SonoPath
Clinical Sonography & Telecytology
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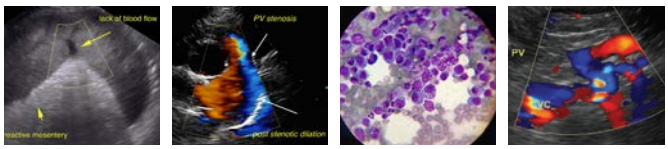


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Ginger King

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

42007

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Diagnosed with Transitional Cell Carcinoma in January 2022 Sonopath ultrasound report from April 2022 This ultrasound was requested by the oncologist to monitor progression. Patient taking Piroxicam and no other chemotherapy.

Abnormal PE/Chem/CBC/UA Results: CHEM 10 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. There are two large mass effects occupying the urinary bladder lumen. With this degree of distention, the lumen is approximately 90-95% occupied with soft tissue and a very small amount of fluid. The distal trigone and proximal urethra appear free of any mass lesions or calculi. The previously described mixed echogenic mineralized mass effect in the apical region of the urinary bladder measures at 3.2 cm x 2.1 cm (previous measurement was 2.2 cm maximal width 4/22). The more caudal dorsal mass lesion, which is irregular, polypoid, and partially mineralized measures at 1.2 cm x 2.4 cm (previous measurement was 1.9 cm x 1.0 cm 4/22).

The left kidney has a normal shape and size (4.74 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (4.65 cm). Overall echogenicity is slightly hyperechoic with poor 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 borderline enlarged, measuring 0.84 cm at the cranial pole, 0.92 cm at the caudal pole, and 2.3 cm in length. It is observed in its normal position cranial to the left renal artery. It is slightly atypical in that the cranial pole is slightly irregular, and there is soft tissue echogenicity in the region of the phrenic vein. Blood flow is present but reduced. Previous adrenal measurement was 0.69 cm at the caudal pole.

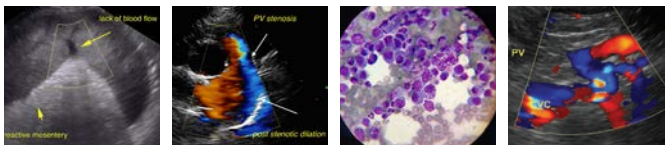
The right adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. The caudal pole is slightly folded upon itself.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Two irregular mixed echogenic, polypoid bladder masses that are partially mineralized – Findings are most consistent with progressive growth and a transitional cell carcinoma.
- Mildly enlarged, irregular left adrenal gland with partially occupied phrenic vein – Findings could be consistent with an early neoplasm and vascular invasion – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

SECONDARY FINDINGS

- Mildly folded tail of the spleen
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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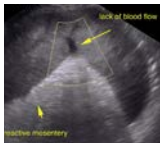
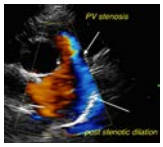
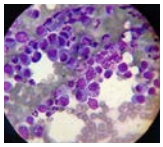
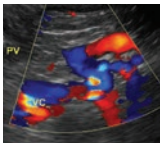

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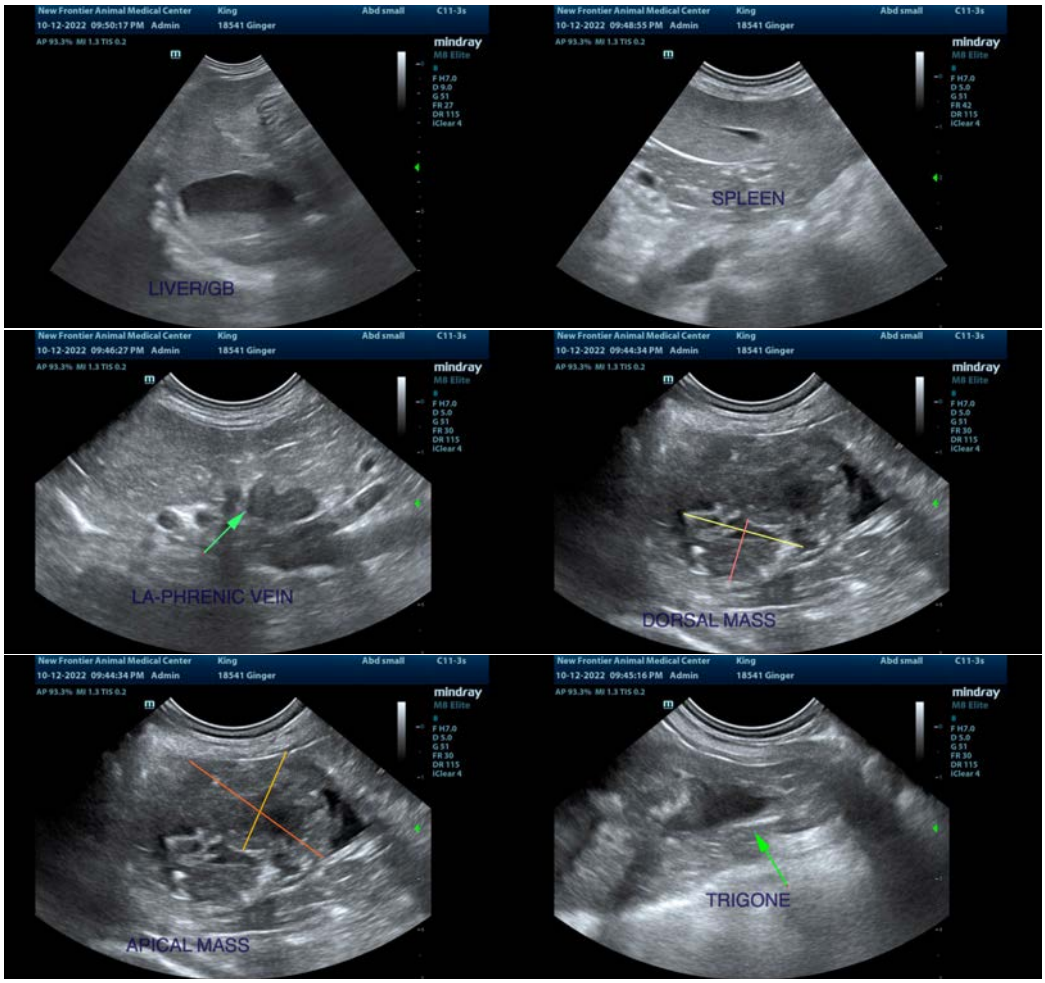
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the subjective appearance of today's bladder mass lesions, there has been progressive growth. Much of the bladder lumen is occupied, but this can be misleading based on the level of urine distention. Less subjectively, the measurements taken in today's scan appear significantly larger. There is no evidence of urinary obstruction in the kidneys, and the urethra and distal trigone appear free of any gross mass lesions.

The left adrenal gland is mildly enlarged and irregular with some soft tissue opacity in the area of the phrenic vein, and decreased blood flow. Findings are suggestive of a possible left adrenal mass, but there has not been dramatic change, although there is the trend towards a progressively larger adrenal gland.

Recommend consultation with your veterinary oncologist regarding additional treatment options, as the bladder lesions appear to have progressed somewhat. Continued monitoring is warranted.



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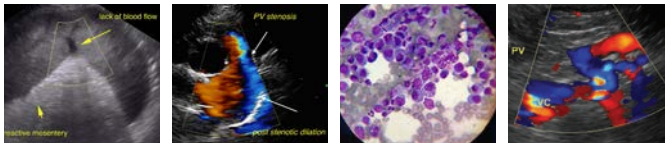

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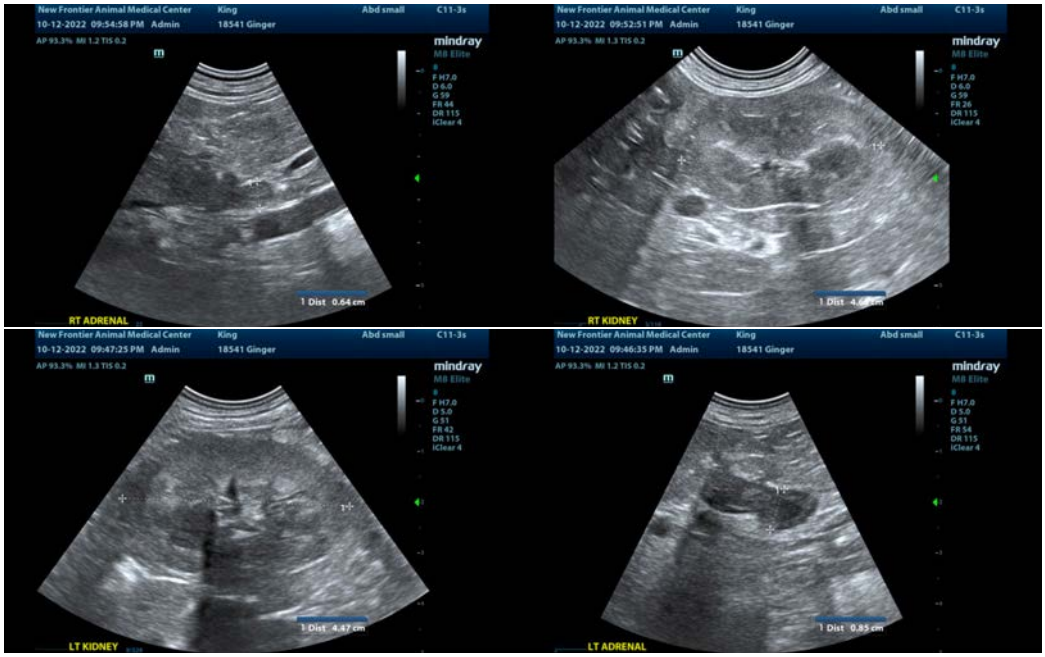

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com