



**PATIENT PRESENTING CLINICAL SIGNS**

Diesel Heim

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

23.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jessie Evoniuk

**HOSPITAL NAME**

State Ave Vet Clinic

**REFERRING VET**

Dr. Jessie Evoniuk

**INVOICE**

44748

**DATE**

8/17/23

Presented last Aug 9, 2023 with O noticing what they think is blood in urine Noticed it Saturday/Sunday Unsure if there's still blood Accident in the house every so often Unsure if P is asking to go out more than normal E/D- normal, thinks P is drinking more than usual Seems to shake when he eats, has been happening for a while, will be every time he eats, will sometimes shake when not eating as well V/D- D+ every now and then, no triggers O is aware of Meds- none Travel - none PE notes: General Appearance: BAR, friendly, took treats, anxious with handling; BCS 5/9, lost weight from last vet visit CRT/MM: WNL Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge Ears: No exudate observed, no redness present Oral Cavity: severe calculus and halitosis, Grade 4 Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted Urine culture- no bacterial growth Prescribed Enrofloxacin SID for 5 days Aug 17, 2023 Recheck E/D good appetite, loosing weight over the years O noticed on Monday the red color in his urine, has not noticed since No straining No other concerns Unchanged PE, bladder US recheck anxious during the scan, O didn't give gabapentin as premed, will repeat if indicated Assessment: bladder neoplasia vs chronic inflammatory dz

Abnormal PE/Chem/CBC/UA Results: Aug 9, 2023 UA- diluted urine, wbc, rbc, susp bact, proteinuria bladder US: diffusely thickened, with hyperechoic material present kidney US: structural multifocal cysts on each kidney ALP 482 \* U/L, AMY 1548 \* U/L, BUN 80 \* mg/dL, CA 12.5 \* mg/dL, PHOS 7.2 \*mg/dL, CRE 2.6 \* mg/dL, GLU 112 \*mg/dL

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

**Urinary System**

The **urinary bladder** revealed a polypoid mass in the apex of the bladder with concentric wall thickening and separate calculus. Minimal urine was noted, yet mineralization noted throughout the tissue.

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 and no evidence of pelvic dilation was present. Mineralization and cortical cysts noted. The kidneys measured 4.4 cm. each.

**ULTRASONOGRAPHIC FINDINGS**

- Polypoid bladder mass and separate calculus
- Moderate degenerative renal changes with mineralization and cortical cysts

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strong concern for transitional cell carcinoma. Cystoscopy and mucosal biopsies recommended. Severe cystitis with dystrophic mineralization possible yet less likely. BRAF testing and cytospin of a free catch urine sample may be diagnostic. The kidneys appear subjectively near end stage. 72-hour IV fluid protocol warranted. The patient may be passing calculi periodically, causing the acute crisis. I do not



**PATIENT**

recommend cystocentesis in this patient due to the potential of transitional cell carcinoma trailing. Blood pressure measurements warranted.

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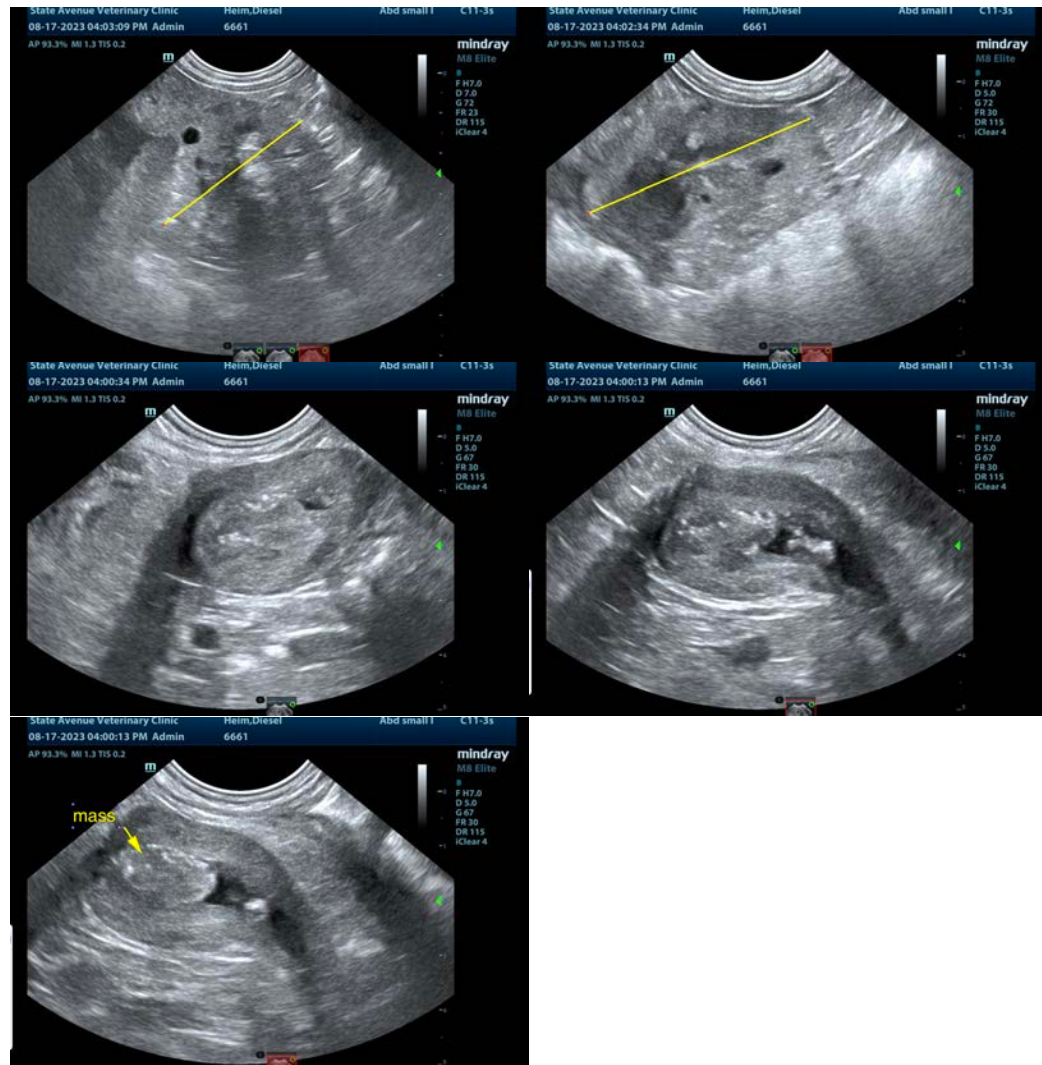
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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