SonoPath
Clinical Sonography & Telecytology
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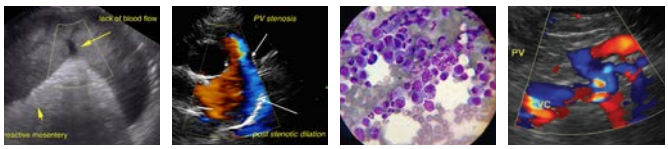

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Yogi Flynn

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
10.25 Years

WEIGHT
90 Pounds

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

IMAGING PERFORMED BY
Emily Kirk

HOSPITAL NAME
Shiloh Animal Hospital

REFERRING VET
Dr. Audra Alley

INVOICE
46565

DATE
4/11/23

PRESENTING CLINICAL SIGNS

Dental cleaning with extractions performed on 4/6/23. Patient was very stressed that day. Developed diarrhea after discharge. Owner then observed hematuria. No pollakiuria or stranguria observed. UA showed several rbcs but no other indicators of infection.

Abnormal PE/Chem/CBC/UA Results: Hematuria (see attached) otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall largely appears normal with a smooth mucosal surface and normal wall thickness. In the region of the trigone, there is a hyperechoic, homogeneous, somewhat rounded mass lesion that appears to have some subtle blood flow evidence on power doppler. This lesion measures 1.39 cm x 2.12 cm. Additionally, there is a small hyperechoic mineralization in the dependent portion of the urinary bladder measuring 0.29 cm.

The prostate is normal in size (0.95 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 has a normal shape and size (7.4 cm) with occasional pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.84 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.72 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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.

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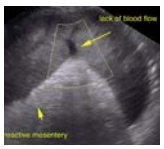
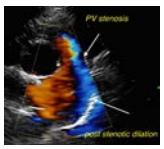
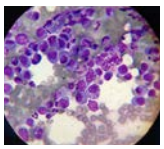
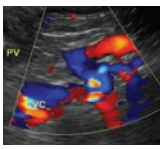

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Gastrointestinal

The stomach is mildly distended with gas (most consistent with aerophagia). 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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.37 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 a prominent mesenteric lymph node visualized at 0.79 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mass effect in the trigone region of the urinary bladder – This lesion could represent a blood clot or a mass effect. There is subtle uptake on power doppler, so I suspect this is tissue, but sampling is necessary to confirm.
- Small dependent mineralization visualized in the urinary bladder – Findings are consistent with small stones/mineralizations.
- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a slightly irregular mass effect visualized in the urinary bladder. There is the appearance of a possible attachment on the dorsal wall, but this is not definitive, and there is a small area of flow on power doppler, making this most consistent with tissue, but a clot cannot be excluded as a possibility. Options moving forward at this point could include traumatic catheterization with cytology. Additionally, you could consider reevaluation of this lesion with power doppler in 10-14 days to see if it has changed at all (as you would suspect if this was a clot). Additionally, you could consider a urine BRAF test. If this test was positive, this would increase the likelihood that this lesion was a tumor, but you can see false positive test results with active urine sediments. A negative test is considered non-diagnostic.

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

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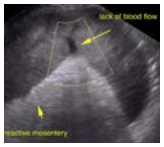
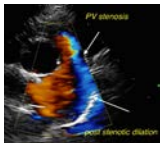
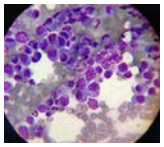
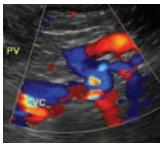

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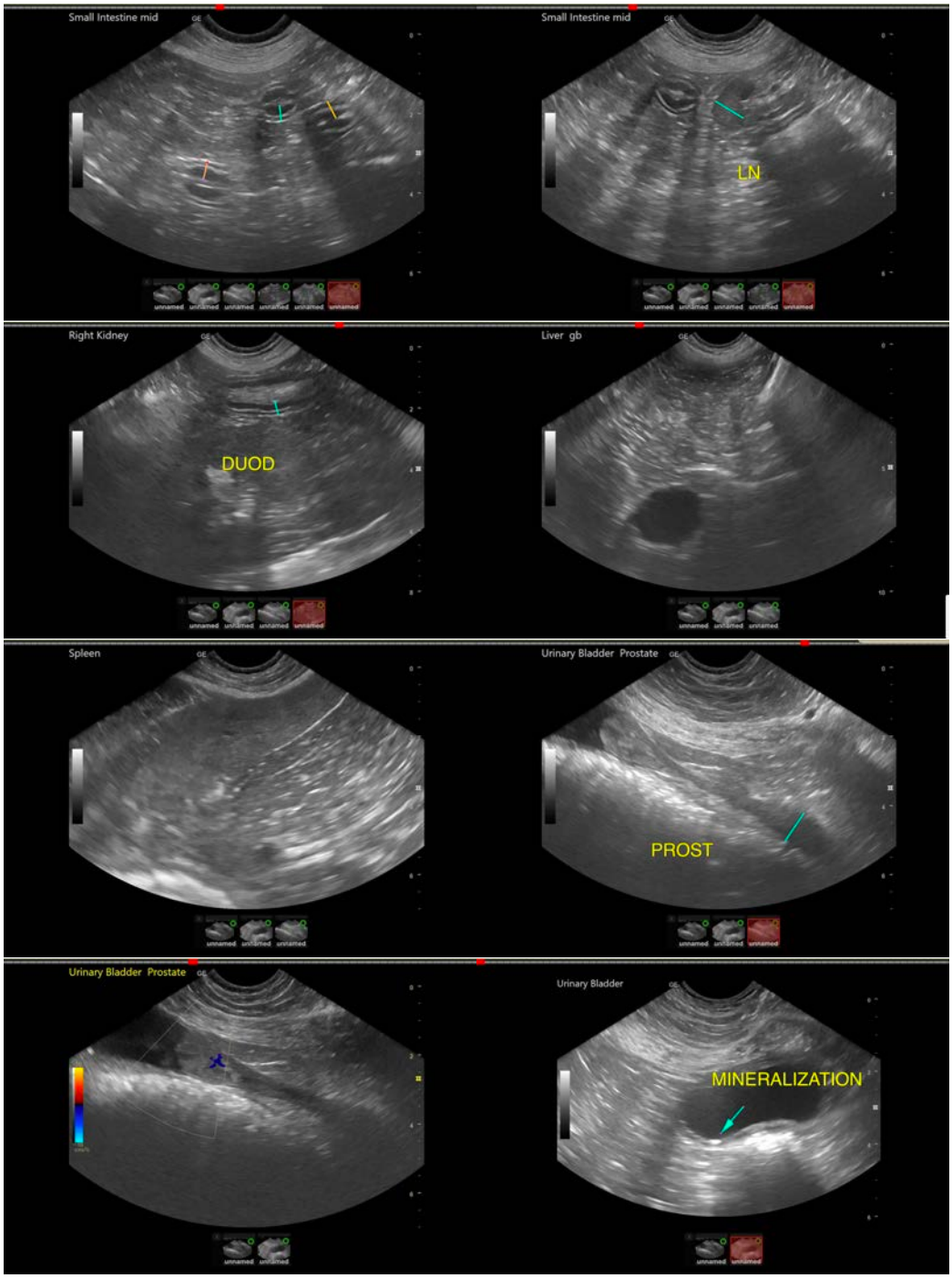

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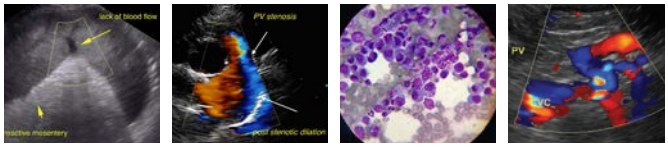

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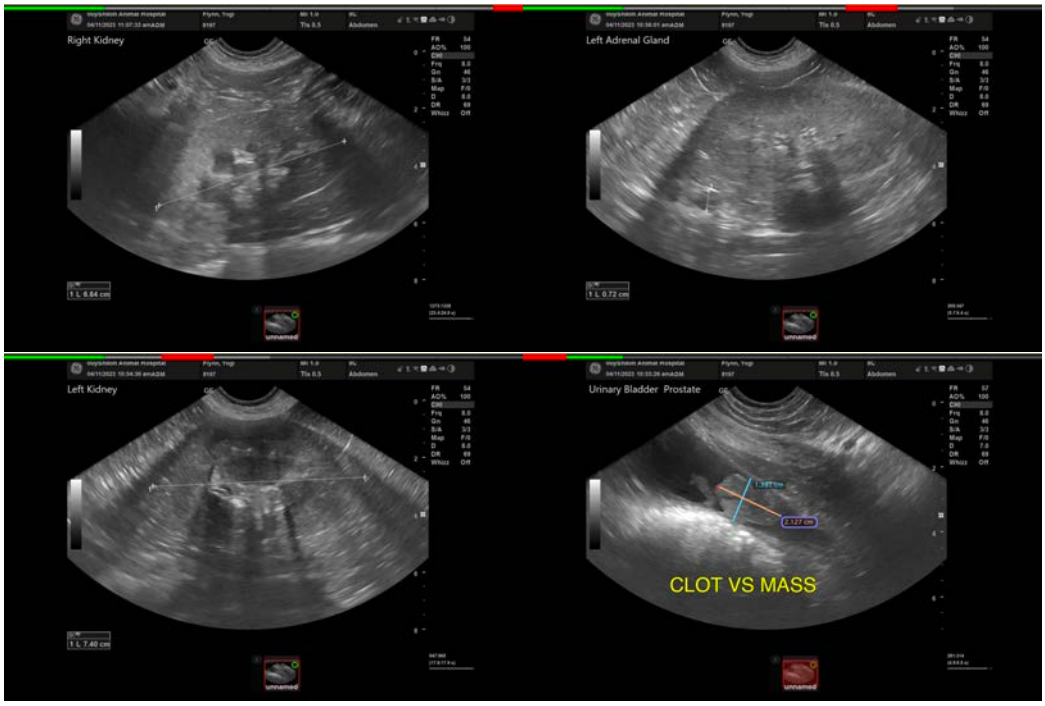

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com