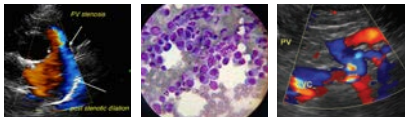
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/22/23

PATIENT

Rocky Theodoropoulos

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11/20/09

WEIGHT

24 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

44832

PRESENTING CLINICAL SIGNS

Pollakiuria, hematuria began 1 month ago. Responded partially to course of Clavamox. Once meds were completed, symptoms recurred.

Current Medications: Enroquin 22.7 mg 1 tab PO BID, Phenoxybenzamine 2.5 mg 1 tab PO BID
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as some echogenic suspended debris. There is a solitary, heterogeneous, vascular, echogenic mass lesion in the trigone measuring 5.0 cm long x 1.8 cm thick. The urethra does not appear to be involved. No cystoliths are observed.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Small bilateral cortical cysts are noted. The left kidney measures 5.02 cm. The right kidney measures 4.88 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.58 cm at the cranial pole and 0.58 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 (0.58 cm at the cranial pole and 0.60 cm at the 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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

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

- **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.

SECONDARY FINDINGS

- **Hyperechoic splenic nodules –** most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

- Otherwise, age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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.


IntraPet Imaging SPIILLC IntraPet I... THEODOROPOULOS,ROCKY Abd small I
08-22-2023 11:32:00 AM CHADrtk9xmn2009abd
AP 96.6% MI 1.4 TIS 0.2
Spleen
1 Dist 0.54 cm
2 Dist 0.35 cm
IntraPet Imaging SPIILLC IntraPet I... THEODOROPOULOS,ROCKY Abd small I
08-22-2023 11:33:11 AM CHADrtk9xmn2009abd
AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 5.02 cm
IntraPet Imaging SPIILLC IntraPet I... THEODOROPOULOS,ROCKY Abd small I
08-22-2023 11:33:41 AM CHADrtk9xmn2009abd
AP 96.6% MI 1.0 TIS 0.2
LT
1 Dist 2.04 cm
2 Dist 0.60 cm
3 Dist 0.58 cm
IntraPet Imaging SPIILLC IntraPet I... THEODOROPOULOS,ROCKY Abd small I
08-22-2023 11:34:12 AM CHADrtk9xmn2009abd
AP 96.6% MI 1.4 TIS 0.2
Bladder
IntraPet Imaging SPIILLC IntraPet I... THEODOROPOULOS,ROCKY Abd small I
08-22-2023 11:35:09 AM CHADrtk9xmn2009abd
AP 96.6% MI 1.4 TIS 0.2
Bladder SAG
1 Dist 5.07 cm
2 Dist 1.79 cm
IntraPet Imaging SPIILLC IntraPet I... THEODOROPOULOS,ROCKY Abd small I
08-22-2023 11:35:36 AM CHADrtk9xmn2009abd
AP 96.6% MI 1.4 TIS 0.2
prostate
1 Dist 1.09 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.

Beth Johnson, DVM, DACVIM
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