

**DATE PRESENTING CLINICAL SIGNS**

10/6/22

Took radiograph, could not see stones, want to rule out stones or mass in bladder - Chronic dysuria/hematuria gram neg rods not responding to enrofloxacin.

PATIENT

Candi Nalley

Current Medications: Enrofloxacin.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

LIMITED ULTRASONOGRAPHIC EXAMINATION**BREED**

Labrador Retriever

The urinary bladder is mildly distended with urine. There is a very large intraluminal mass effect measuring approximately 4.4 cm x 2.48 cm, and minimal free urine in the bladder. This lesion appears to take up approximately 80-90% of the bladder lumen (this could be different if the bladder was distended). The area of the trigone and proximal urethra appear relatively free of the mass lesion, and no calculi are observed.

SEX

Spayed Female

The left kidney has a normal shape and size (7.23 cm) with mild pyelectasia at 0.39 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

9/13/09

The right kidney has a normal shape and size (6.86 cm) with mild pyelectasia at 0.38 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

82 Pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Large intraluminal mass effect within the urinary bladder – findings are most consistent with a transitional cell carcinoma, but other differentials exist.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Bilateral pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

IMAGING PERFORMED BY

Andi Parkinson RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

Bayside AMC

There is a large mass effect that appears to be involving a large amount of the urinary bladder, although with full urine distention, this may appear somewhat different. The outflow tract appears relatively clear. There is mild pyelectasia of both kidneys, which could be due to early obstructive disease, pyelonephritis, PU/PD, etc.

REFERRING VET

Dr. Steinberg

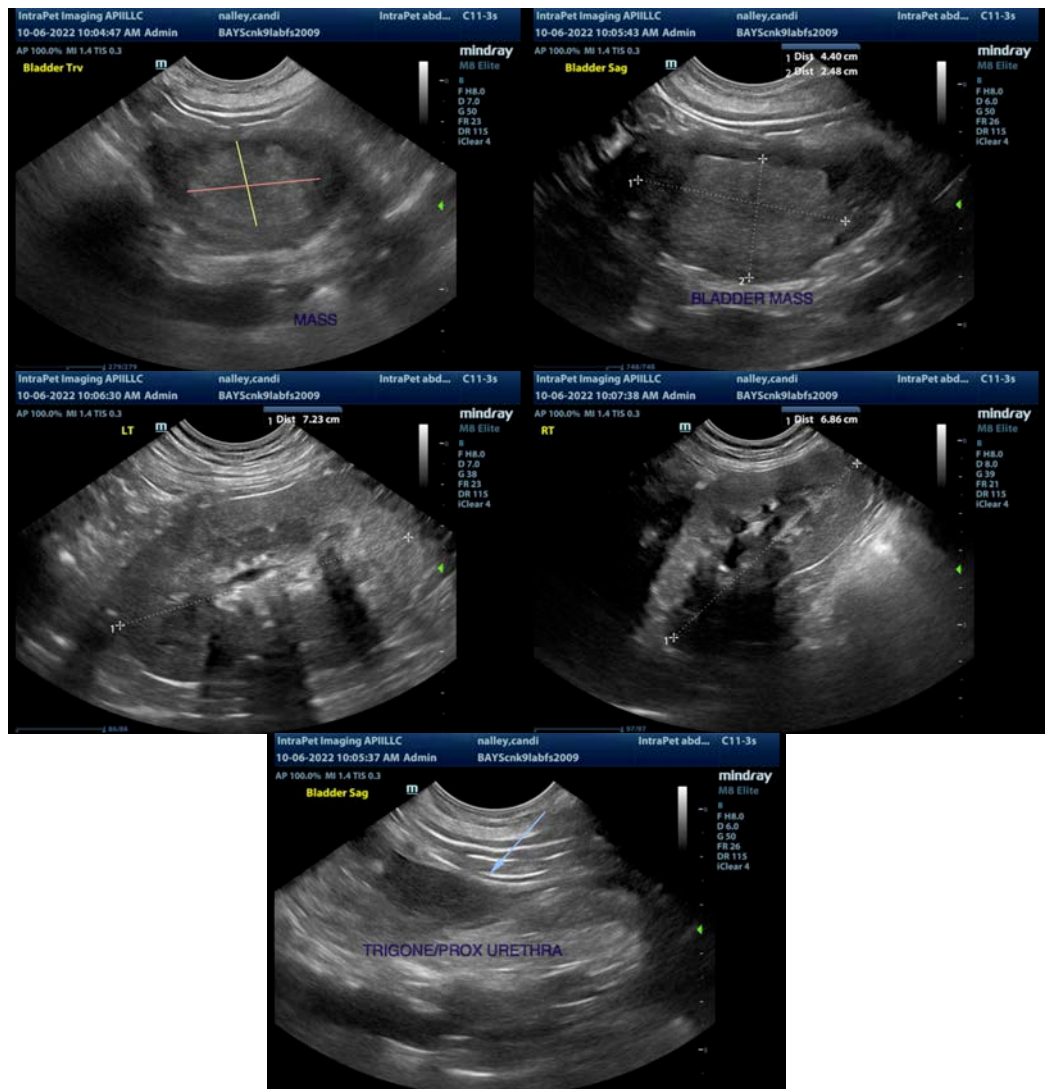
Consider a traumatic catheterization or a urine BRAF test (a positive urine BRAF test will greatly increase the likelihood that this is a transitional cell carcinoma, a negative urine BRAF test is non-diagnostic). The attachment point of this mass lesion cannot be visualized. If it was pedunculated, surgical removal may be possible, but surgery would not be curative.

INVOICE

41876

Recommend consultation with a veterinary oncologist regarding treatment options and prognosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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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