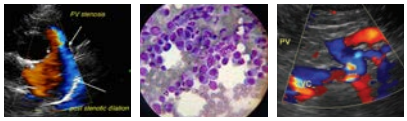
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6/1/22

PATIENT

Melon Rose

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

11/24/14

WEIGHT

31.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

38169

PRESENTING CLINICAL SIGNS

Recent finding of small, cystoliths within the urinary bladder and concurrent infection. P has been eating Hill's Science Diet C/D for 1 month for dissolution.

Current Medications: None current.
Date of Previous IntraPet Ultrasound: 4/29/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall, the trigone, ureteral papillae, and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of thickening, mucosal irregularities, masses, or cystic calculi. The previously observed hyperechoic foci and debris are not visible on today's scan, and the wall in general appears less thickened and irregular. There is a focal area in the ventral apical portion of the bladder wall that appears thickened and irregular with two polypoid projections, one measuring 0.23 cm x 0.37 cm, and one measuring 0.52 cm x 0.26 cm. The bladder wall in this area appears thickened as well, measuring 0.69 cm at the base of the abnormal tissue.

The left kidney has a normal shape and size (5.91 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.98 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

- Resolution of the debris and pinpoint mineralizations/stones within the urinary bladder.
- Focal irregularity/mass lesion in the ventral apical portion of the urinary bladder – The polypoid projections and the history of a possible infection make me hopeful that this could be a benign lesion, although underlying neoplasia is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

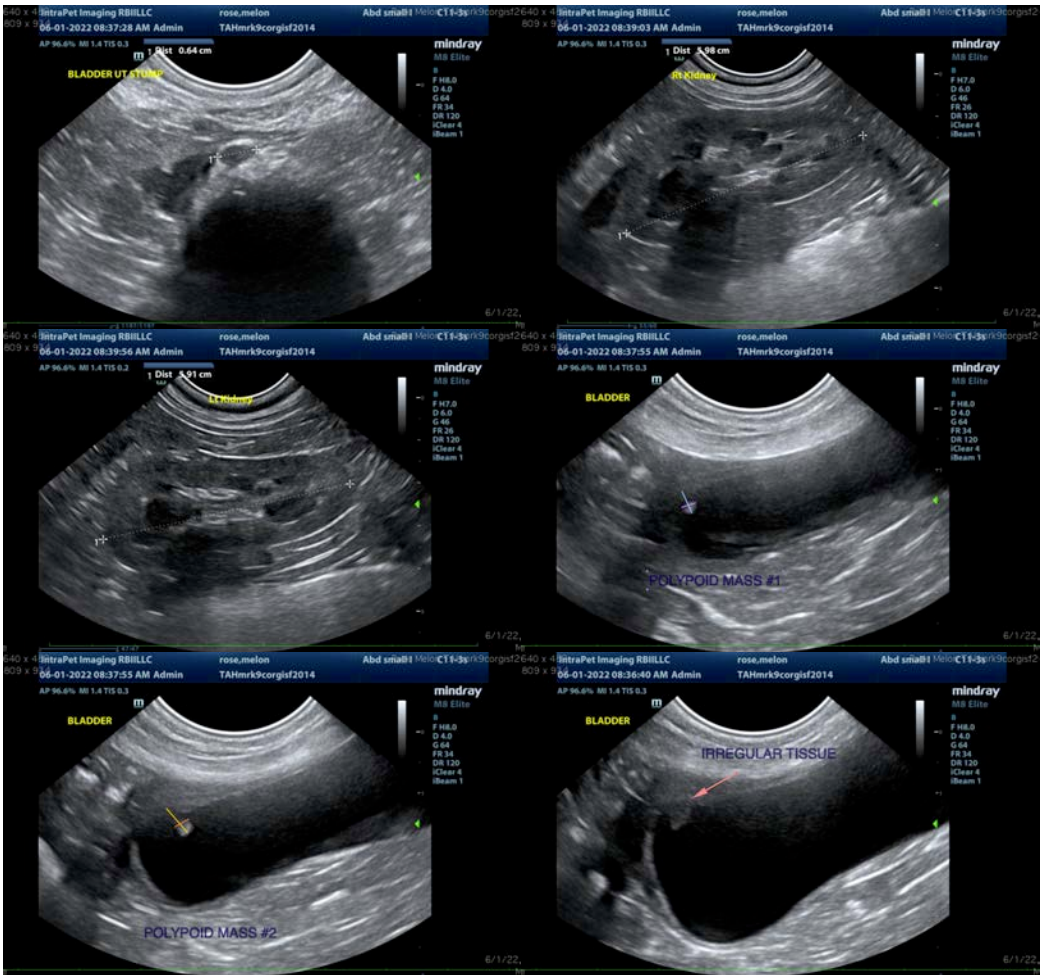
There is an ill-defined focal thickening visualized in the ventral apical portion of the urinary bladder. This is more evident on today's scan, as the remainder of the urinary bladder wall is more regular and less thickened than on the previous scan. There are somewhat polypoid projections, which could have the appearance of a benign inflammatory polyp, but the bladder wall itself in that area is also thickened at the base, which could be more concerning for a possible neoplastic process. Options moving forward include:

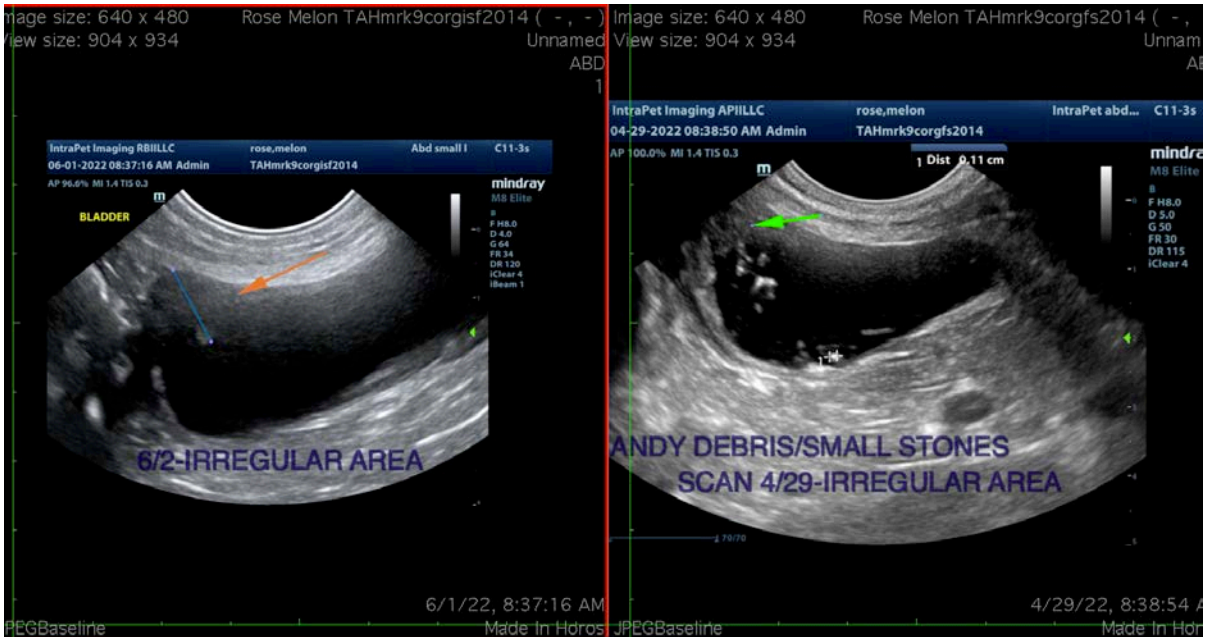
- Consider repeat culture and urinalysis with possible prolongation of an antibiotic course in case there is bacteria embedded in the wall of the urinary bladder, and reevaluate the urinary bladder in 4-8 weeks +/- NSAID therapy.
- A more aggressive option would be to consider cystoscopy to evaluate this area and obtain biopsies and cultures. This would be ideal, but it obviously more involved-and this could be done in the future

if the lesion is progressing/not improving.

- Another alternative would be a cystotomy to evaluate this area and obtain biopsies. My preference would be a non-invasive course if possible.
- Additionally, a traumatic catheterization aimed at this region could be considered.
- A BRAF test could be considered. If this test is positive, the likelihood that this is a neoplastic lesion would increase, but I hesitate to make a definitive diagnosis without a good sample for histopathology or cytology.

Lastly you could also consider an anti-inflammatory dose of deramaxx or other similar medication (provided normal liver and kidney function etc…) as this can sometimes help with inflammatory polyps.





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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