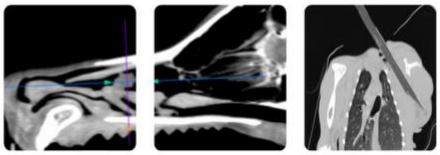

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Mimi Weeratunga

SPECIES

Canine

BREED

American Eskimo

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.5 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region Emergency Veterinary Clinic

REFERRING VET

Dr. Ho

INVOICE

15242

DATE

04/20/26

PRESENTING CLINICAL SIGNS

PU/PD & stranguria since January 2026. Feb 20 - urinalysis & urine culture performed at rDVM, hematuria & mild pyuria on cystocentesed sample, no growth on culture. Clinical signs did not improve with Clavaseptin for 5 days. Physical exam today limited on conscious exam due to fractious nature, patient demonstrated revealed stranguria in exam room. Sedated physical exam did not reveal any significant findings, AFAST free fluid score 0/4, bladder small, no obvious abnormal contents within bladder lumen

Current Medications: sedated with dexmedetomidine 2mcg/kg, midazolam 0.1mg/kg & butorphanol 0.3mg/kg IM

Abnormal PE/Chem/CBC/UA Results: no significant findings on blood (including normal tT4), urinalysis from cystocentesed sample today revealed grossly yellow & cloudy urine, isosthenuria (1016), mild proteinuria (30mg/dL), significant hematuria (RBC >50/hpf), significant pyuria (WBC 31/hpf), significant non squamous epithelial cells (>10/hpf) Radiographic Findings none performed Primary Question to Be Answered in This Exam is there an underlying urinary neoplastic process causing patient's persistent stranguria?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed thickening of the ventral caudal aspect of the bladder entering into the cystourethral junction creating a mass measuring 4.0 cm x 2.5 cm with minor thickening of the dorsal aspect of the cystourethral junction. The mass is strongly consistent with urothelial carcinoma.

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 mild/moderate 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 left kidney measured 4.17 cm in length. The right kidney measured 4.4 cm in length.

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 2.26 cm x 0.73 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland measured 1.8 cm x 1.99 cm width at the cranial pole and 0.58 cm width at the caudal pole.

Spleen

The **spleen** presented slightly irregular with isoechoic nodular swelling measuring 2.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but

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likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. Nodular changes were present in the liver.

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.

Pancreas

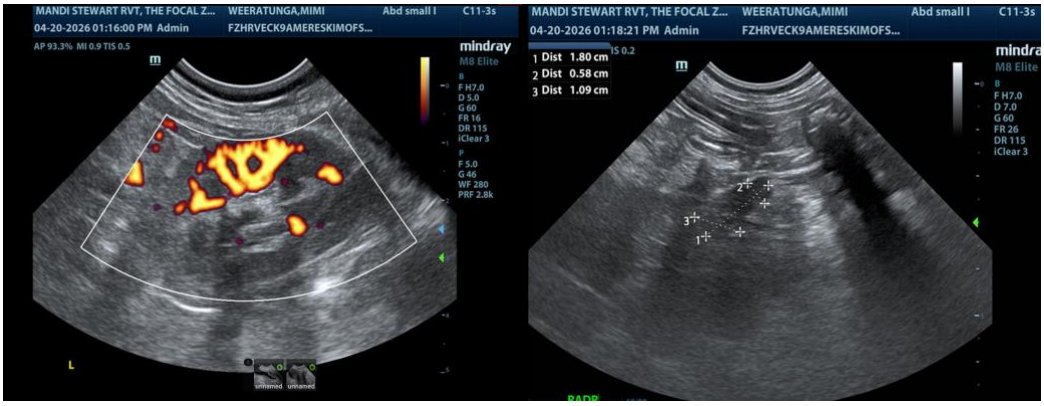
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening with mass effect.
- Nodular spleen.
- Nodular liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy and biopsies are indicated or traumatic catheterization if the patient can be catheterized. BRAF testing and cytospin of free catch urine sample may prove effective on a definitive diagnosis. Eventual oncological intervention and stent placement would be appropriate. No evidence of metastatic disease. Ultrasound guided FNA of the spleen is warranted to ensure only hyperplasia is present, however, cannot rule out a splenic neoplastic process. FNA of the liver would also be ideal.



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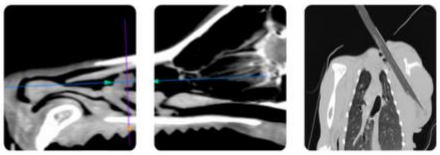

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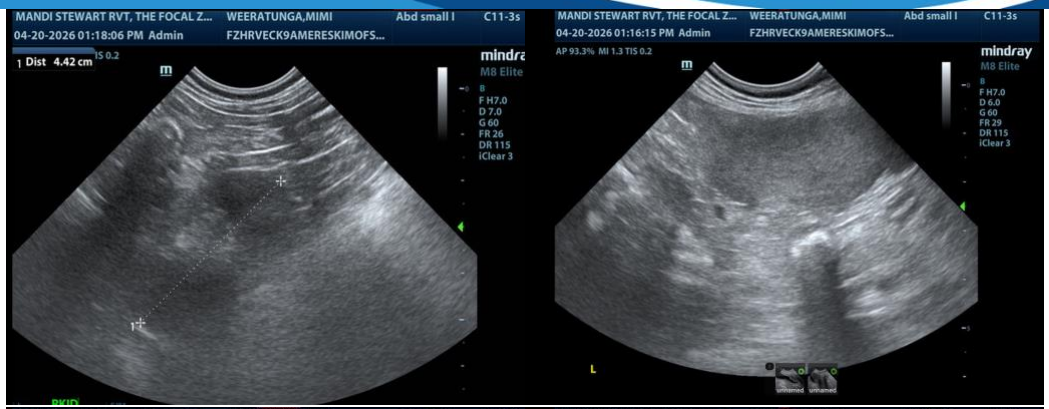

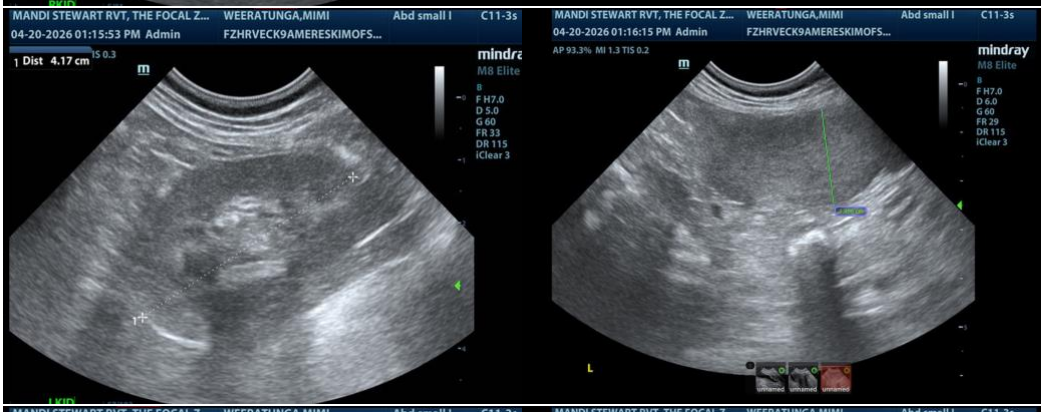

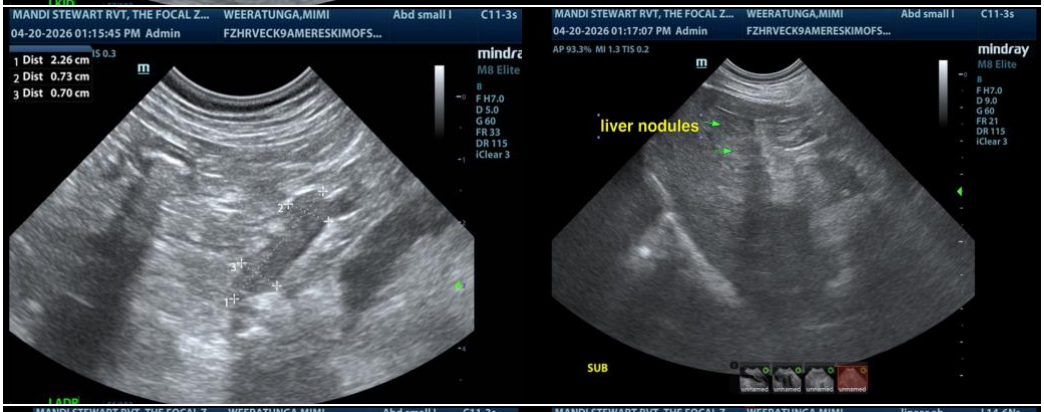

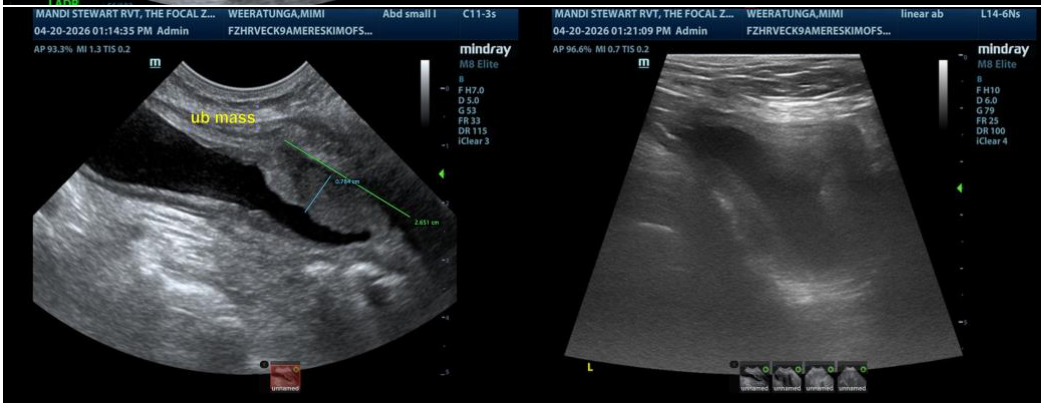

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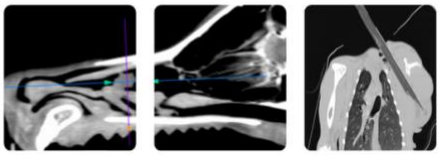

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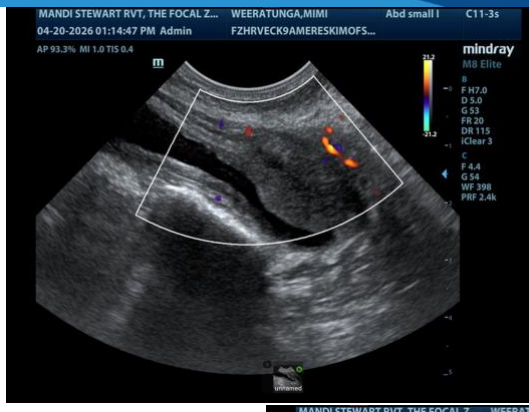

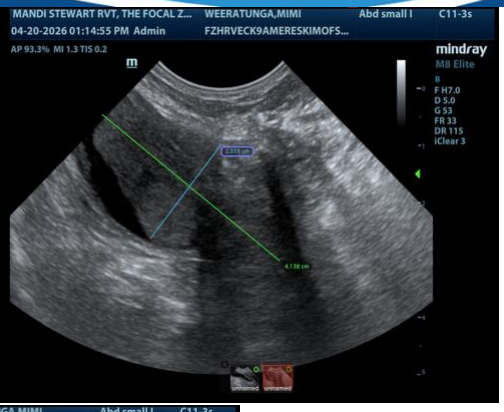

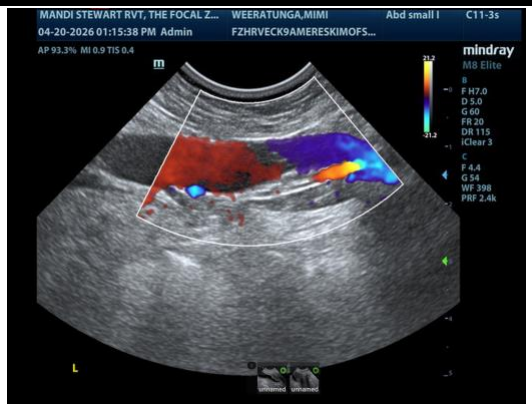

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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