



PATIENT

Fiona Parmele

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

16 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

21701

DATE

3/18/23

PRESENTING CLINICAL SIGNS

History: Frequent UTIs over the years. last one ~ 6 months ago. O noticed bloody urine today. Periodontal disease, gallop rhythm, deaf, cataracts.

Abnormal PE/Chem/CBC/UA Results: See attached labs: Hematuria and pyuria, no overt neoplastic cells

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urethra and cystourethral junction were unremarkable. The urethra was imaged 2.0 cm beyond the cystourethral junction. The ureter papillae were unaffected by the pathology. However, an apical dorsal mass was noted in this patient, measuring approximately 2.0 cm at maximum width with concurrent bladder sand and a minor dorsal polyp (1.0 cm x 0.5 cm), all of which appears resectable. The bladder mass appeared to be moderately vascular.

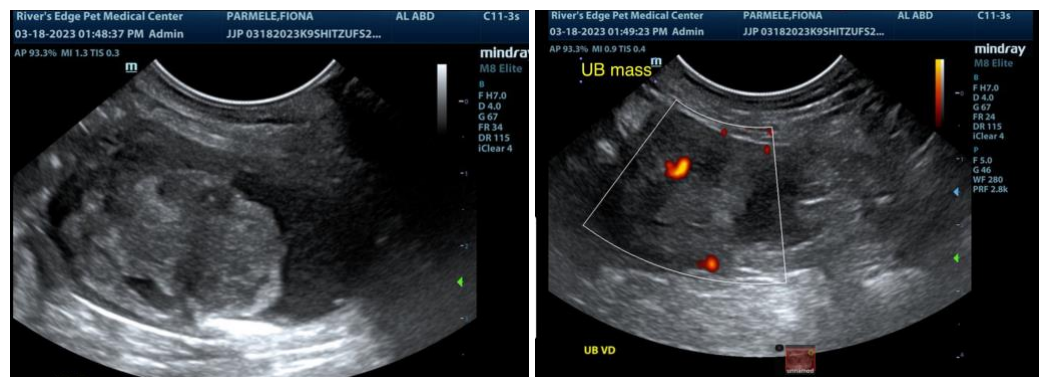
The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia was present in the kidneys. The right kidney measured 4.02 cm. The left kidney measured 4.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Apical dorsal bladder mass and dorsal polyp with concurrent bladder sand. This appears resectable with aggressive resection of the dorsal cranial half of the bladder.
- Bilateral pyelectasia, possibly owing to UTI given the patient history and pyuria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy with mass biopsies could be considered, as well as BRAF testing to confirm suspicion of transitional cell carcinoma.





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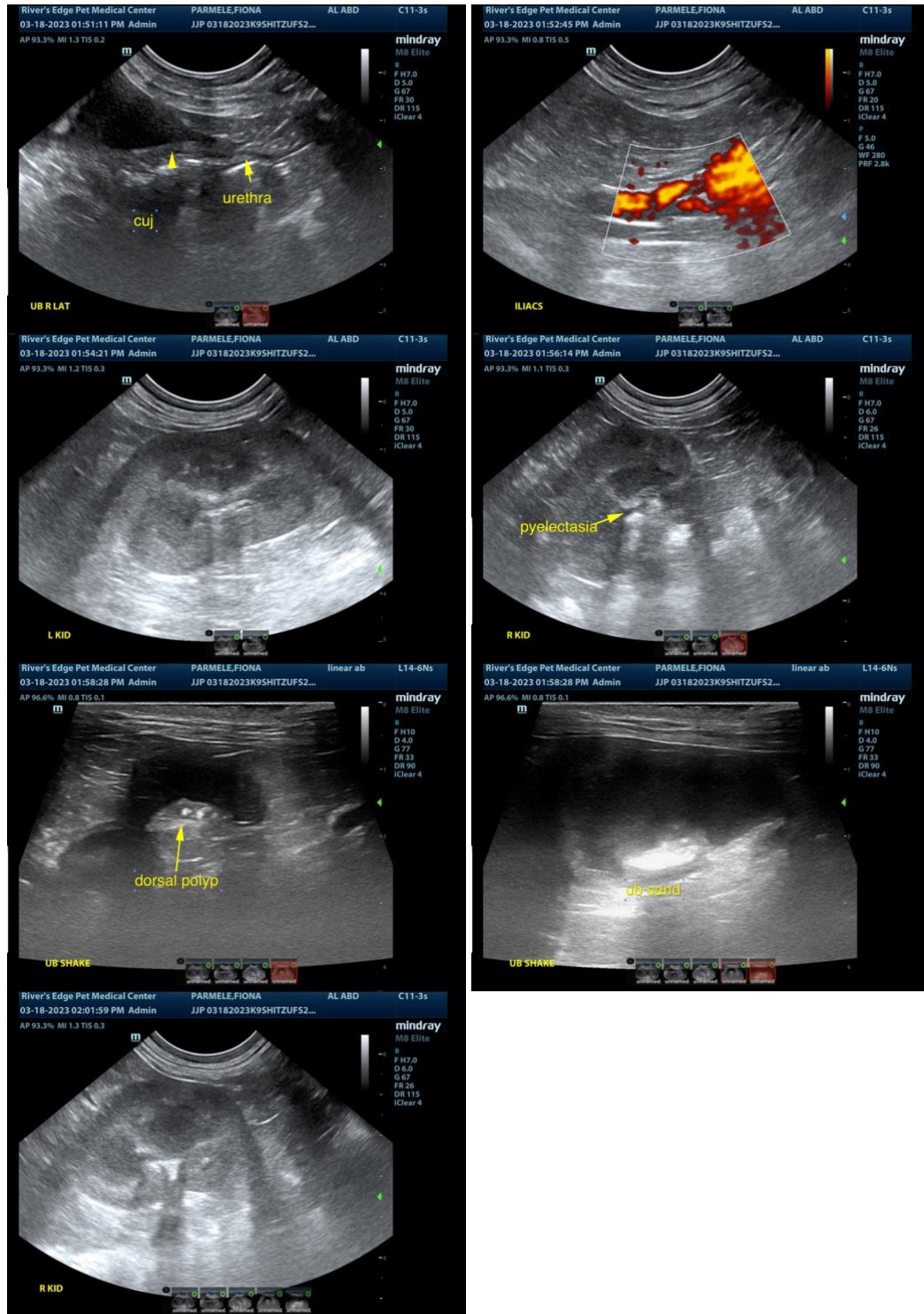
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT

can be of any further assistance please contact me.

Fiona Parmele

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

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