



PATIENT

Dooley Copelan

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

6.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

92734

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Dooley presented for straining to urinate and inappropriate urination. A brief bladder scan was performed and apparent soft tissue mass noted in urethra/CUJ. Complete abdominal scan ordered to further explore.

Abnormal PE/Chem/CBC/UA Results: Labs are wnl U/A culture is pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. There is a solitary, broad based mass lesion in the proximal urethra dilating the urethra and completely occluding the lumen. It measured 3.3 cm and extended partially into the trigone x 0.92 cm thick. The mass is heterogenous in echotexture and echogenicity with mineral noted.

Left kidney is normal in size (3.6 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 (3.4 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 (1.6 cm long by 0.5 at cranial pole and 0.5 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.5 cm long, 0.4 cm at cranial pole and 0.5 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

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. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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 gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

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

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Pancreas

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

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Free Abdomen

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Lymph nodes are normal with no observed enlargement.

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ULTRASONOGRAPHIC FINDINGS

Gallbladder debris - Cholecytic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecytic 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.

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Proximal urethral/trigone 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 given the location and appearance of tissue.

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and urine culture are reportedly pending. Submission of urine is recommended to look for the BRAF gene mutation, which is associated with urinary bladder cancer. Pending results other diagnostic options include traumatic catheterization or cystoscopy for further sampling if necessary. In the meantime empirical therapy with Piroxicam and GI protectants and antibiotics may be beneficial.

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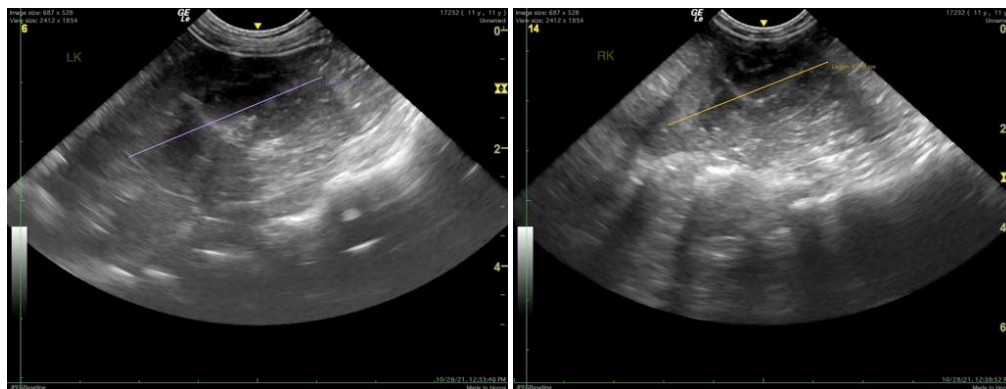
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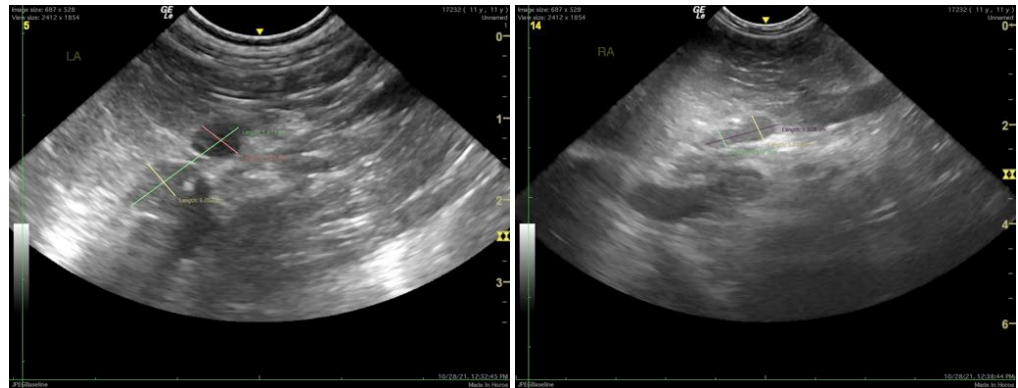
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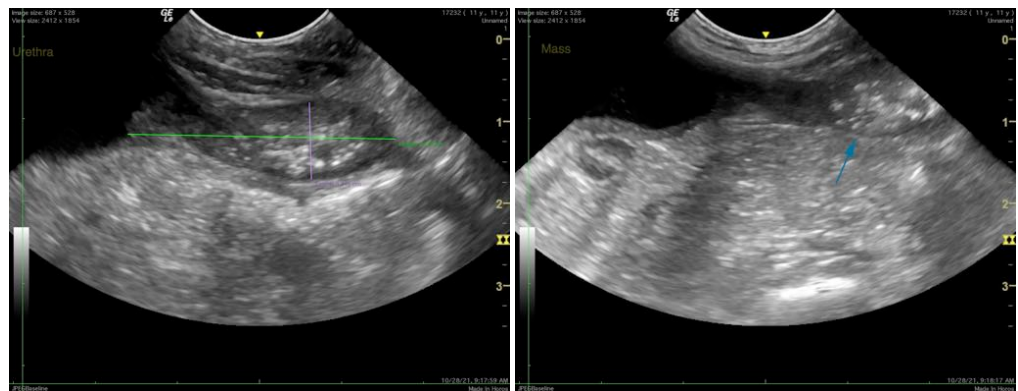
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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Beth.Johnson@SonoPath.com



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