



PATIENT

Attica Montgomery

SPECIES

Canine

BREED

Coonhound

SEX

Spayed female

AGE

12 years

WEIGHT

78 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

42534

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Not eating well, slowing down in general Liver/spleen nodules seen @ ER 1/20, resolved @ follow up 5/20
PE: NSF, lipomas

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** revealed an extensive pedunculated mass filling nearly the entire bladder. The mass invaded the ventral bladder wall, with possible “kissing lesions” on the dorsal bladder wall. The mass measured 6.4 cm in length and 3.7 cm in height. There was diffuse mineralization in the mass. The mass was approaching the trigone and cystourethral junction, though not overtly obstructing.

The **left kidney** had moderate aging changes, with numerous small cortical cysts. The renal pelvis was dilated to 0.6 cm. The kidney was mildly subnormal in size and mildly irregular in contour. The left kidney measured 6.6 cm.

The **right kidney** was normal in size and mildly irregular in contour. No remarkable pyelectasia in the right kidney. Fewer cystic changes present in the right kidney. The right kidney measured 7.67 cm.

The **iliac trifurcation** was overall unremarkable with no evidence of a thrombus.

Adrenal Glands

The region of the **left adrenal gland** was unremarkable. The **right adrenal gland** was indistinctly visualized but overall unremarkable.

Spleen

The **spleen** displayed multiple hyperechoic nodules of variable size. Several target lesions were present, as well as an expansive capsular expanding mixed echogenicity nodule near the hilus. Multiple hyperechoic nodules were present, likely benign myelolipomas.

Liver

The **liver** had minor aging changes with an overall normal echotexture and echogenicity. The liver was subjectively normal in size. Multiple small nondisruptive hypoechoic nodules were present, which may be benign nodular changes. The **gall bladder** was moderately sized with minor sludge and moderate polypoid mucosal changes. There was no evidence of bile duct obstruction.

Gastrointestinal



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The **stomach** contained small amount of ingesta. The stomach wall was normal in thickness and layering. The **small intestine** was normal in appearance and the walls were normal in thickness and layering. There appeared to be normal peristalsis. The **colon** wall was normal thickness and layering. Normal curvilinear patterns throughout the gastrointestinal tract.

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Pancreas

The **pancreas** displayed mild nodular changes and undulating capsule contour. There were small cystic changes in the left limb and body of the pancreas. These may represent normal aging changes. No obvious masses or significant inflammation in the pancreas.

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ULTRASONOGRAPHIC FINDINGS

- Expansive pedunculated bladder mass, nonobstructive at time of sonogram
- Expansive splenic nodule and splenic target lesions
- Pyelectasia (mild) in left kidney
- Minor gall bladder mucosal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the bladder mass is highly suggestive of urothelial carcinoma (TCC). This is an extensive mass. The splenic target lesions and expansive nodule are highly suspicious for metastatic lesions.

Cytology of urine sediment from an end stream urine sample may be considered to confirm the diagnosis. The mass may be beginning to obstruct the left ureter, given the mild pyelectasia in the left kidney. Long term prognosis is guarded.

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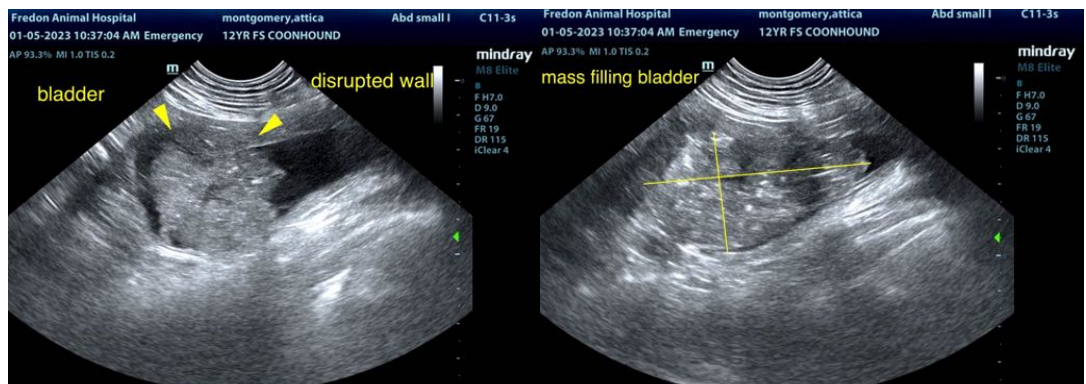
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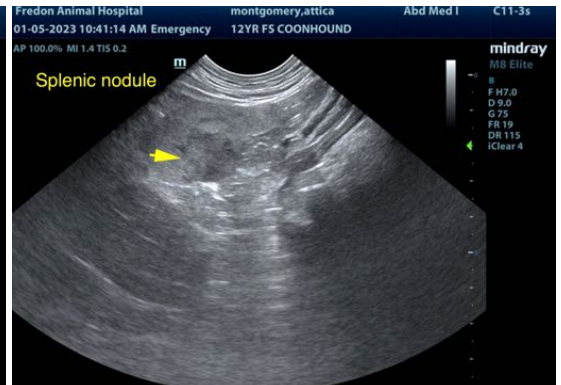
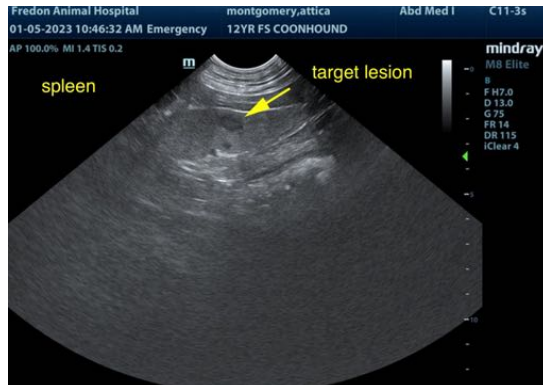
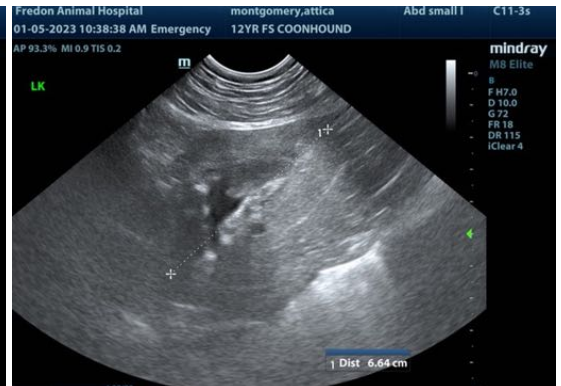
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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