

**DATE PRESENTING CLINICAL SIGNS**

12/22/22

Walter was presented to the Internal Medicine service for evaluation of a bladder mass that is suspected to be benign. Walter has had recent and recurrent UTI's and they are suspected to be related. Walter has had at least two documented urinary tract infections within the last 8-9 months. Each time it starts gradually and eventually he will get sicker. The first time it was just urinary accidents, more recently he had that plus vomiting/diarrhea. It was difficult to get his appetite back until they added canned food in. The mass was first noted either last year or earlier this year by the primary vet in MA. When it was first noted they elected monitoring. More recently it was noted at the ER and that prompted the BRAF test. Between the infections, the owners have noted that between dinnertime and bedtime he wants to go out more often. He used to walk 4 times daily and now after eating at night he wants to go out again and needs to urinate. This is starting to happen after breakfast as well. Within the past year he seems to be drinking more water, but this change has not been concurrent with the changes in urinary habits. His appetite is now better now that he is eating canned food. He did have diarrhea earlier this week (Mon/Tues) and this resolved with a bland diet with rice and canned food. He has not defecated since but has not been straining. He has otherwise been acting normally. He does have allergies and responds well to Apoquel. Walter additionally has a history of suspected early CKD, possible cognitive dysfunction, and eye issues including bilateral endothelial degeneration, KCS, and cataracts. He did have a neurologic event last year that may have been a small stroke. He recovered spontaneously. He has otherwise been healthy. He has traveled from WI to MA and now to here over the past few years. He spent a few months in Orlando this spring.

**PATIENT**

Walter Ivanov

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

10/16/10

**WEIGHT**

13.3 kg

**INTERPRETED BY**

Neutered Male

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Nexus Vet Specialists

**REFERRING VET**

Dr. Steele

**INVOICE**

43691

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The urinary bladder is mildly distended with mildly echogenic urine. The apical portion of the urinary bladder wall appears thickened and irregular, measuring 0.93 cm. Additionally, there are focal irregularities consisting of at least two somewhat pedunculated mass lesions. One is visualized in the ventral aspect of the urinary bladder, measuring approximately 0.79 cm x 0.43 cm, and a smaller lesion on the dorsal caudal aspect of the urinary bladder measuring 0.61 cm x 0.28 cm. The area of the trigone, ureteral papilla and proximal urethra appear relatively normal. No calculi are observed.

The prostate is normal in size (1.1 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is visualized measuring 3.7 cm. It appears to have decreased corticomedullary distinction, but visualization is somewhat challenging. There is the suspicion of an irregular cystic lesion in the caudal aspect of the kidney measuring approximately 0.72 cm x 1.15 cm.

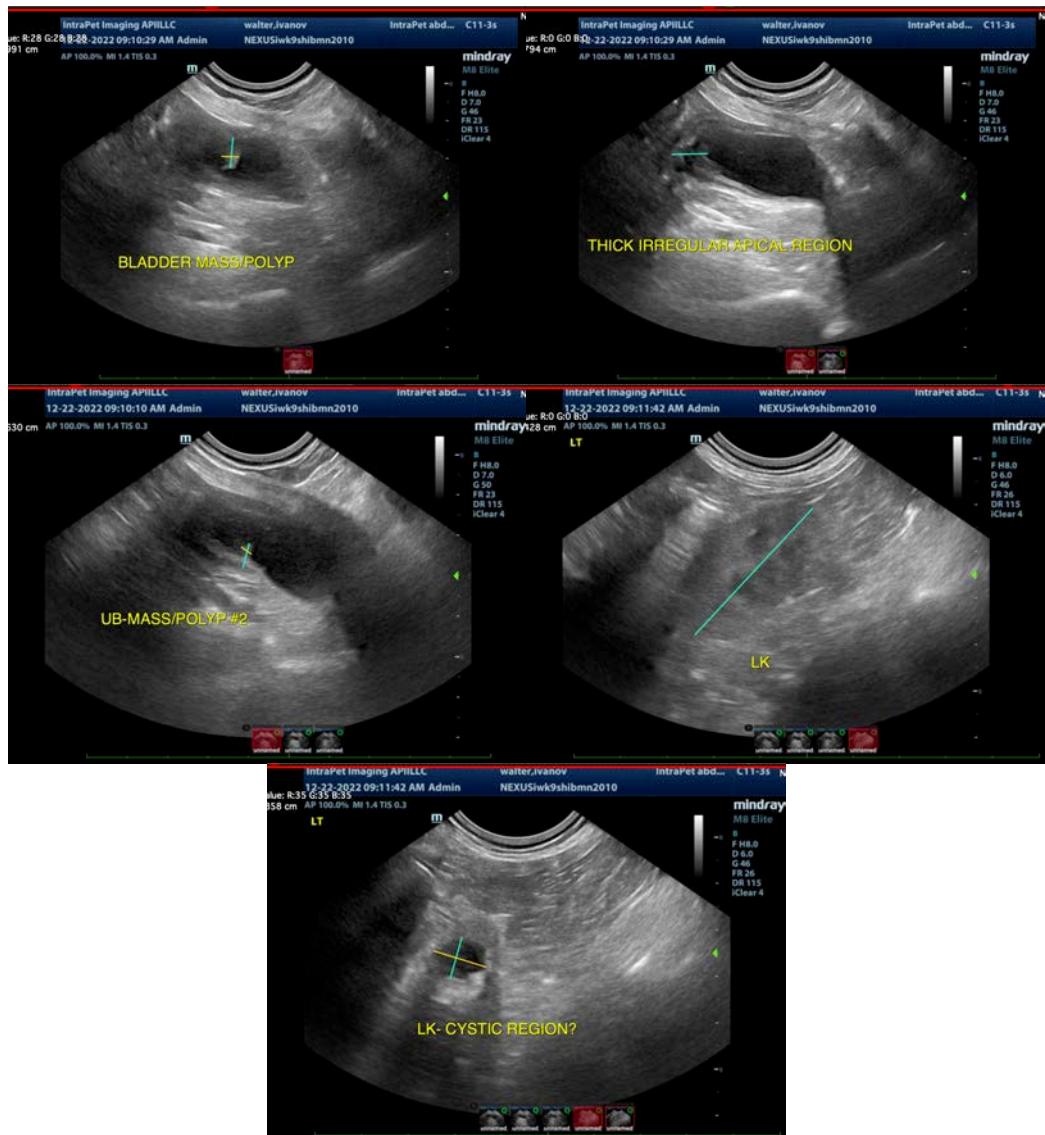
## ULTRASONOGRAPHIC FINDINGS

- Diffuse thickening and irregularity of the urinary bladder with two suspected polyp-like mass lesion – Recommend urinalysis and culture.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings include a diffusely irregular urinary bladder wall with two polypoid-like lesions. Full evaluation is limited by lack of full urinary bladder distention. Additionally, there is the possibility of a caudal renal cyst, but further evaluation would require heavy sedation.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.



**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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