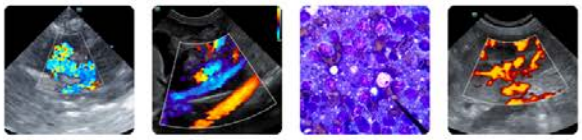


PATIENT

Rose Denny

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

14 Years

WEIGHT

12/29/11

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Kateryna Sovik, DVM

INVOICE

72906

DATE

1/1/26

PRESENTING CLINICAL SIGNS

Approximately 2 weeks ago, patient presented to her regular veterinarian for urinary incontinence in the house. A urine sample was evaluated at that time; client was told it was not obviously an infection or cancer. Yesterday evening (12/29), client noted dark brown/red blood at the end of urination while marking. This morning (12/30), patient had a large volume urination in the house with a large amount of blood. Urination at the clinic today appeared normal to the client. In-house screening ultrasound performed: Revealed a severely thickened bladder wall, greater than 1 cm. An intraluminal, pulsating structure was visualized, suspicious for a polyp. The bladder was too small and the structures too concerning to attempt cystocentesis. Working diagnosis - In-house screening ultrasound performed: Revealed a severely thickened bladder wall, greater than 1 cm. An intraluminal, pulsating structure was visualized, suspicious for a polyp. The bladder was too small and the structures too concerning to attempt cystocentesis. Obtained urine sample w/ sterile catheterization

Abnormal PE/Chem/CBC/UA Results: MPV: 7.0 8.7-13.2 fL LOW PDW: 4.3 9.1-19.4 fL LOW Cl: 124 109-122 mmol/L HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall (particularly the apical wall) appears thickened and irregular, measuring up to 1.19 cm in thickness. In the dorsal wall there is an echogenic, pedunculated area of tissue possibly consistent with a polypoid-like lesion, measuring 0.44 cm x 1.05 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

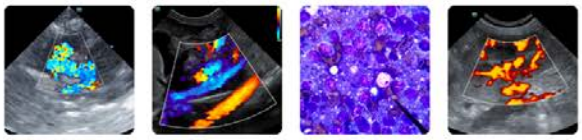
The left kidney is normal in size but slightly irregular in shape (likely due to a previous infarct). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.02 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 cm at the cranial pole and 0.68 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.79 cm at the cranial pole and 0.68 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



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Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two subtle hypoechoic nodules visualized in the parenchyma. One measures 0.96 cm x 0.70 cm. The other measures 0.63 cm x 1.01 cm.

Liver

The liver is normal in size but slightly irregular in shape. The visible portions of the vasculature and biliary tract appear normal. The left lobe of the liver appears focally isoechoic and rounded, most consistent with anatomic variation/rounded liver lobe or an isoechoic mass effect (adenoma, carcinoma, other).

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. The iliac lymph nodes are somewhat isoechoic and prominent. The right measures 0.88 cm x 2.2 cm. The left measures 1.12 cm x 3.31 cm. The omentum is normal in echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

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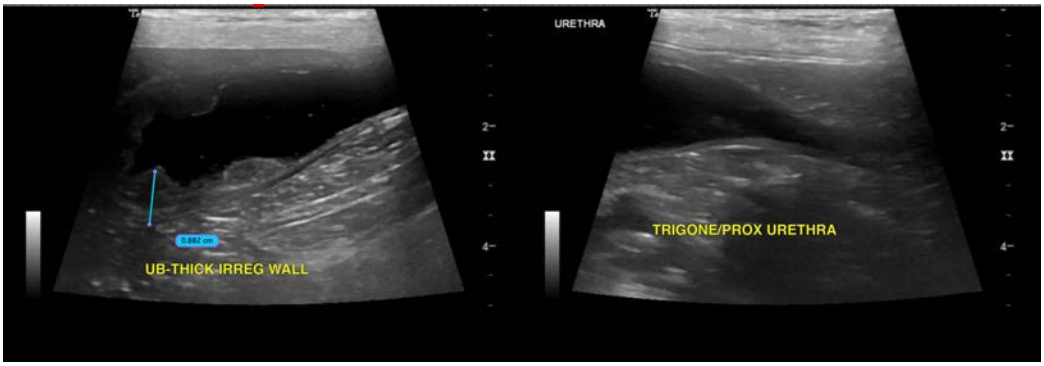
- Thickened, irregular apical wall of the urinary bladder with a suspected polypoid-like area – The general appearance is most consistent with cystitis, although a neoplastic process cannot be ruled out.
- Two small, poorly defined hypoechoic splenic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Isoechoic rounded area of the left liver – Findings are most consistent with a rounded liver lobe or isoechoic subtle mass effect.
- Prominent iliac lymph nodes- Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The apical wall of the urinary bladder appears thickened and irregular with a somewhat pedunculated appearing region possibly consistent with a polypoid-like lesion. The general appearance is most consistent with chronic cystitis. Recommend urinalysis and culture. If an infection is present, recommend antibiotic therapy and reassessment in 10-14 days to ensure the bladder wall is normalizing before discontinuation of antibiotics. If no infection is present, further evaluation for neoplastic or inflammatory lesion is warranted with biopsies of the urinary bladder (cystoscopy, surgery, etc.).

There are two small hypoechoic nodules in the spleen. Options moving forward include continued monitoring with ultrasound or a fine needle aspirate.

The left lobe of the liver appears rounded and isoechoic, most consistent with anatomic variation or a subtle isoechoic mass effect. An adenoma would be most likely, although a small carcinoma or similar cannot be ruled out. A fine needle aspirate of this region could be considered +/- continued monitoring with ultrasound.



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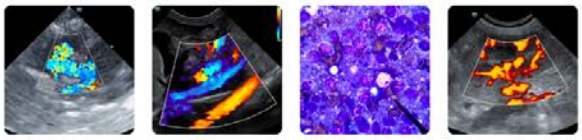

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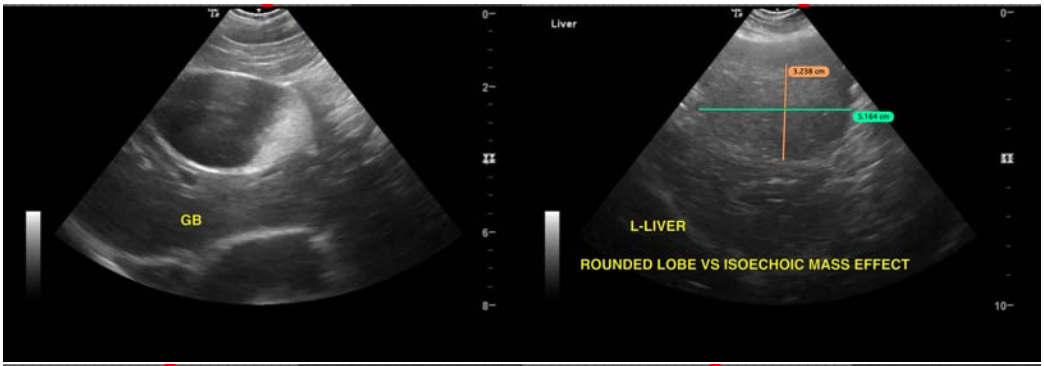

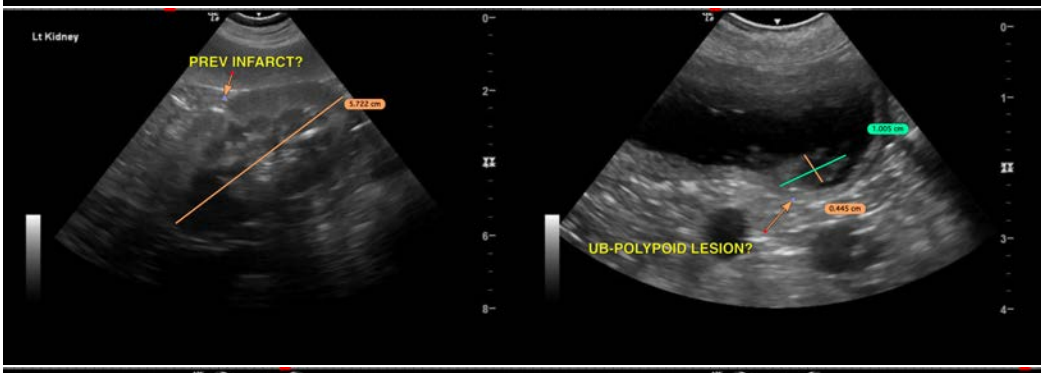

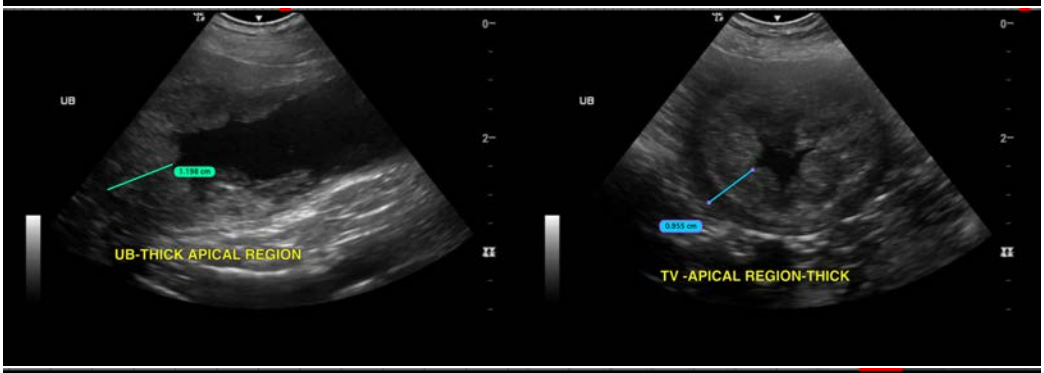

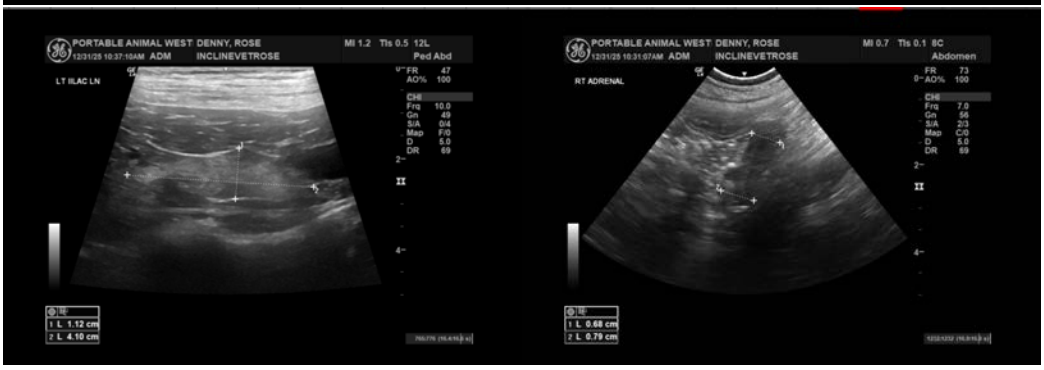

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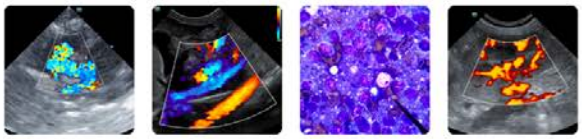

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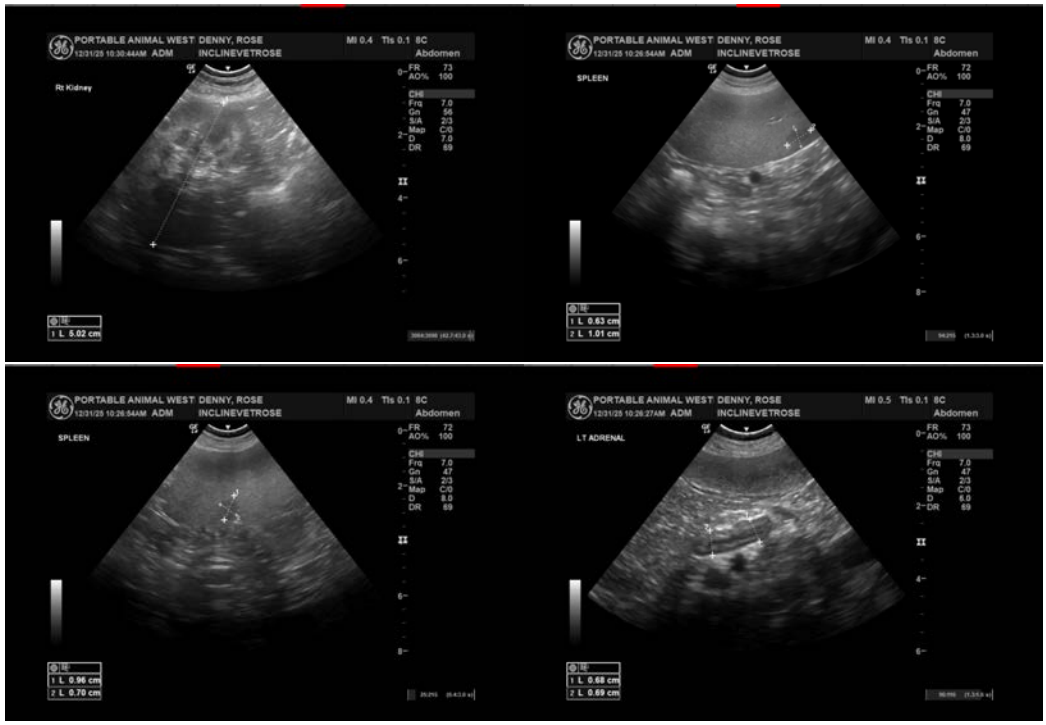

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com