



PATIENT PRESENTING CLINICAL SIGNS

Papas Djallali History: Patient is presenting for urinary incontinence

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED

Miniature Poodle

SEX

Neutered male

AGE

14 years

WEIGHT

9.2 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Companion Pet Clinic

REFERRING VET

Dr. Mills

DATE

12/21/22

Invoice
42306

The **urinary bladder** revealed a mineralizing mass that measured 3.5 x 1.5 cm. The mass occupied the trigone, cystourethral junction and proximal urethra. Other polypoid changes were noted throughout the bladder. This is strongly consistent with transitional cell carcinoma.

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. Slight mineralization was noted in both kidneys. The left kidney measured 3.15 cm. The right kidney measured 3.22 cm.

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 1.5 x 0.5 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 0.5 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** was uniform with multi focal hyperechoic changes. This is consistent with lipogranuloma. This is not overtly pathological.

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.



PATIENT

Gastrointestinal

Papas Djallali

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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Non-resectable, mineralizing bladder mass. Strongly consistent with carcinoma.

AGE

14 years

Hyperechoic splenic changes.

WEIGHT

9.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Free catch urine sample and cytospin is recommended to assess for exfoliating carcinoma cells. There was no evidence of metastatic disease. Referral for interventional procedure such as stent placement and chemotherapy would be indicated in this patient. Referral to where ultrasound-guided laser ablation is available would be recommended.

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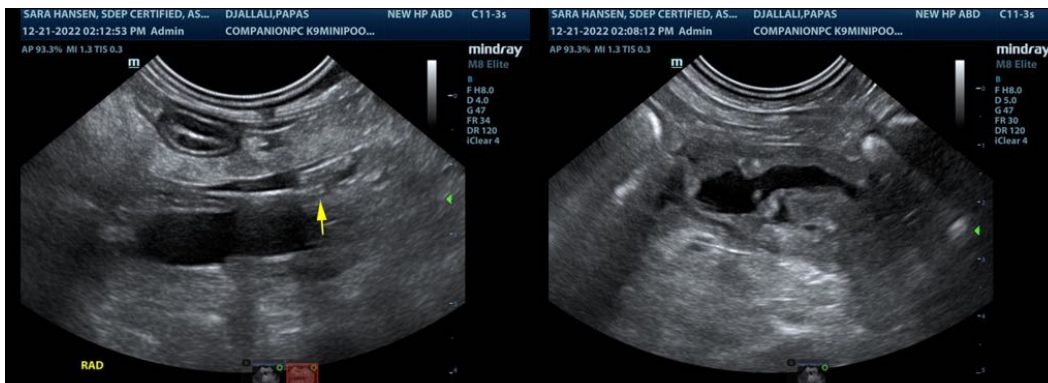
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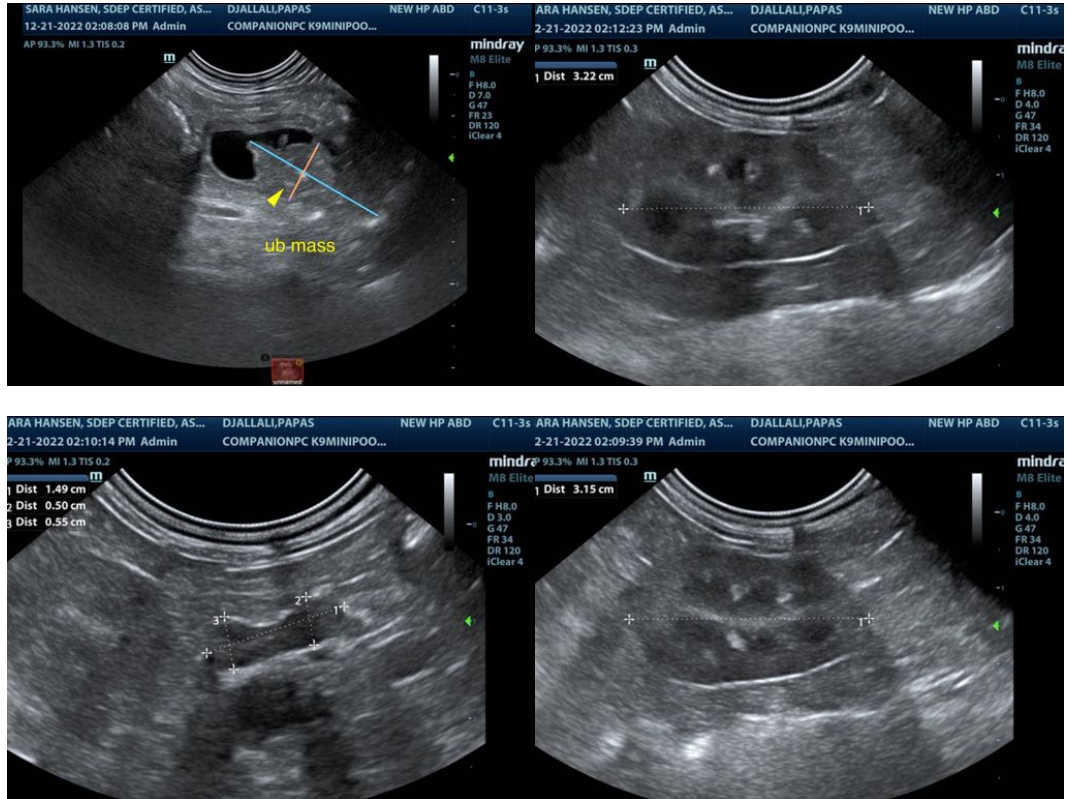
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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