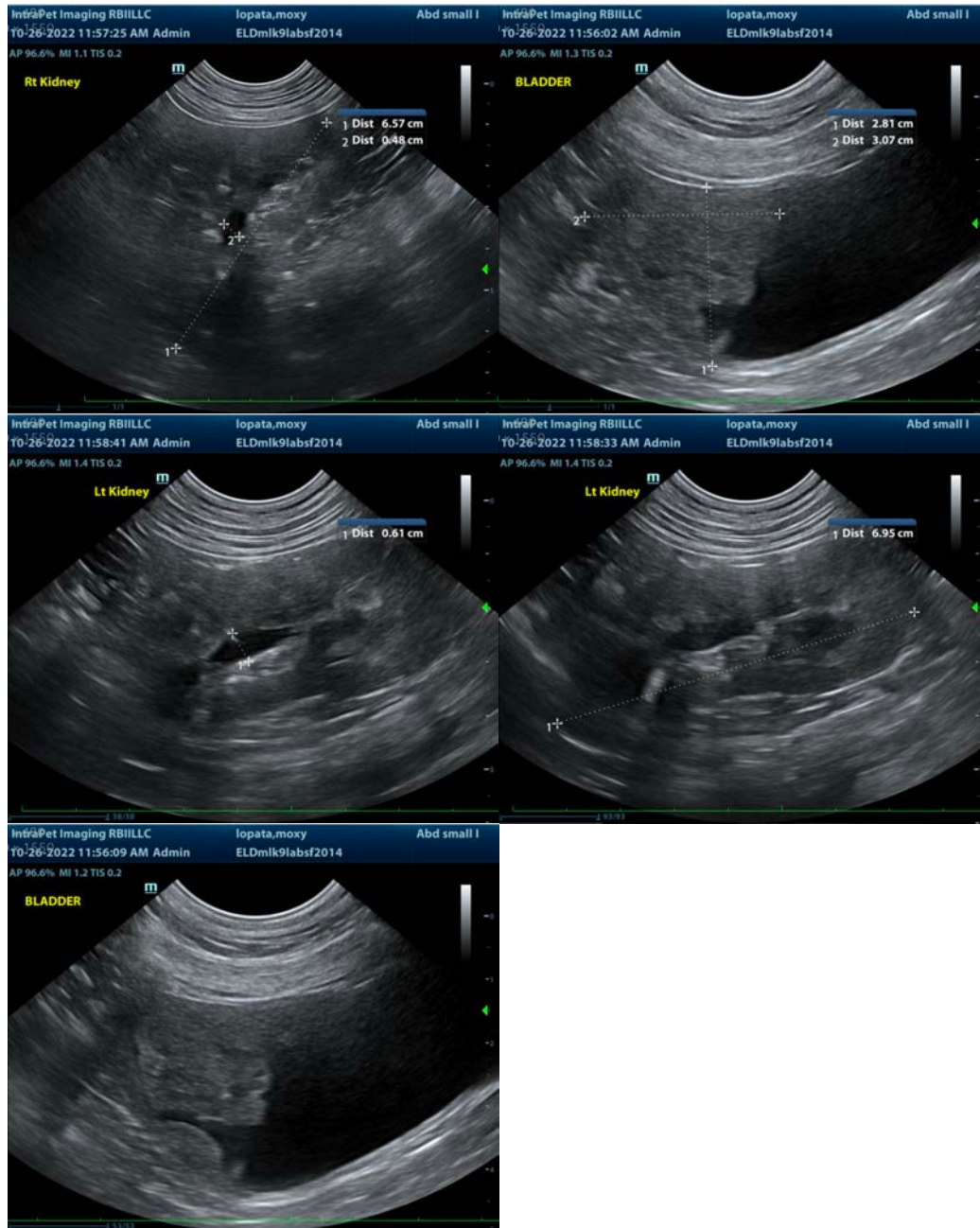
Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small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

INVOICE

42375

Given the location of the mass, excisional biopsy/mass removal is likely possible. Therefore, if a diagnosis is not obtained via BRAF and/or cytology, etc., cystotomy may be preferred for mass removal over cystoscopy.

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.



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.

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