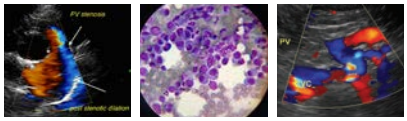
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

8/11/22

PATIENT

Chico Diaz

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

3/10/10

WEIGHT

62 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Sole

INVOICE

40360

PRESENTING CLINICAL SIGNS

Ongoing urinary incontinence w/ concern for prostatitis.

Current Medications: Carprofen, Marbofloxacin
Lab Results: Urinalysis in [od] free catch -- hematuria, mild proteinuria, non squamous epithelial cells. Vet Screen/cbc Stat/SDMA [od] -- nsf
Radiographs: Lateral abdomen NSF.
Date of Previous IntraPet Ultrasound: No previous.
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 apical and ventral bladder wall is severely thickened and irregular. This lesion measures approximately 2.1 cm x 4.9 cm. The area of the ureteral papillae and general trigone region appear free of any mass lesions or calculi, but in the proximal urethra, the wall appears irregular and thickened, measuring at 0.79 cm. Findings are concerning for a bladder mass effect +/- urethral involvement.

The prostate is normal/borderline large in size at 1.3 cm, and slightly irregular in shape. The parenchyma is slightly heterogeneous, and the external margins appear smooth. The prostatic urethra appears somewhat thickened and irregular proximally, possibly consistent with a mass effect.

The left kidney has a normal shape and size (5.93 cm). 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.

The right kidney has a normal shape and size (5.49 cm). 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.

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 0.71 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.

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 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.

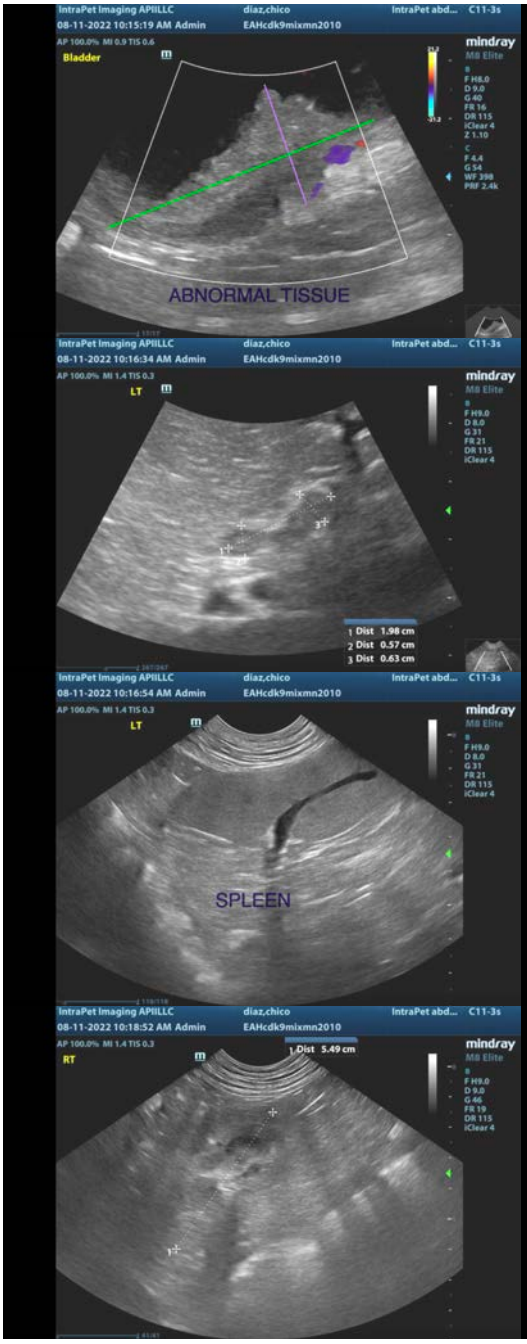
ULTRASONOGRAPHIC FINDINGS

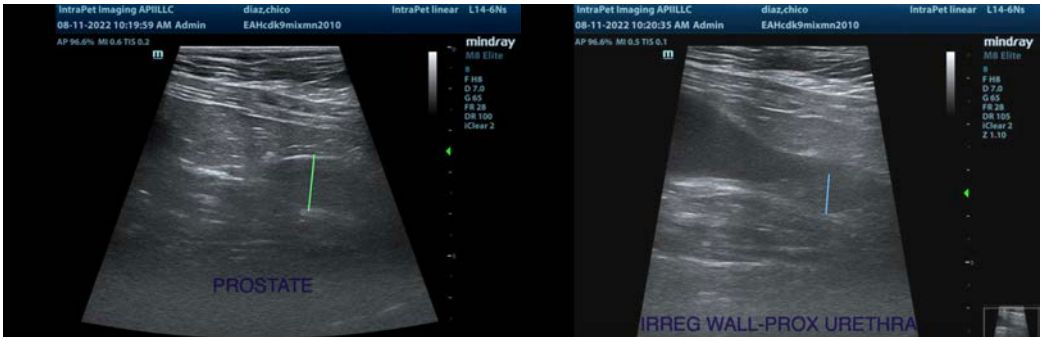
- Focal irregularity/mass effect on the urinary bladder wall. Additionally, there is a thickened irregular area in the proximal urethra. These findings are most concerning for a TCC, although other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a urinalysis, culture and traumatic catheterization with fluid analysis and cytology to try and identify abnormal cells and definitively diagnose a possible transitional cell carcinoma. Additionally, there may be urethral involvement. This is unlikely to change the diagnostic and therapeutic plan, but may affect the prognosis somewhat.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.


IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:15:19 AM Admin
EAHcdk9mixmn2010
Bladder
mindray
ABNORMAL TISSUE
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:16:13 AM Admin
EAHcdk9mixmn2010
Bladder TRV
mindray
MASS EFFECT
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:16:34 AM Admin
EAHcdk9mixmn2010
LT
mindray
1 Dist 1.98 cm
2 Dist 0.57 cm
3 Dist 0.63 cm
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:16:46 AM Admin
EAHcdk9mixmn2010
LT
mindray
1 Dist 5.93 cm
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:16:54 AM Admin
EAHcdk9mixmn2010
LT
mindray
SPLEEN
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:18:41 AM Admin
EAHcdk9mixmn2010
RT
mindray
1 Dist 2.17 cm
2 Dist 0.71 cm
3 Dist 0.60 cm
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:18:52 AM Admin
EAHcdk9mixmn2010
RT
mindray
1 Dist 5.49 cm
IntraPet Imaging APIILLC
diaz,chico
IntraPet abd... C11-3s
08-11-2022 10:15:35 AM Admin
EAHcdk9mixmn2010
Bladder
mindray
THICK URETHRAL WALL



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