



**PATIENT**

Zoey Obremski

**PRESENTING CLINICAL SIGNS**

History: 5cm bleeding mass in left inguinal region screening for metastasis

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a 2.0 cm mass at the cystourethral junction. The bladder mass appeared to be sessile. This may be amenable to ultrasound-guided laser ablation. The remainder of the bladder appeared unremarkable.

**BREED**

Pit Bull Mix

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each measured 5.5 cm.

**AGE**

13 years

**Adrenal Glands**

The left adrenal gland was visualized obliquely and measured 0.4 cm. The right adrenal gland measured 2.5 x 1.0 cm and was slightly swollen.

**WEIGHT**

88 lbs

**Spleen**

The **spleen** revealed multi-focal, hyperechoic, lipogranulomatous changes without evidence of pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Liver**

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

**IMAGING PERFORMED BY**

Dr. Ugorji

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Ugorji

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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**Pancreas**

Zoey Obremski

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Pit Bull Mix

Largely age related abdominal changes with sessile bladder mass at the cystourethral junction. Carcinoma is strongly suspected. Polypoid hyperplasia is possible, yet less likely.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A debulking event from a surgical cystostomy approach could be considered; however, the mass appears to occupy the dorsal aspect of the cystourethral junction. Therefore, clean resection would not be likely. This type of mass typically causes mid stream pollakuria or stranguria. There was no evidence of metastatic disease either from the reported inguinal mass or bladder mass itself. Ultrasound-guided laser ablation would be ideal in this patient if available in your region. Otherwise, oncology consult or cystoscopy with mass biopsy or debulking can also be considered.

**WEIGHT**

88 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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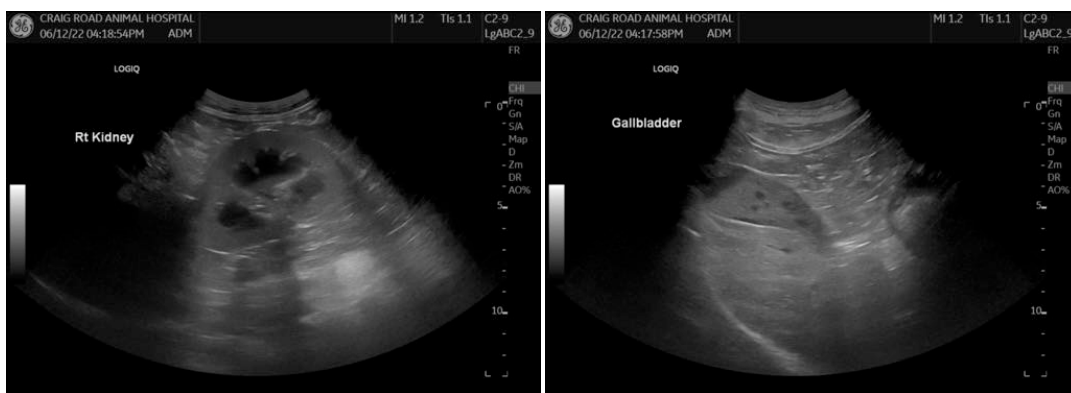
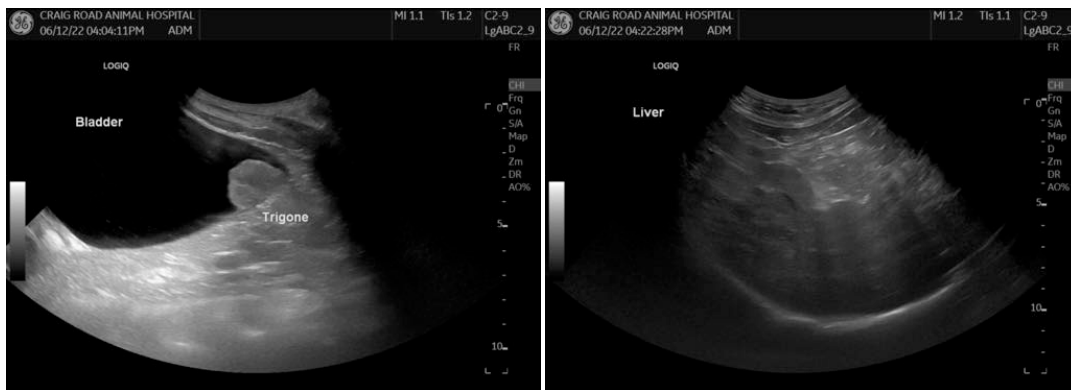
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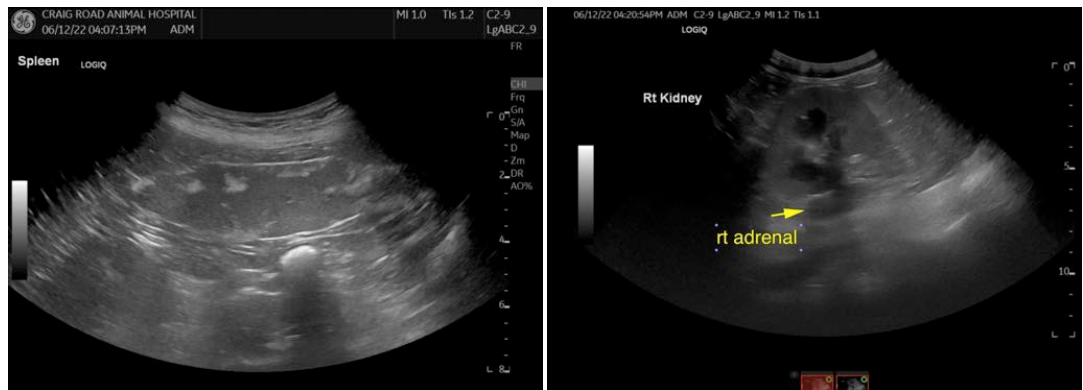
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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