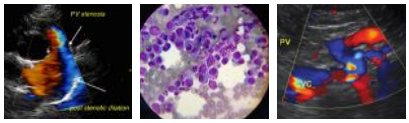
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

5/1/23

**PATIENT**

Mr. Bingsley Dailey

**SPECIES**

Canine

**BREED**

Vizsla

**SEX**

Neutered Male

**AGE**

4/14/13

**WEIGHT**

70 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Madonna VC

**REFERRING VET**

Dr. Brockett

**INVOICE**

22274

## PRESENTING CLINICAL SIGNS

History: Hematuria since Mid-January.

Current Medications: Was on two regiments of Amoxi-Clav 375mg 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: Rachel Brilhart, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed an extensive mixed hypoechoic complex mass (7.5 cm x 5.5 cm), occupying the trigone and cystourethral junction. The mass entered into the cystourethral junction and obstructed the right ureter. The mass also entered into the proximal urethra yet the deep urethra appeared to be unremarkable. The mass is strongly consistent with carcinoma and moderately vascular on color flow assessment. A large amount of bladder debris and overdistention was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The right kidney measured 6.68 cm. Slight pyelectasia (0.29cm) was noted in the left kidney. The left kidney measured 7.18 cm.

### *Adrenal Glands*

The **right adrenal gland** was 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 right adrenal gland measured 2.68 cm x 0.91 cm at the caudal pole and 0.8 cm at the cranial pole.

The **left adrenal gland** measured the upper limits of normal to slightly enlarged, measuring 2.52 cm x 0.97 cm at the caudal pole and 0.88 cm at the cranial pole.

### *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 were 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

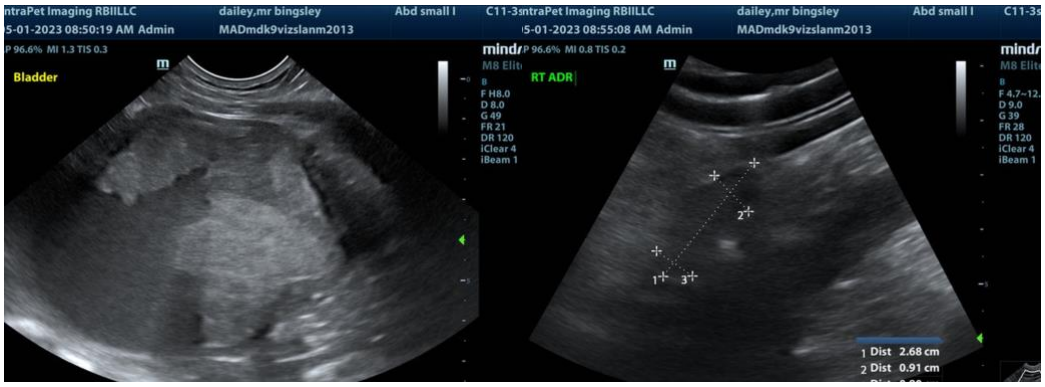
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

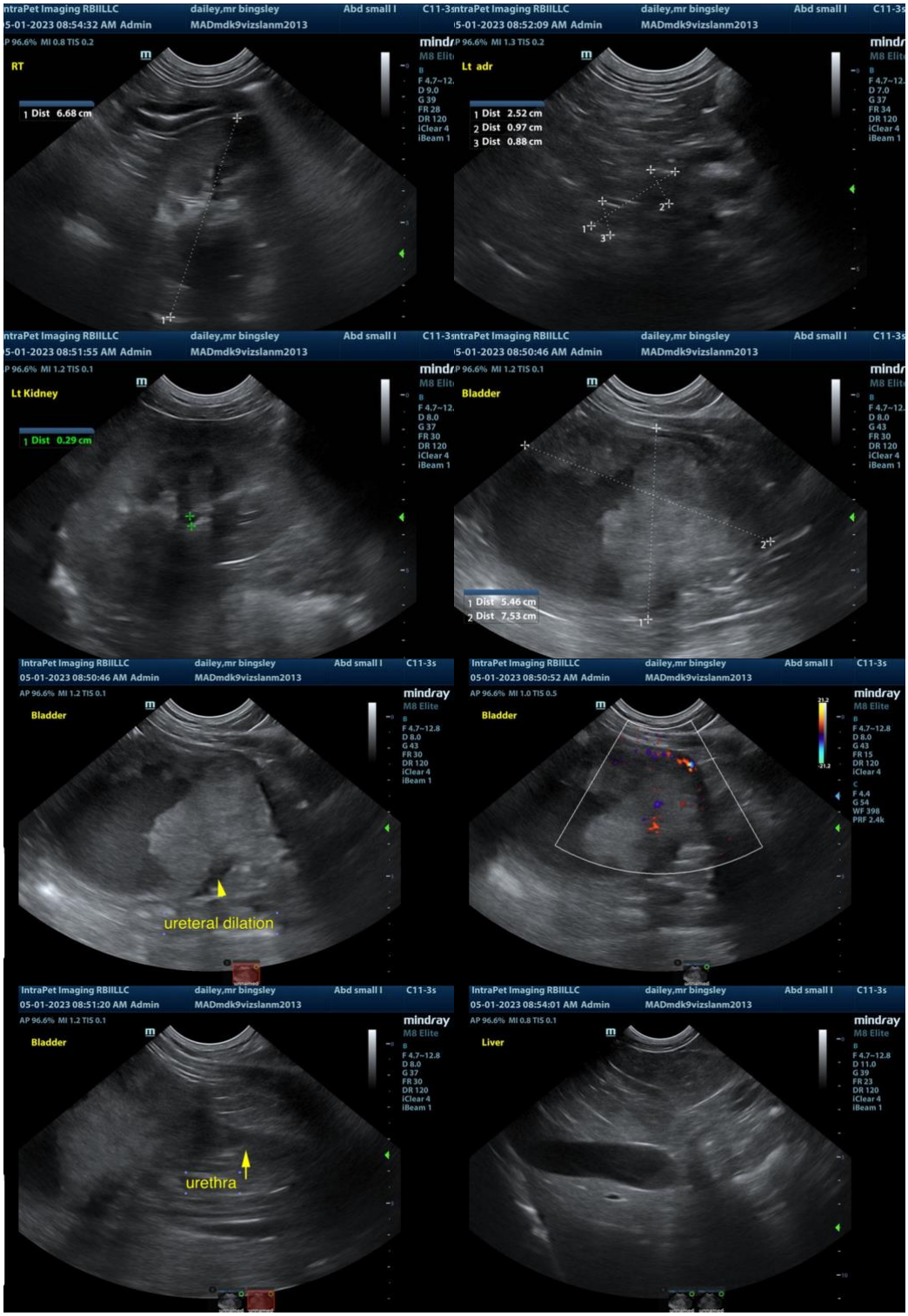
## ULTRASONOGRAPHIC FINDINGS

- Invasive bladder mass with ureteral obstruction and cystourethral junction and proximal urethra infiltration
- Upper limits of normal to slightly enlarged left adrenal gland
- Age-related renal changes with pyelectasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for eventual stent placement and chemotherapy is indicated. The mass is strongly consistent with transitional cell carcinoma. BRAF testing and traumatic catheterization could be considered with ultrasound guidance for definitive diagnosis. No evidence of organ or lymph node metastasis.






**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.

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