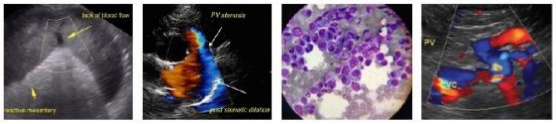


PATIENT

Hutch Fuendling

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

2 Years

WEIGHT

17.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Galbraith

INVOICE

17891

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: Presented 9/2/2022 for urinating blood -Treated with Clavaseptin for UTI -9/22/2022 brought in for x-rays, bladder silhouette was concerning for cancer -Put on Zeniqiun for UTI and sent with kidney food - Presented 11/3/2022 for still urinating blood -O reports Zeniquin did not make much difference, still dripping bloody urine -Unable to palpate a mass. Currently no medications. Abnormal PE/Chem/CBC/UA Results: RBC 4.91, CREA 193, UREA 10.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended; however, the entire lumen of the bladder is composed of a mixed heterogenous partially mineralized mass. There is an anechoic tube dorsal to the urinary bladder, suspected to be a hydroureter, however, it cannot be definitively differentiated from a vessel without power doppler.

The prostate is unable to be well visualized in these images.

Left kidney is normal is size (4.84 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.

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. The right kidney measures 5.16 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.77 cm long x 0.73 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is unable to be well visualized in these images.

Spleen

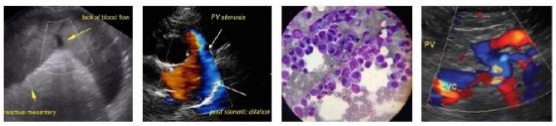
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively 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.

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



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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 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. In the cranial abdomen, medial to the spleen, there is an approximately 2.5 cm round heterogenous isoechoic to the spleen, nodule of unknown tissue origin, possibly a lymph node.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder mass – Urinary bladder wall changes are most concerning for infiltrative neoplasia such as transitional cell carcinoma vs other. Benign inflammatory disease (cystitis) cannot be ruled out but is considered less likely given the location and appearance of the tissue.

- A 2.5 cm cranial abdominal nodule/lymph node of unknown origin. Differentials include lymphadenopathy, in which case, metastatic disease or infiltrative neoplasia is a concern versus potentially a rounded caudally extended liver lobe, pancreas versus other.

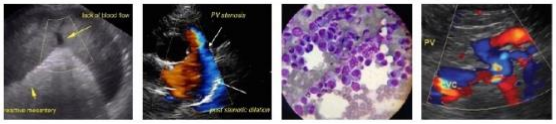
Secondary Findings

- 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.

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, especially if urine is unable to be obtained, include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

A fine needle aspirate of the cranial abdominal structure described above is also recommended, if patients coagulation status is appropriate.



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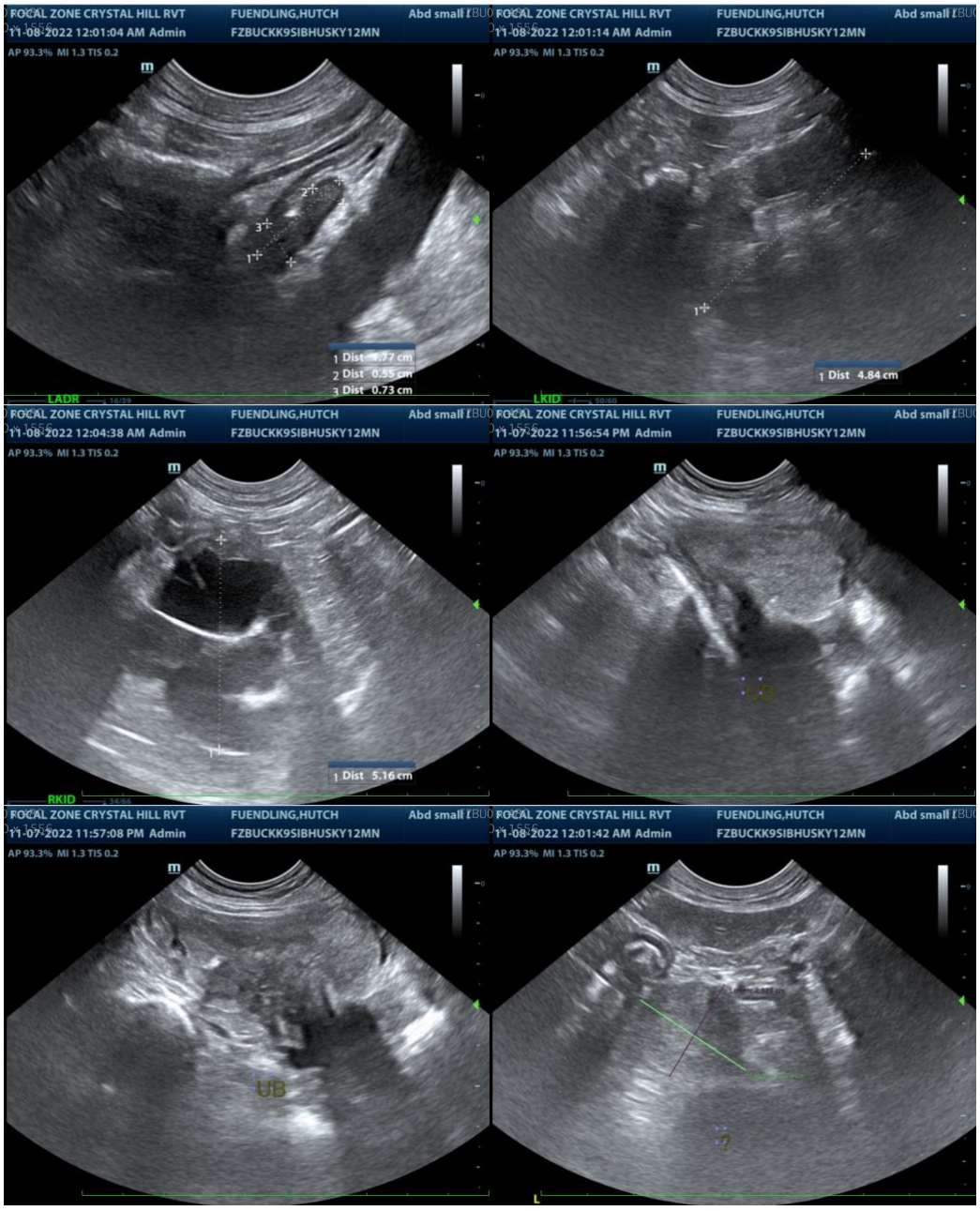
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



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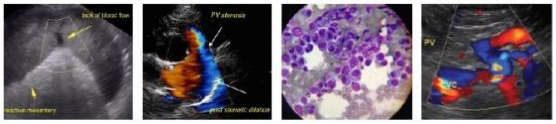

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IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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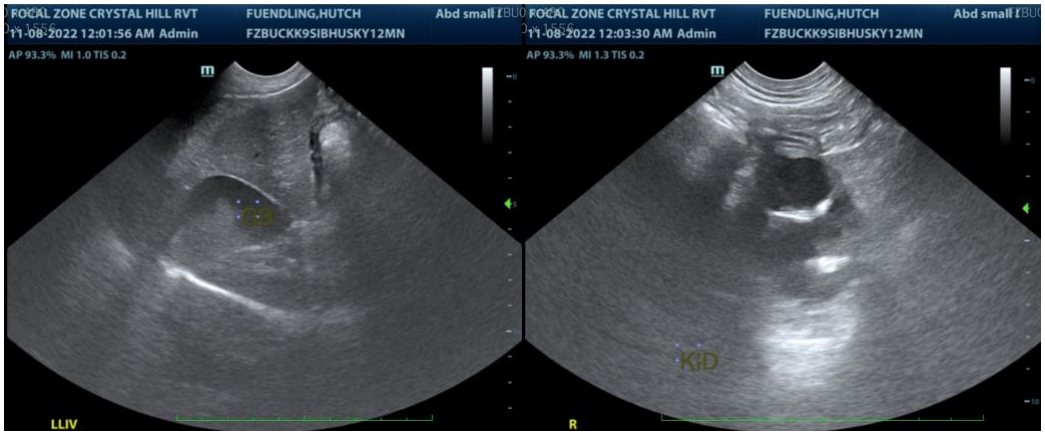

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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