SonoPath
Clinical Sonography & Telecytology
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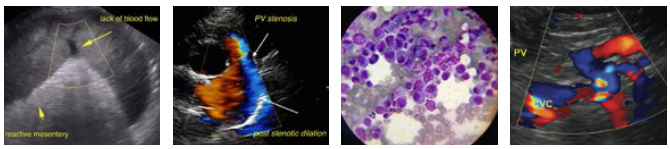

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jojo Maron

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
13 years

WEIGHT
58.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Millburn VH

REFERRING VET
Dr. Turowsky

INVOICE
42814

DATE
11/30/22

PRESENTING CLINICAL SIGNS

History: Straining to urinate, some pigmentation noted, urinating more frequently
Abnormal PE/Chem/CBC/UA Results: RBC 4.95, Hct 34.1%, Hgb 12.8, ALP 210 UA: 2+ protein, >100 RBCs, 31 epi cells SG 1.028

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** in this patient revealed a cystourethral junction, bladder and urethral mass that extended for approximately 3.0 cm into the caudal bladder and urethral junction. The left ureter was obstructed by the bladder mass and measured 0.5 cm with secondary hydronephrosis of the left kidney.

Secondary hydronephrosis of the **left kidney** was noted. The left kidney measured 6.96 cm.

The **right kidney** 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. The right kidney revealed mineralization The right kidney measured 6.27 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 right adrenal gland measured 2.29 x 1.52 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, isoechoic, expansive 3.4 cm mass that was deriving from the caudal pole.

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.

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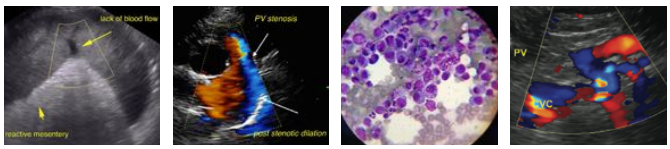

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Gastrointestinal

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.

Heart

Rapid view of the right atrium and right ventricle revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

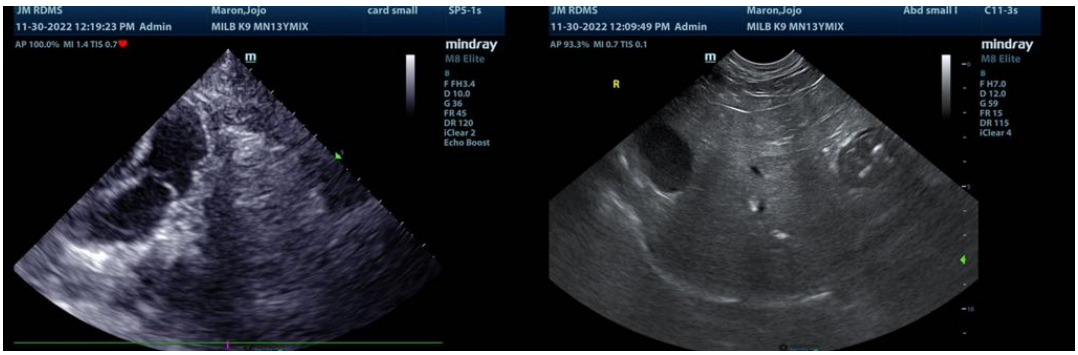
Urethral, prostatic, bladder carcinoma pattern with obstructed left ureter and secondary left hydronephrosis.

Mild degenerative right renal changes.

Concurrent splenic mass, may be unrelated to the bladder pathology versus primary hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for chemotherapy and stent placement is indicated. Mineralization of the urethra and prostate is present. The vascularity was elevated in the abnormal tissue. Traumatic catheterization of the pelvic urethra and bladder can be considered to confirm carcinoma; however, referral to interventional radiologist and oncology is warranted with Dr. Berent and Dr. Weisse at Animal Medical Center would be best equipped for this presentation. Chest radiographs are recommended for further evaluation. FNA of the splenic mass is indicated.



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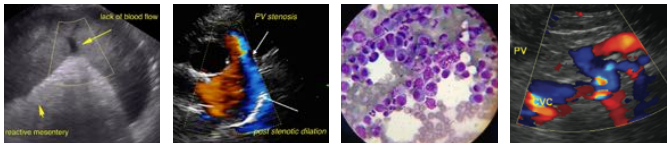

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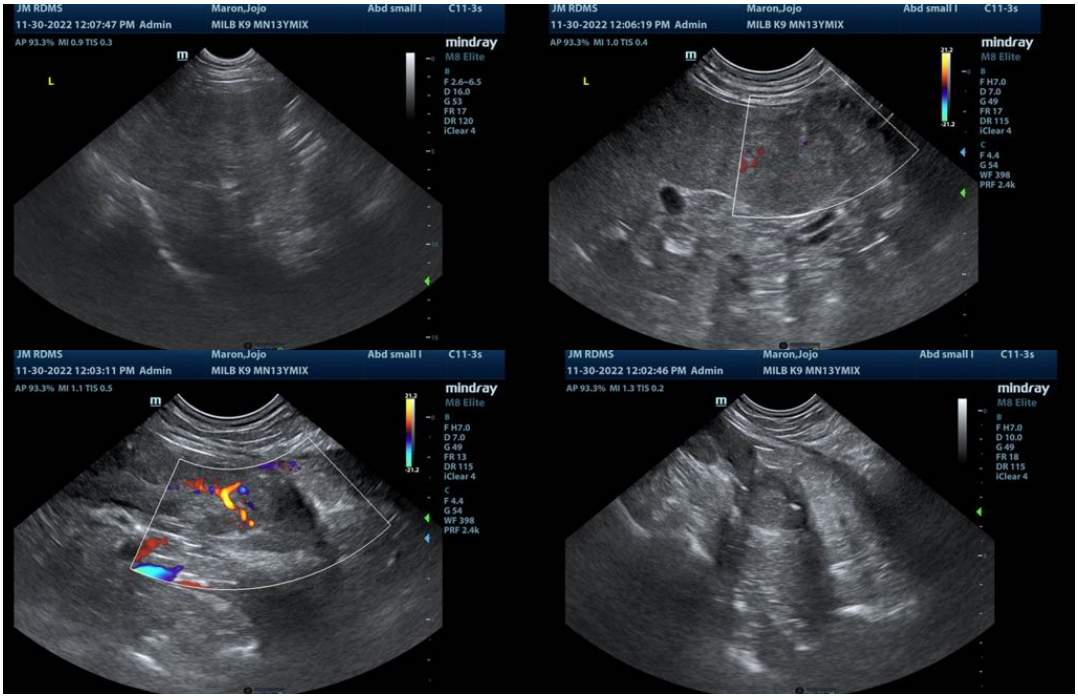

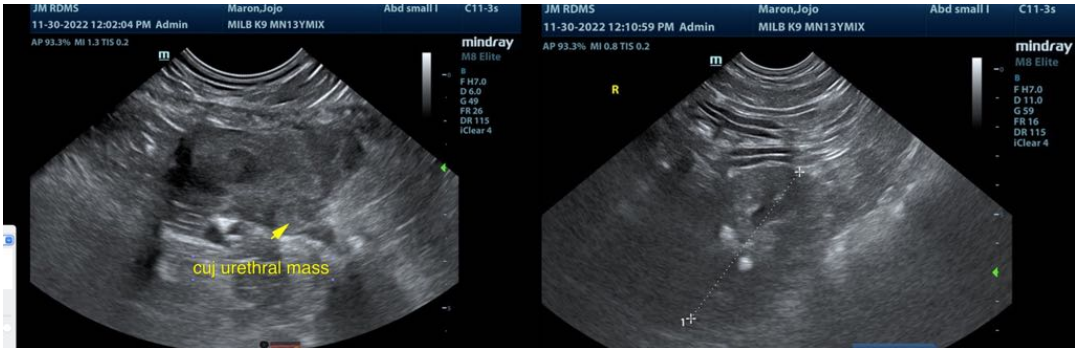

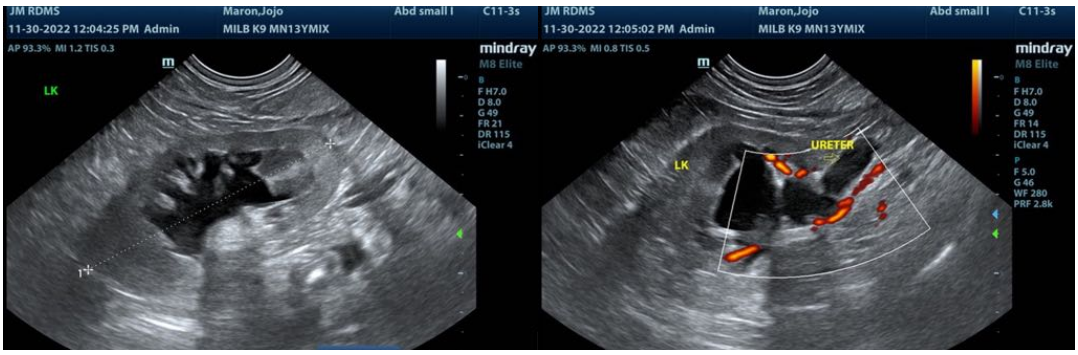

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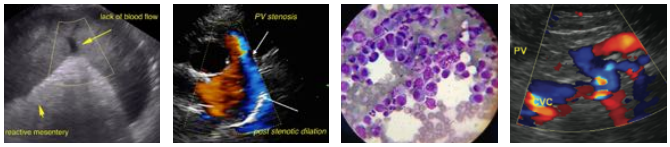

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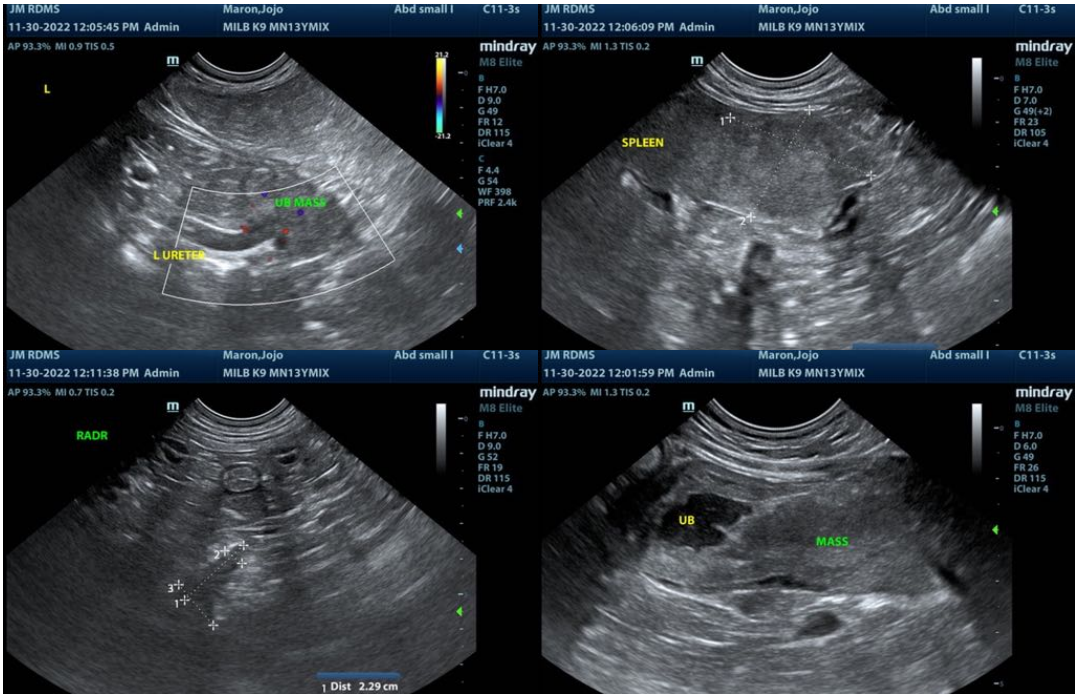

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com