



**PATIENT PRESENTING CLINICAL SIGNS**

Monty DePeralta Persistent hematuria, rads revealed diffuse calculi. Current meds: Clavamox 375mg bid.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BW pending. U/A-USG 1.010; Dk yellow, moderately turbid; BLD +3; RBC >500; PH 8.5

Canine

**BREED**

Puggle

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

52 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Willowbrook AC

**REFERRING VET**

Dr. Palesscandolo

**INVOICE**

43153

**DATE**

6/14/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely irregular and thickened in the trigonal region, creating a mineralized mass effect that measures roughly 1.55 cm x 3.63 cm. This abnormal tissue extends into the pre-prostatic urethra, which is thickened and irregular measuring 2.0 cm in diameter. The wall thickness is 0.90 cm with mineralization along the lumen, extending into a prostatic mass lesion. There is evidence of invasion into the distal aspect of the right ureter and subsequent hydroureter. The ureter in this region measures 0.63 cm. There is dependent mineralized debris present in the urinary bladder.

The prostate is large, hypoechoic and irregular with numerous hypoechoic nodules. It measures 2.54 cm x 4.11 cm with abnormal tissue entering into the prostatic urethra and extending into the pre-prostatic urethra.

The left kidney has a normal shape and size (7.06 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.25 cm) with severe pyelectasia at 1.26 cm, and hydroureter extending to the level of the urinary bladder. 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 or infarcts. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.53 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 0.48 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains moderate ingesta. 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.

**BREED**

Puggle

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 0.48 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**Pancreas**

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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**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.

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**PRIMARY FINDINGS**

- Large, irregular, mineralized bladder mass located in the trigone region of the urinary bladder. This mass lesion extends into the right ureter and into the urethra, connecting with the prostate – Findings are concerning for a possible transitional cell carcinoma.
- Irregular, hypoechoic, large, nodular prostate with invasion evident into the pre-prostatic and prostatic urethra – Findings are concerning for prostatic neoplasia (TCC, carcinoma, etc.).
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Severe pyelectasia and hydroureter of the right kidney. The mass effect is obstructing the distal aspect of the right ureter.

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**SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.



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- Prominent right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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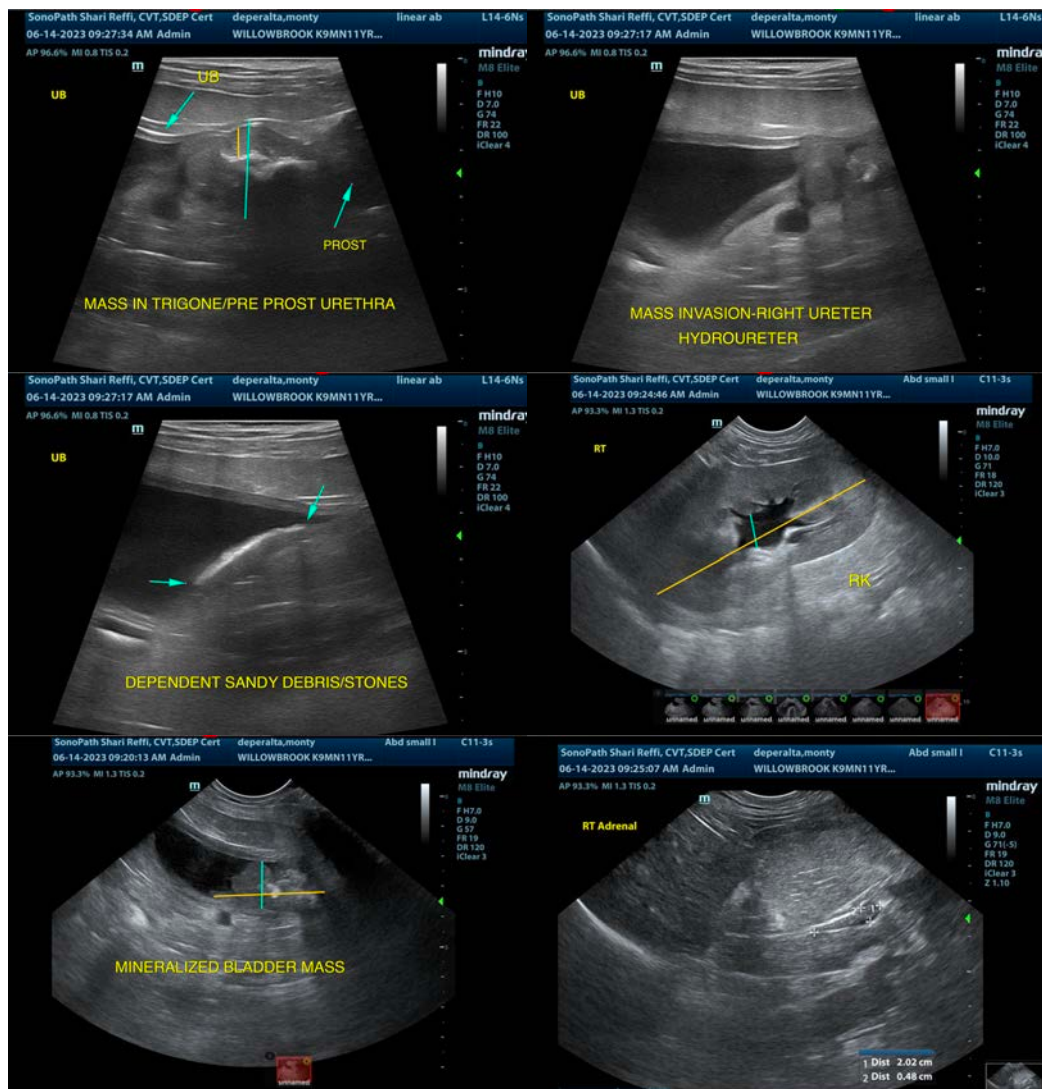
6/14/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is an extensive mass effect visualized in the trigone region of the urinary bladder, extending into the urethra, connecting with the prostate. This mass lesion is invading the right ureter and could either be a prostatic mass lesion invading into the urinary bladder toward the urinary bladder, or it could be a bladder mass lesion extending towards the prostate. Consider traumatic catheterization for cytologic evaluation as well as urinalysis and culture.

If a diagnosis can be obtained, consider consultation with a veterinary oncologist. Treatment options may be limited due to the advanced nature and obstructive nature of this lesion. The option for stenting procedures, palliative therapy, etc. exist.

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





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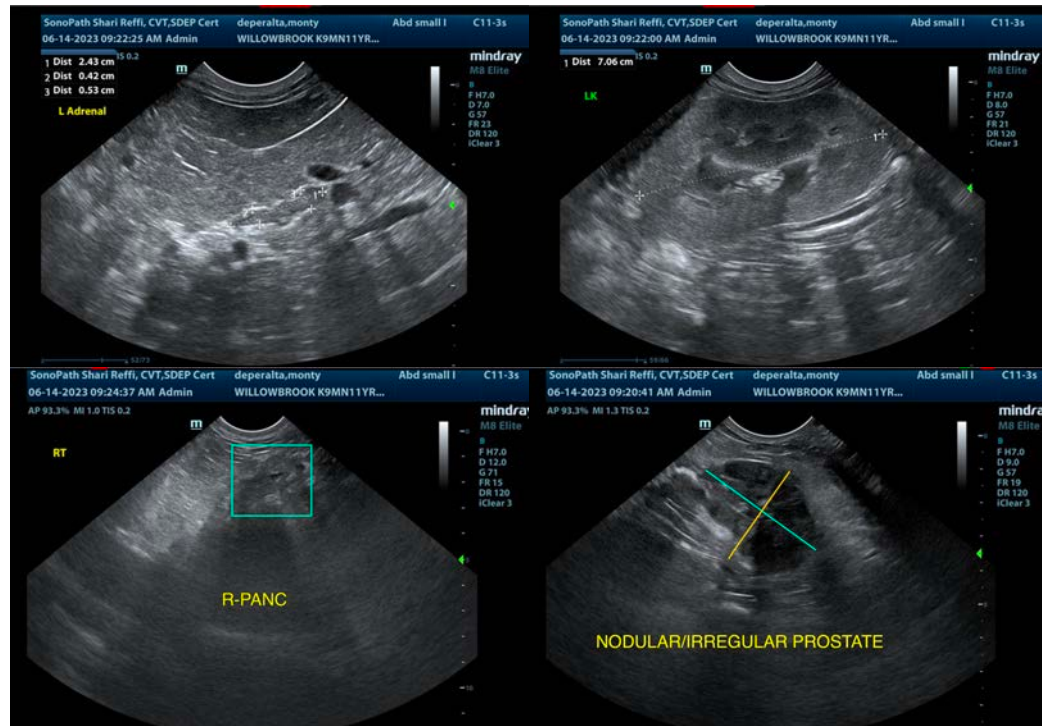
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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