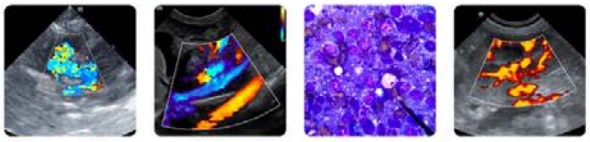


PATIENT

Bruno Marantino

SPECIES

Canine

BREED

German Wirehair Pointer

SEX

Intact Male

AGE

13 Years

WEIGHT

70 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

74438

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Patient has been progressively losing weight. History of OA/DJD.
Recent CBC/chem-NSF. UA showed hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. In the cranial aspect of the urinary bladder there is an intraluminal irregularly shaped mass lesion present that measures 3.1 cm x 1.7 cm that has hyperechoic areas suspected to be calcification. In the mid ventral bladder there is a chain of round, irregularly shaped mass lesions that appear to be attached to the luminal aspect of the bladder, measuring approximately 2.5 cm x 1.5 cm.

The prostate overall appears normal for a 13 year old male intact canine, measuring 4.9 cm in width. It appears symmetrical. Diffusely throughout the prostate there are multiple small hypoechoic cystic lesions present, most likely benign prostatic cysts. No obvious evidence of prostatic neoplasia seen on this exam.

The visible right kidney appears to have mild loss of corticomedullary distinction and measures approximately 5.7 cm.

The left kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Within the body of the spleen there is a 7.1 cm x 5.4 cm isoechoic, mildly cavitated, round, capsule displacing mass lesion present. The remainder of the spleen appears normal and has normal blood flow.

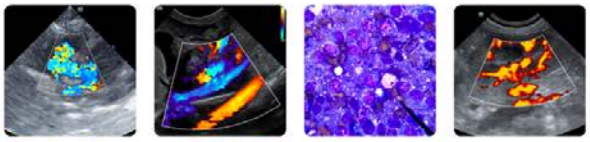
Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Mild abdominal lymphadenopathy is present, a representative node measures 7.1 mm x 10.2 mm. Thgis node is rounded and hypoechoic.

No free abdominal fluid is seen.

Provided cardiac images reveal no pericardial effusion. Cardiac function appears normal.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder lesions – Suspect transitional cell carcinoma or other malignant neoplasia.
- Splenic mass - Suspected to be malignant hemangiosarcoma, less likely malignant hemangioma.
- Mild loss of corticomedullary distinction in the right kidney.
- Mild abdominal lymphadenopathy – likely enlarged due to metastatic or round cell neoplasia, less likely but possibly reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend determining etiology of the urinary bladder mass as the initial step in this workup, with the plan to perform splenectomy for histopathology if clinically warranted. If urinary bladder neoplasia is diagnosed, consider referring the patient to a veterinary oncologist to discuss treatment options and plan for possible splenectomy.

Doppler exam of the urinary bladder lesions is recommended to verify blood flow into these lesions. If blood flow is identified, suspect that the lesions are metastatic neoplasia. Recommend submitting a BRAF test to screen for transitional cell carcinoma. If BRAF testing is negative, recommend cystoscopy for bladder mass biopsy for histopathology. Given that the mass in the bladder does extend to the mid ventral aspect of the bladder, surgical resection of this mass at this time does not seem feasible.

Recommend full staging to determine if the patient may have early chronic kidney disease per the IRIS guidelines.

Also, if possible, recommend aspirating an enlarged abdominal lymph node to rule out metastatic neoplasia.

Prognosis at this time appears guarded.

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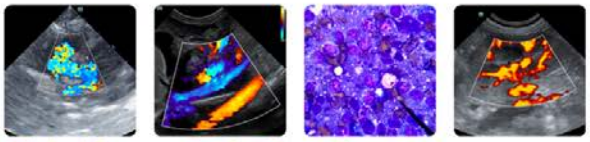

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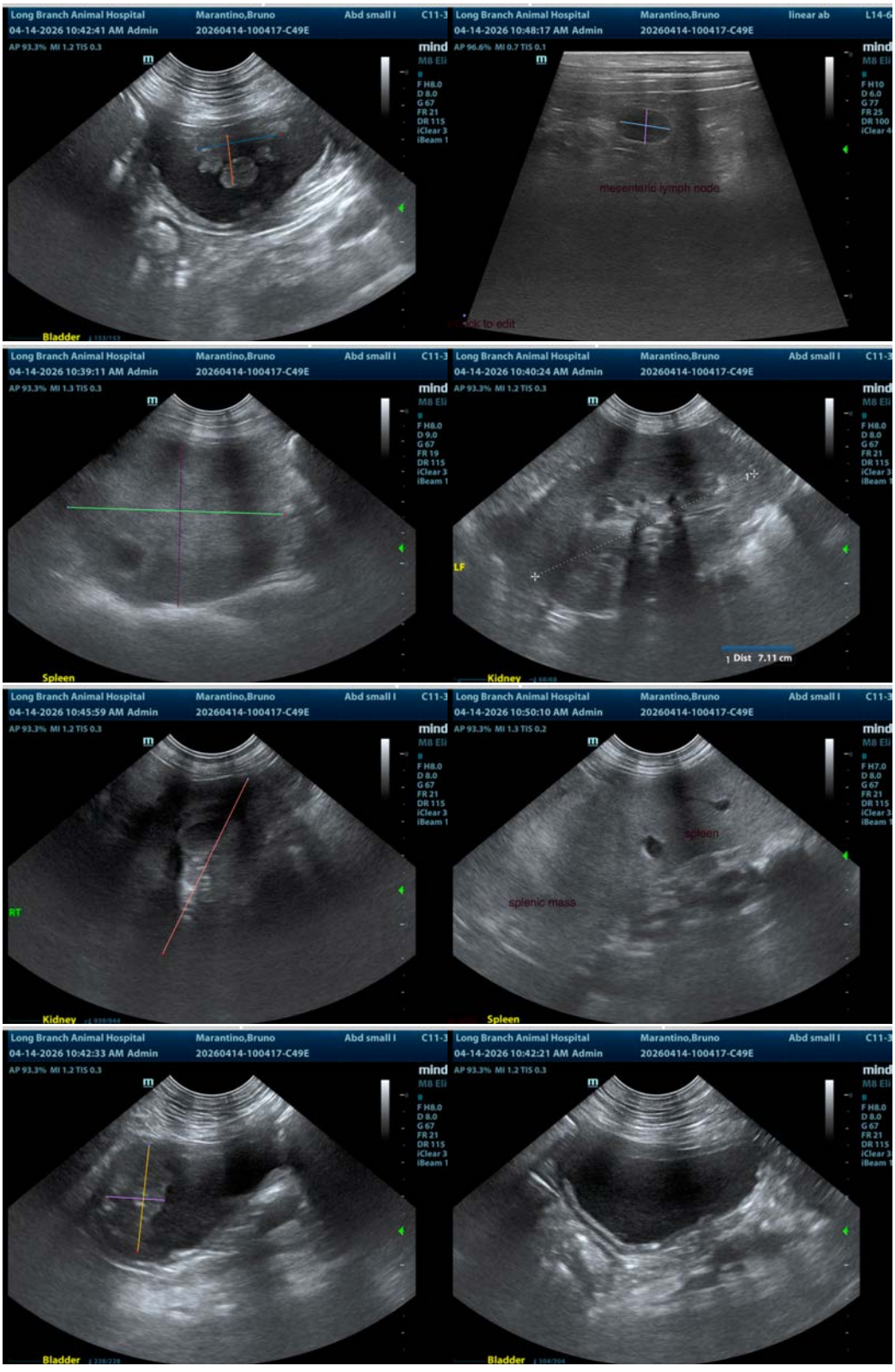

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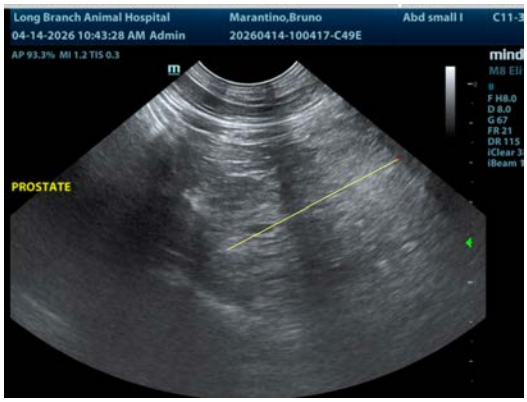

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com