



PATIENT

Blu Awad

SPECIES

Canine

BREED

English Pointer

SEX

Intact female

AGE

11 months

WEIGHT

51.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Boley

HOSPITAL NAME

Animal Hospital of
Colorado Springs

REFERRING VET

Dr. Boley

INVOICE

94480

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: Blu is having chronic hematuria and cystitis issues. During US guided cysto noticed mass like effect in trigone area of bladder.

Abnormal PE/Chem/CBC/UA Results: 11-27-21 Chem panel/ CBC wnl except BUN-32, Cr- 0.9; Phos- 6.4; WBC-18,000 UA- USG-1.036; WBC- 21-50/HPF; RBC > 50/ HPF; Bacterial Rods

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** in this patient revealed a mass type structure at the cystourethral junction and measured approximately 4.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.53 cm. The right kidney measured 5.5 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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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



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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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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.

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ULTRASONOGRAPHIC FINDINGS

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Mass type structure in the bladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the age of the patient it would be very odd for a primary tumor to present in this fashion. Power Doppler assessment is recommended. Full coagulation panel is warranted. Otherwise, cystoscopy or exploratory surgery is indicated for a definitive diagnosis. Inspection of the vaginal vestibule for primary pathology is recommended or possible tissue to sample.

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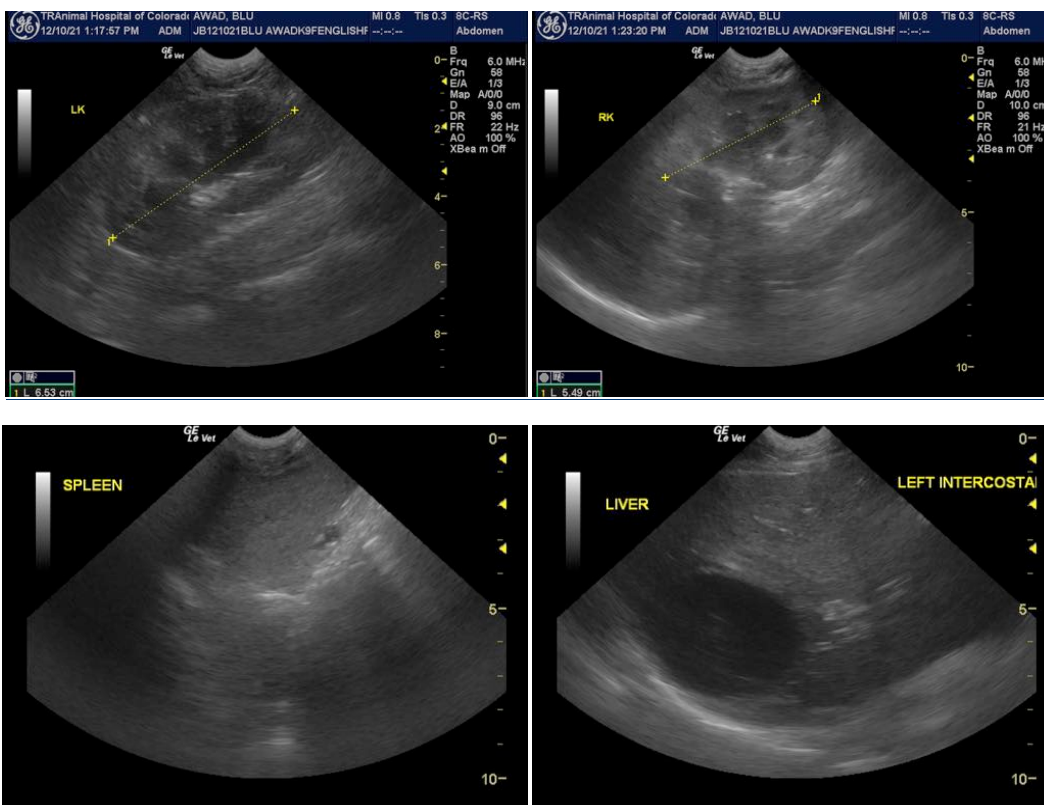
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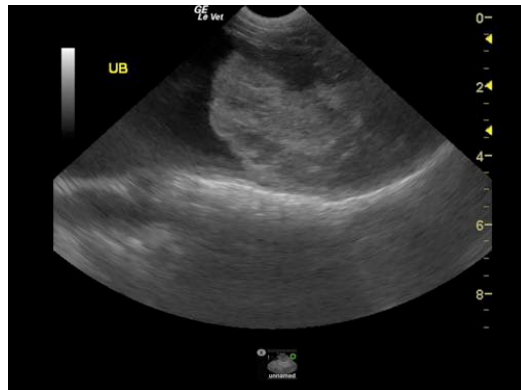
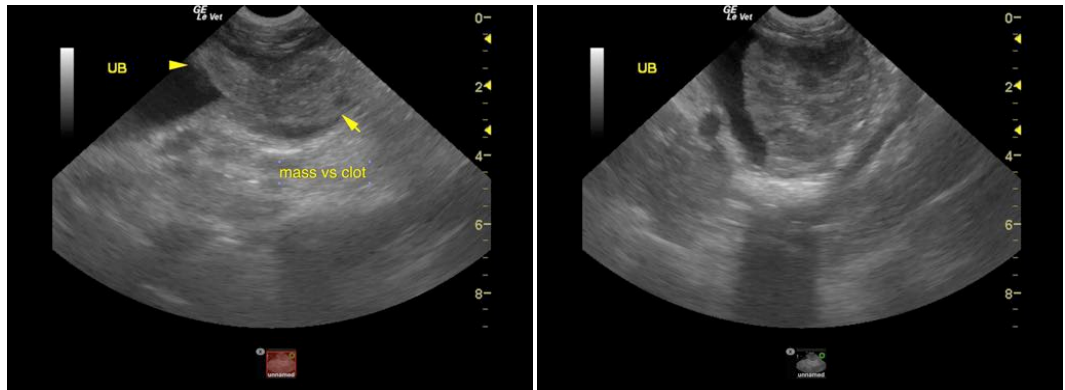
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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