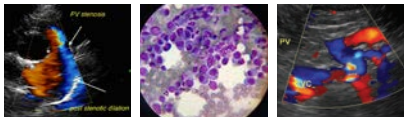
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

8/15/22

PATIENT

Brandi Keaton

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed Female

AGE

3/4/09

WEIGHT

60 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

40464

PRESENTING CLINICAL SIGNS

Hematuria x 3 weeks. Course of enro completed and pet still experiencing hematuria. No obvious bladder stones on rads. Been off antibiotics for about 7 days--would like cysto to repeat culture please. Culture during antibiotic therapy negative. FAST scan done at ER normal per owners.

Current Medications: 7/30/22--> Enro 136 mg SID x 10 days
Lab Results: Mild anemia (34%), Hematuria, pyuria, usg = 1.012. 8/6--QUC negative
Radiographs: No bladder stones appreciated.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic, non-shadowing debris. The mucosa is hyperechoic and irregular with multiple pedunculated masses extending into the lumen of the bladder, the largest of which measures 2.7 cm across at its base and extends 2.0 cm into the lumen of the urinary bladder. No cystoliths are observed. The trigone and proximal urethra are irregularly thickened with a 2nd mass like lesion present in that area.

The right kidney is normal in size (6.28 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.

The left kidney is normal in size (6.24 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 mineral or infarcts observed. Mild pyelectasisa noted.

Adrenal Glands

The right adrenal gland is normal in size (2.59 cm long x 0.59 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.8 cm long x 0.56 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

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.

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.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The urinary bladder wall changes are most concerning for infiltrative neoplasia such as transitional cell carcinoma versus other. Given the diffuse nature of the multifocal lesions, a benign inflammatory polypoid cystitis cannot be ruled out, but is considered much less likely, given the appearance of the mass-like lesion in the trigone.

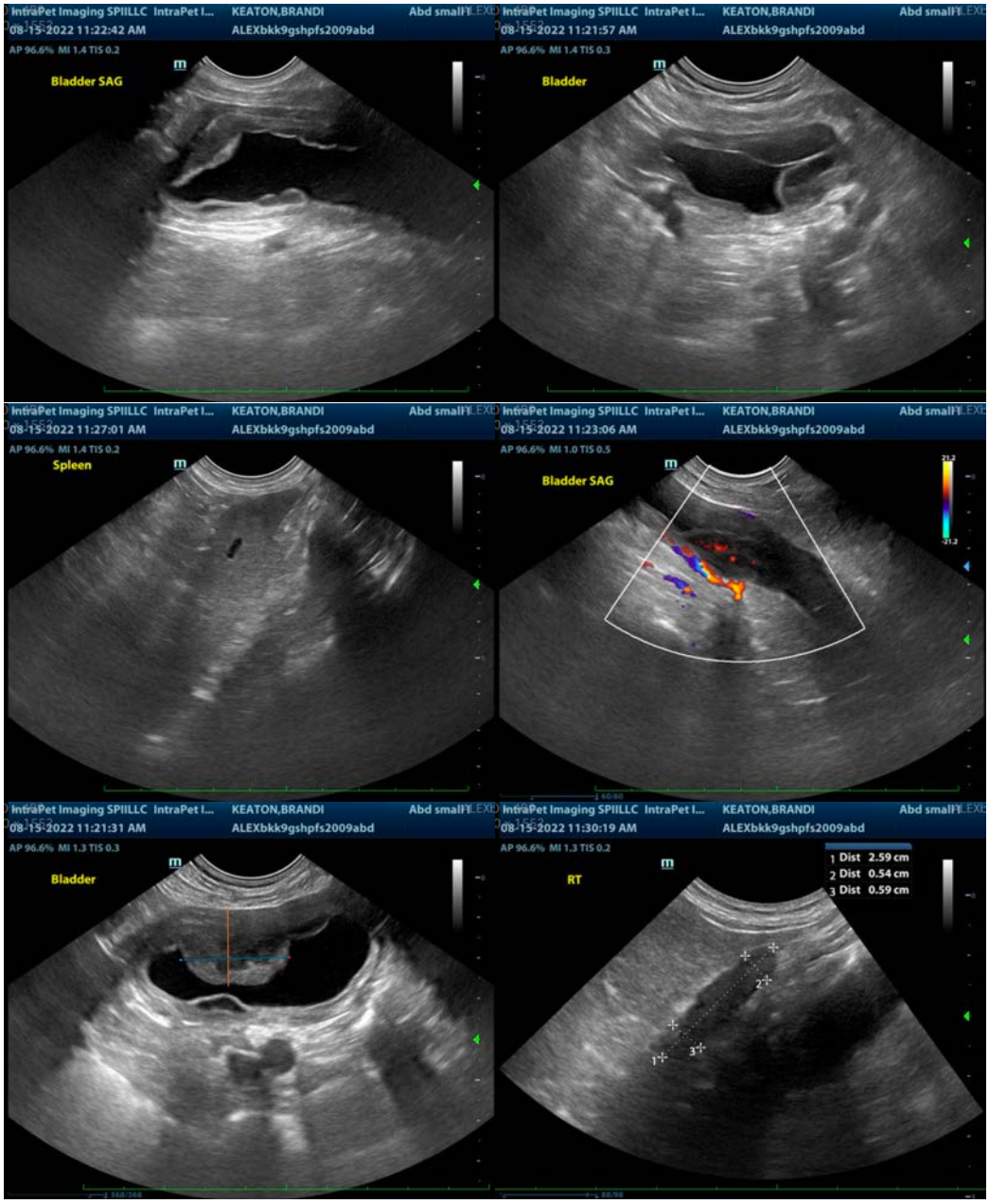
SECONDARY FINDINGS

- Mildly volume contracted spleen

- **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.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Bladder SAG
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Bladder
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Spleen
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Bladder SAG
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Bladder
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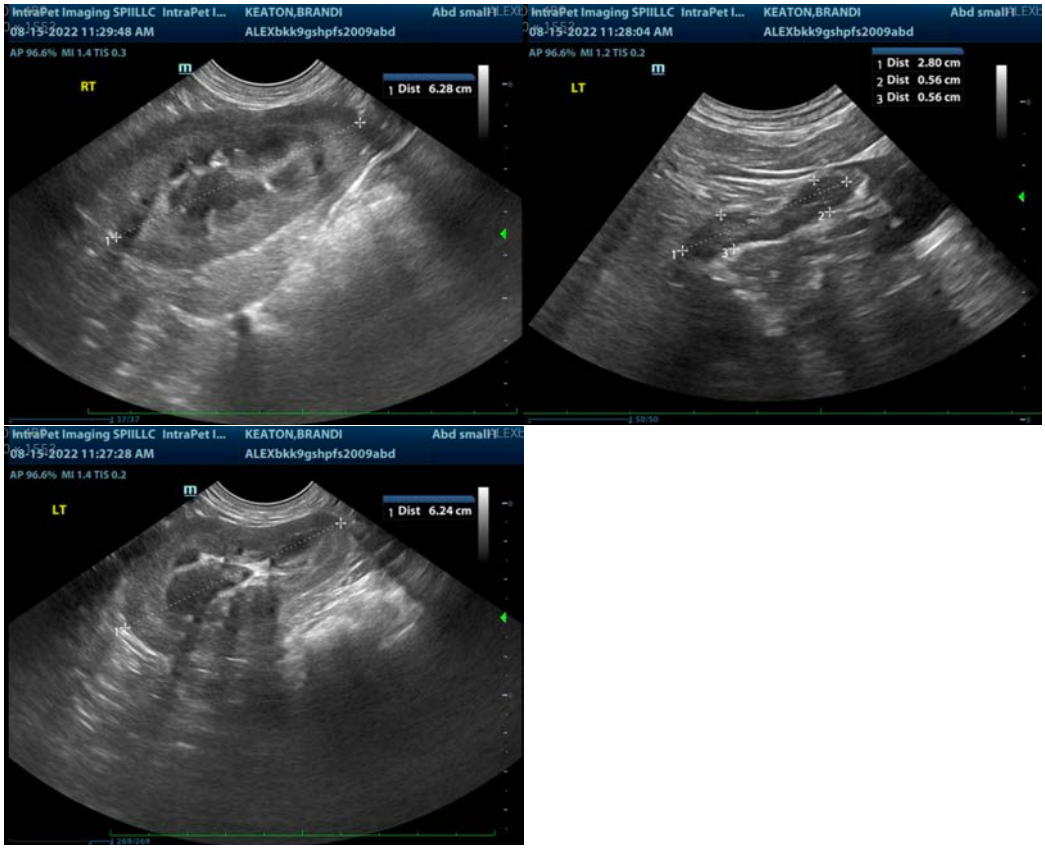
RT
1 Dist 2.59 cm
2 Dist 0.54 cm
3 Dist 0.59 cm



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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