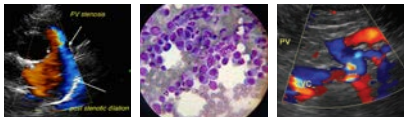
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/28/23

PATIENT

Dove Corum

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8/20/13

WEIGHT

9.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Greenbrier Vet Clinic

REFERRING VET

Dr. Streett

INVOICE

45566

PRESENTING CLINICAL SIGNS

Over past year some increase in urinary accidents around the house. No sign of blood or other changes. More recently has been licking a lot around vulvar area and accidents have increased. No other noted changes. Has hx of IVDD issues causing paresis several years ago but has done well since.

Current Medications: no meds currently; gets acupuncture routinely
Lab Results: Urinalysis pending. last CBC/Chem/4dx in 10/2022--all WNL
Radiographs: NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall largely appears normal with minimal thickening or mucosal irregularities, and no calculi visualized. There is a focal polypoid-like mass effect visualized in the trigone region of the urinary bladder, measuring 1.12 cm x 1.18 cm. Visualization of the proximal urethra is limited due to intrapelvic shadowing.

The left kidney has a normal shape and size (4.01 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.

The right kidney has a normal shape and size (4.68 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 0.63 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 0.97 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. No focal parenchymal abnormalities are visualized.

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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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.

ULTRASONOGRAPHIC FINDINGS

- Polypoid mass lesion visualized at the trigone – This could represent a transitional cell carcinoma or an inflammatory polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal polypoid-like mass effect visualized at the level of the trigone. This could be consistent with a neoplastic lesion (TCC) or could be consistent with a polypoid/inflammatory type polyp. Unfortunately, a definitive diagnosis cannot be determined by ultrasound alone.

- Consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.

-If a cytologic sample is not available consider urine evaluation for BRAF mutation seen in patients with transitional cell carcinomas. A positive test is consistent with a TCC, a negative test is inconclusive and will need further diagnostics.

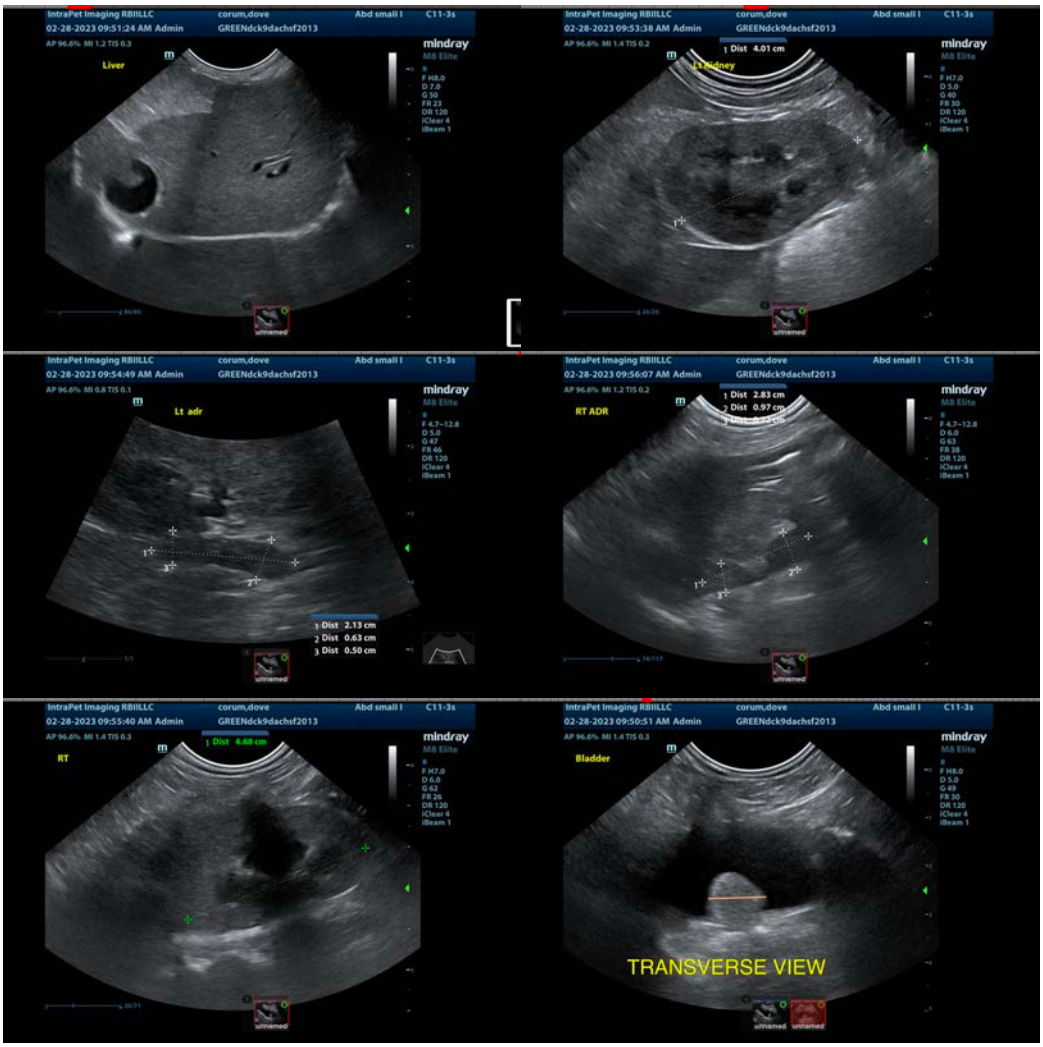
-Patients with bladder pathology should always have urinalysis and culture performed. Ideally cystocentesis should be avoided in patients with suspected bladder masses to try and prevent tracking of tumor cells along the needle path.

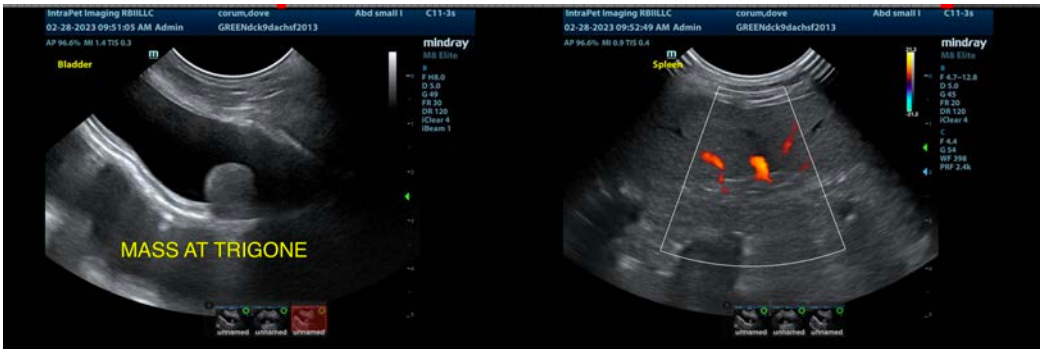
-If TCC is confirmed consider referral to/consultation with a board certified. Veterinary oncologist for recommendations regarding treatment options and prognosis.

Full evaluation of the proximal urethra was difficult in this patient, as the pelvis was shadowing, and the urinary bladder was not significantly distended. Recommend a digital rectal exam to palpate the urethra for any thickening and/or reevaluation of the urinary bladder with a distended full bladder.

A true cytologic or histopathologic diagnosis is strongly recommended in this individual, as the mass appears somewhat polypoid in character. If a urinary tract infection is present, then consider treatment of this lesion and repeat ultrasound during treatment in approximately 2-3 weeks to see if the lesion has resolved. If no infection is present, then consider a traumatic catheterization or cystoscopy.

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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