

**DATE PRESENTING CLINICAL SIGNS**

6/29/23

Pet came in for nail trim on 6/26/23 and as she was leaving the building, she urinated large amount of blood and blood clots. At home, P goes out into fenced yard so O is unsure how long it has been going on. No obvious changes in P's behavior otherwise, drinking same amount of water and going outside with same frequency. Upon screening bladder for cystocentesis, concern for bladder wall mass. Lateral radiograph showed no stones in bladder. In house urinalysis showed marked hematuria and 2+ WBC but no crystals/bacteria/etc.

PATIENT

Ellie Shaw

SPECIES

Canine

BREED

Labrador x

Current Medications: Interceptor/Frontline/Cosequin.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is mildly distended with echogenic urine. The Bladder wall is irregular and thickened, measuring up to 1.28 cm in thickness with most of the severe thickening in the apical ventral region. There is a focal polypoid appearing hyperechoic mass effect visualized measuring 0.79 cm x 1.3 cm in the caudal third of the urinary bladder, possibly consistent with a polyp, but a neoplastic lesion cannot be ruled out. The area of the trigone, ureteral papillae and proximal urethra appear free of any significant thickening, calculi, or mass lesions.

AGE

5/17/11

WEIGHT

50 Pounds

The left kidney has a normal shape and size (5.62 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.1 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.

HOSPITAL NAME

Fullerton AH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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.

REFERRING VET

Dr. Durastanti

The right adrenal gland is normal in size measuring 0.71 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.

INVOICE

43597

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 moderate shadowing 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 0.40 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. Occasional fluid distention of the bowel is most consistent with a non-fasted patient.

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 sublumbar lymph node visualized measuring 0.98 cm x 1.34 cm. The omentum is of normal echogenicity.

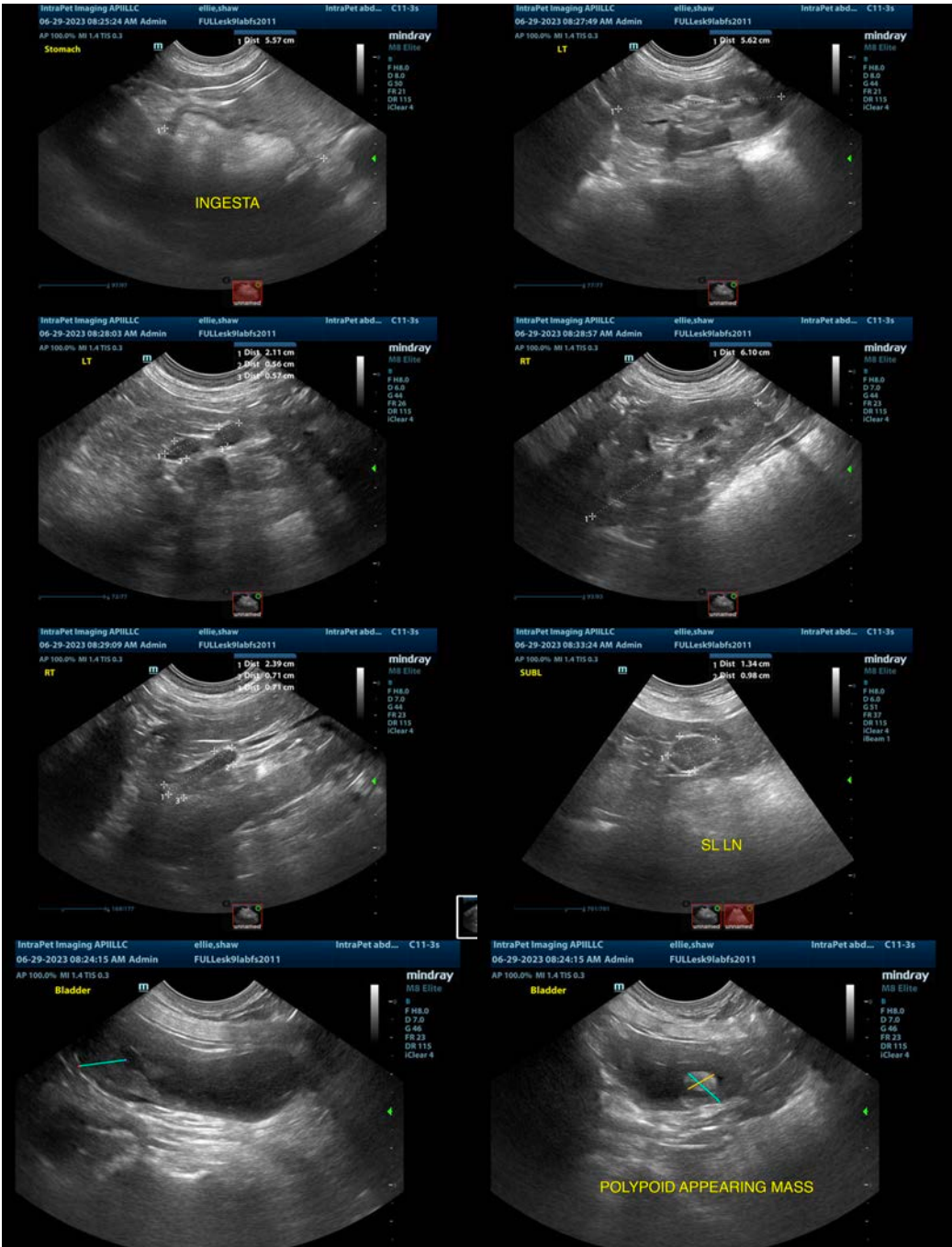
ULTRASONOGRAPHIC FINDINGS

- Irregular thickened urinary bladder with echogenic urine and a hyperechoic polypoid appearing mass lesion – These lesions could be consistent with severe cystitis and secondary polyp formation, although an underlying neoplastic process cannot be ruled out.
- Prominent/large sublumbar lymph node – This could be consistent with a reactive lymph node or an early neoplastic process.
- Fluid/ingesta dilation of the stomach and areas of small intestine – Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is mildly distended with suspended echogenic debris and a thickened irregular urinary bladder wall with a focal hyperechoic polypoid mass effect. I'm hoping these changes are consistent with severe bacterial cystitis and a secondary polyp formation. Recommend urinalysis and culture. If culture is positive, recommend treatment with appropriate antibiotics and reevaluation of the urinary bladder approximately two weeks into treatment (while still on antibiotics). If this is truly bacterial cystitis, antibiotics should be continued until ultrasonographic abnormalities resolve. Consider a repeat culture two weeks into treatment to ensure that sensitivity pattern of the bacteria has not changed. If the urine culture is negative and there are no bacteria seen on urinalysis, then consider the possibility of an underlying neoplastic process, and a traumatic catheterization or cystoscopic biopsies should be considered.

The sublumbar lymph node is large, which is somewhat concerning. This could be a reactive lymph node. Recommend reevaluation of the lymph node at the time of reevaluation of the urinary bladder.





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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