

**DATE PRESENTING CLINICAL SIGNS**

5/18/23

Diabetic, diagnosed in December. Had UTI at time of diagnosis. Has been on simplicef, baytril and clavamox. Diabetes seems controlled, some lingering urinary symptoms. Can hold urine for greater than 8 hours, tends to dribble after urinating. On in house U/S guided cystocentesis, thought we saw a mass effect. Want to rule out mass, make sure no other structural reason for symptoms. Has not gained any weight back since diagnosis (lost 5# since diagnosis).

**PATIENT**

Olive Costa

**SPECIES**

Canine

Current Medications: Vetsulin 5 units sc BID, Carprofen 25 mg 1/2 T BID PO

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Mixed

**LIMITED ULTRASONOGRAPHIC EXAMINATION****SEX**

Spayed Female

**Urinary System**

The urinary bladder is adequately distended with primarily anechoic contents and some suspended echogenic, non-shadowing debris. There is a solitary, heterogeneous, vascular mass lesion in the trigone, measuring approximately 3.0 cm long x 1.7 cm thick. No cystoliths are observed.

**AGE**

1/14/12

The right kidney is normal in size (4.73 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 or infarcts observed. Small non-obstructive nephroliths noted.

**WEIGHT**

11.6 Pounds

The left kidney is normal in size (4.33 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 or infarcts observed. Small non-obstructive nephroliths noted.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**ULTRASONOGRAPHIC 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.
- Small non-obstructive nephroliths bilaterally.

**HOSPITAL NAME**

Paradise AH

**REFERRING VET**

Dr. King

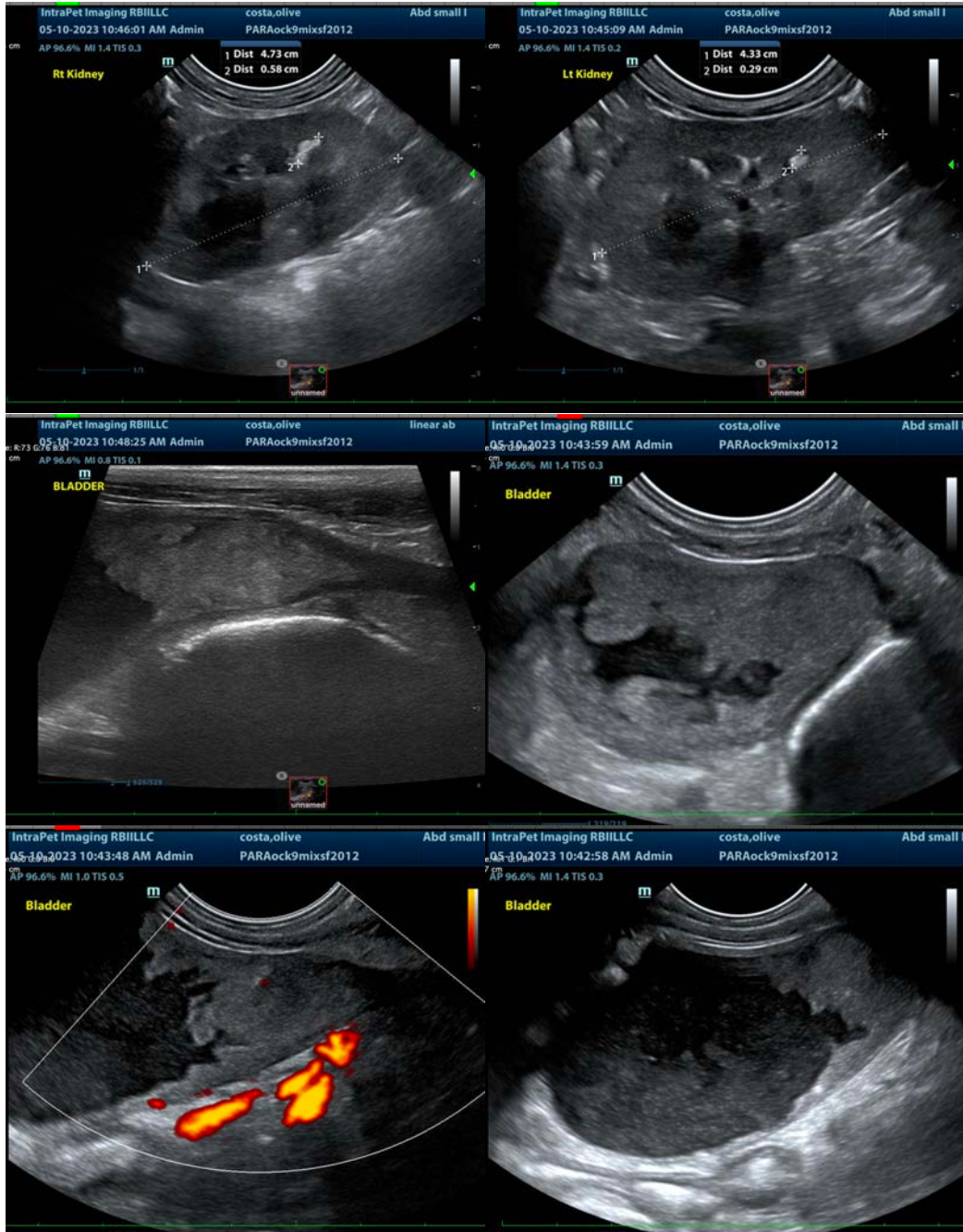
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

**INVOICE**

47289

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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