

**DATE PRESENTING CLINICAL SIGNS**

11/15/22 Hyporexia, mild lethargy. Chronic neck pain- now on long term NSAID. PU/PD.

PATIENT

Cinder Dillon

Current Medications: Deramaxx, Gabapentin. H/O long term low dose pred for neck pain which could not be controlled on NSAID.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Pit Bull X

Urinary System

The urinary bladder lumen is almost completely filled with a heterogeneous, irregular, vascular, partially mineralized mass that involves the ventral wall, extends around and through the trigone, and along the dorsal wall, affecting both ureteral papillae.

SEX

Neutered Male

The prostate is difficult to fully visualize.

AGE

11/18/10

The right kidney is normal in size (7.62 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

69.8 Pounds

The left kidney measures 7.11 cm. A thin rim of renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. Hydroureter is also noted.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (2.08 cm long x 0.58 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The left adrenal gland is normal in size (2.53 cm long x 0.67 cm at the cranial pole and 0.80 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Timonium AH

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

REFERRING VET

Dr. McMichael

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

42711

Gallbladder is moderately distended with anechoic bile as well as 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Sublumbar lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- Urinary bladder mass
- **Left hydronephrosis and left hydroureter** – Differentials for which include ureteral obstruction or stricture vs lower urinary obstruction caused by a urinary bladder or urethral tumor involving the trigone.
- **Aggressive sublumbar lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

SECONDARY FINDINGS

- **Spleen mineralization** – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.
- **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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

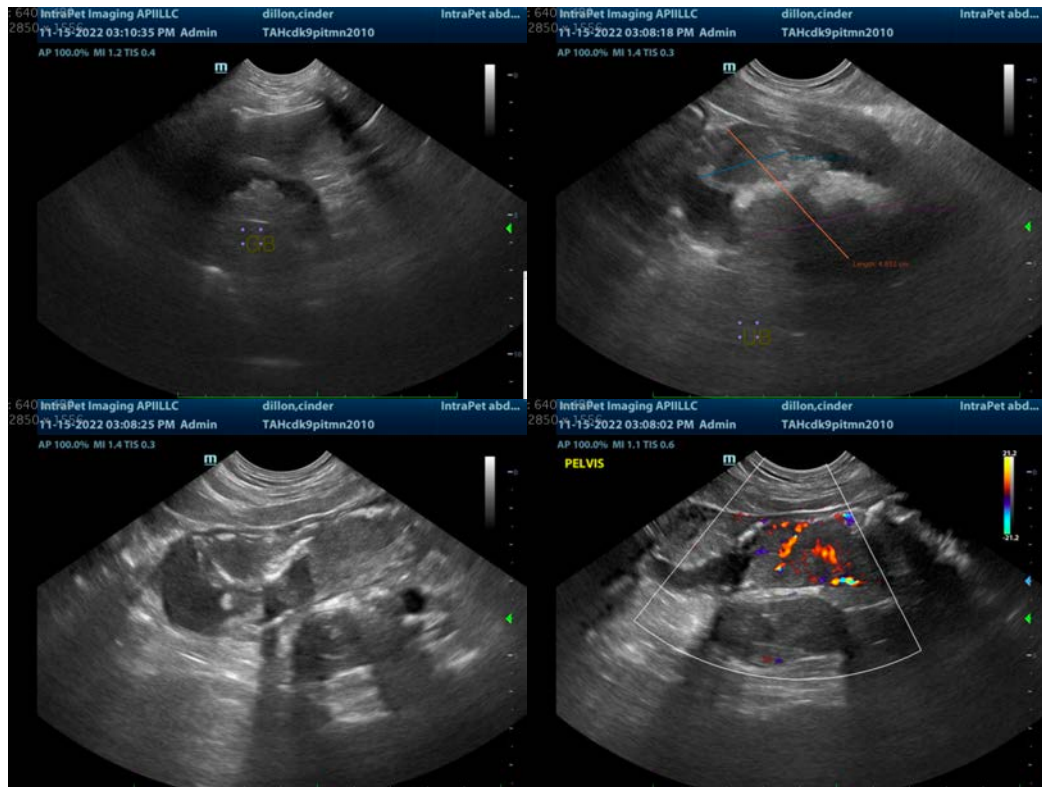
Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other

diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

A fine needle aspirate of the sublumbar lymph nodes could also be considered with small risk of tumor seeding/trailing.

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 top differential for the pathology described above is infiltrative neoplasia with likely metastatic spread to the sublumbar lymph nodes, typically empirical broad-spectrum antibiotics to address any secondary infection, as well as nonsteroidals, are recommended while awaiting results and consultation with an oncologist. However, this patient is already reportedly receiving nonsteroidals. Therefore, recommendations include consultation with an oncologist to discuss any additional chemotherapeutic options.





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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