

**PATIENT PRESENTING CLINICAL SIGNS**

Copper Vandever

History: P has had hematuria non-responsive to medication (augmentin, then baytril, as well as deramaxx) for one week. Initial ultrasound was not suspicious of masses but P was not sedated. Repeat ultrasound under sedation is suspicious.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: U/A shows very high RBC's, mild WBC's. CBC shows mild neutrophilia (16K) and mild thrombocytopenia ( 124K).

Canine

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Labrador

**Urinary System**

**SEX**

The **urinary bladder** presented a large amount of debris. Organized, echogenic tissue density was noted in the dorsal wall measuring 4.0 x 1.0 cm. The submucosa layer, muscularis and serosal layers were unremarkable. The lesion appeared to be occupying the dorsal wall with suspended debris. The cystourethral junction and urethra were not visible.

Spayed Female

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

7 years

Dorsal bladder wall thickening, strong concern for transitional cell carcinoma with the possibility of polypoid hyperplasia.

**WEIGHT**

90 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

A cystoscopy would be ideal or exploratory surgery with resection of the dorsal bladder wall; however, ultrasound should be performed just prior to intervention to ensure that the lesion doesn't change. Otherwise, ultrasound-guided traumatic catheterization could be considered. The lesion appears to be localized in the mucosa. The submucosal, muscularis and serosal layers appeared to be intact. Therefore, polypoid hyperplasia is a strong potential as opposed to carcinoma. Full abdominal sonogram is recommended to assess for metastatic disease.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

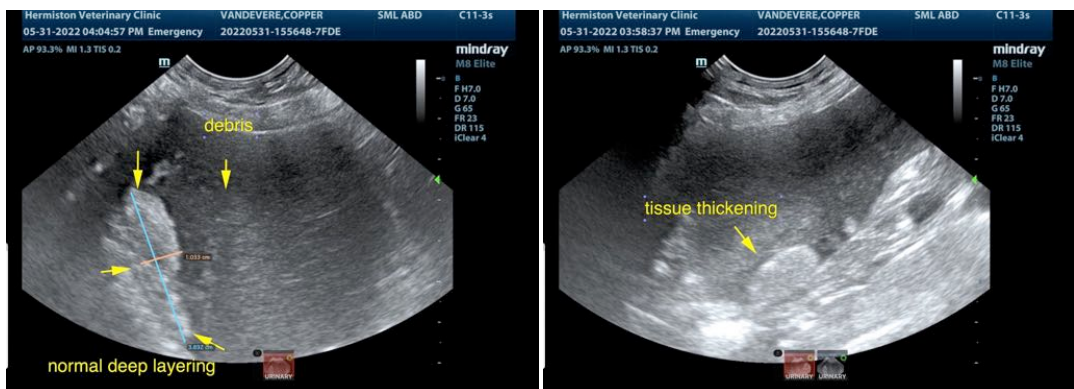
Dr. Marcum

**HOSPITAL NAME**

Hermiston VC

**REFERRING VET**

Dr. Marcum



**INVOICE**

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.

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**DATE**

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.

5/31/22

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