



PATIENT PRESENTING CLINICAL SIGNS

Mika Smith History: Vomiting, urinating around the house. Straining to urinate. Leaking urine when laying down. Bladder is hugely distended, urinate small amounts. meds: Clavamox, Metronidazole and Forti flora

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: NEU 14.00 x10⁹/L CREA 205 μmol/L K 3.0 mmol/L AMYL 316 U/L

BREED

Husky Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is over distended with anechoic contents and some occasional echogenic nonshadowing debris. At the trigone there is a solitary primarily hyperechoic mildly heterogeneous mass measuring 3.2 cm x 3.7 cm.

SEX

FS

Right kidney is normal in size (4.8 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.

AGE

9 yr

Left kidney is normal in size (6.45 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

22.5 kg

Adrenal Glands

Right adrenal gland is normal in size (0.55 cm at cranial pole and 0.57 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.51 cm at cranial pole and 0.50 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Beattie Pet Hospital
Stoney Creek

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

REFERRING VET

Dr. Baskin

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 mildly distended with very echogenic reverberation artifact from intraluminal gas.

INVOICE

11034ag

There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

DATE

07/05/2022

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.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

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Pancreas

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.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- A mass in the area of the urinary bladder trigone appearing to completely occlude the trigone resulting in urine outflow obstruction. Top differential for this mass is infiltrative neoplasia such as carcinoma

AGE

9 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include urinalysis and urine culture as well as submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer. Pending results, other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

WEIGHT

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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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In the meantime empirical therapy with antibiotics and an anti-inflammatory is recommended while waiting for results and possible oncology consult. Given the suspected potential partial to complete urinary obstruction, an indwelling urinary catheter or urinary cystostomy tube may be necessary until the mass can be primarily addressed.

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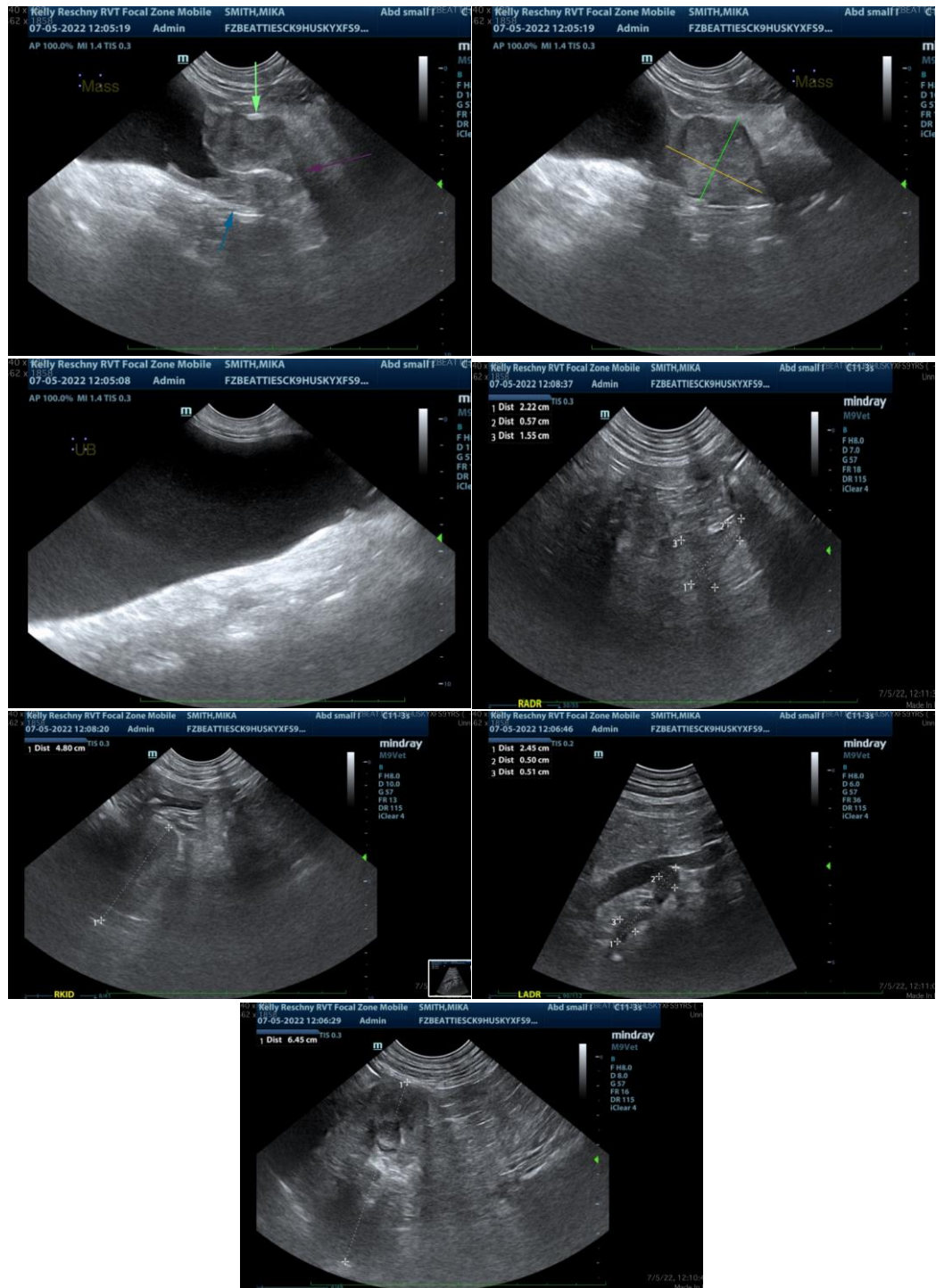
Dr. Baskin

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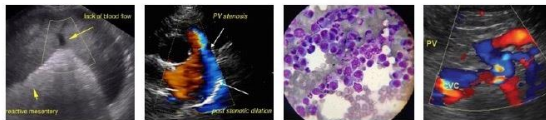
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Mika Smith

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