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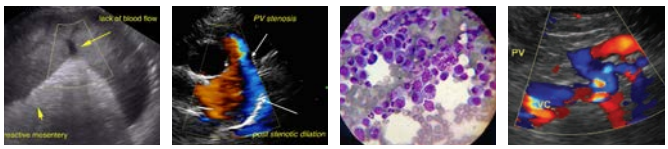
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Finnigan Dobbs

SPECIES
Canine

BREED
Terrier

SEX
Neutered Male

AGE
10.5 Years

WEIGHT
46 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Wyman-Greenwald

INVOICE
42596

DATE
11/7/22

PRESENTING CLINICAL SIGNS

frequent urination, seems painful for the past 2 months. No response to antibiotics. Blood noted on end of penis after urination. not on any meds.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed variable concentric and polypoid mineralizing mass measuring 3.0 cm x 2.5 cm. The mass appeared to be deriving from the ventral wall and entering the cystourethral junction. The mass is moderately vascular on power doppler assessment. Strongly consistent with carcinoma. Pericapsular inflammation noted. The cystourethral junction was invaded. However, the prostate and deep post-prostatic urethra appeared to be subjectively free of evident pathology. However, micrometastasis in the deep urethra could not be ruled out.

The iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm. The left kidney measured 5.7 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.85 cm x 0.40 cm at the caudal pole and 0.40 cm at the cranial pole. The right adrenal gland measured 1.74 cm x 1.5 cm at the cranial pole and 0.95 cm at the caudal pole.

Spleen

The **spleen** was largely normal with the exception of a 4.0 mm hypoechoic nodule at the mid body.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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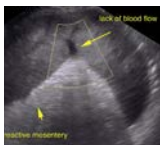
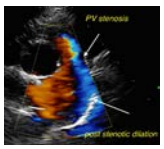
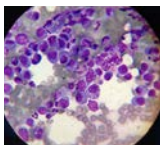
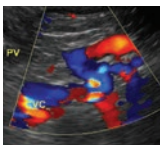

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Pancreas

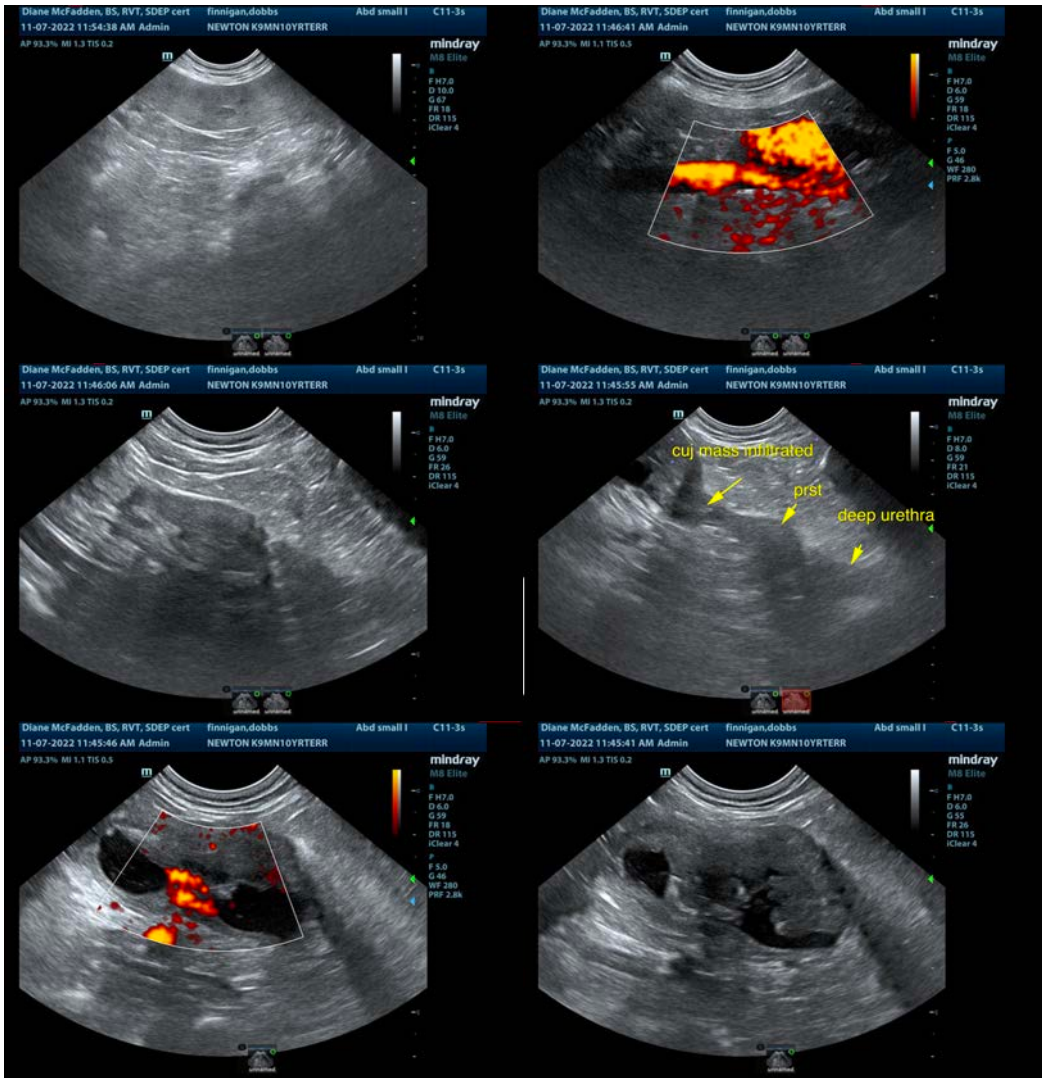
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder mass – strongly consistent with carcinoma.
- Subjectively benign splenic nodule
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass does not appear resectable and occupies the ventral portion and body of the bladder as well as the cystourethral junction. No evidence of organ metastasis. Ultrasound guided traumatic catheterization of the mass recommended to concern carcinoma, as well as referral for urethral stent placement and chemotherapeutic intervention.



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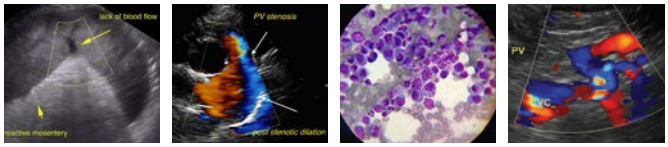

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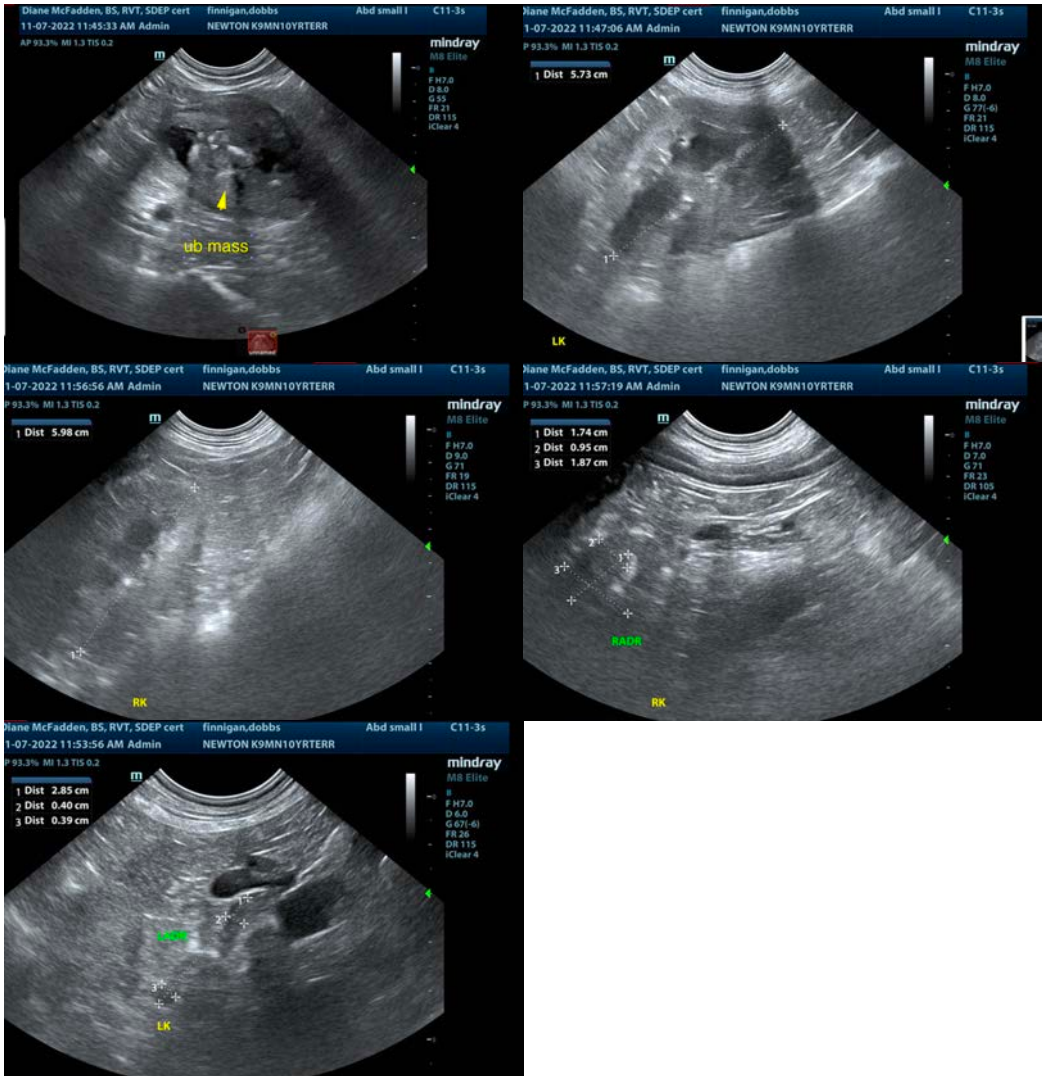

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com