**DATE PRESENTING CLINICAL SIGNS**

9/7/21

Hematuria and straining to defecate and urinate since May. Previously diagnosed with liver mass and suspected PBH in Jan of 2020. Pet started having difficulty with bowel movements and bloody urine in May. UA showed infection, was treated with Baytril but follow up UA still showed bacteria, treated with Clavamox but still symptomatic. Culture was done and it came back negative. Pet came in for exam in June and on in house ultrasound bladder wall very thick and irregular. Prostate is enlarged but symmetrical and non tender.

PATIENT

Dunkin Demers

SPECIES

Canine

BREED

Scottish Terrier

Current Medications: 5/4- Baytril 68 mg SID for 14 days. 5/21- Clavamox 250 mg - BID for 14 days. Denamarin long term.

Lab Results: UA 5/5/21 - significant blood, rod and cocci bacteria.

UA 5/21/21- still significant blood, WBC and rod bacteria.

UA/culture 6/12/21 - negative culture blood still present no bacteria seen.

Date of Previous IntraPet Ultrasound: 01/21/2020 & 05/05/2017

Sedation: not needed (for urinary only)

Stat Report: not requested

SEX

Intact Male

LIMITED ULTRASONOGRAPHIC EXAMINATION**Urinary System**

There is a large, solid, ovoid mass observed within the lumen of the urinary bladder, measuring 5.0 cm x 4.4 cm. This mass takes up approximately 90% of the bladder lumen and appears to have an attachment along the ventral surface of the bladder. There appears to be some bloodflow throughout the mass effect, making a clot less likely, but a partial clot cannot be excluded. The visible urethra to a depth of 2.0 cm appears normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

AGE

2008

WEIGHT

31 Pounds

The prostate is large in size, measuring 4.3 cm x 4.19 cm. It has a fairly regular shape with smooth external margins. The parenchyma is heterogeneous and speckled with small cystic foci. The prostatic urethra appears somewhat narrowed, but there is no evidence of invasion, mass effect, or calculi.

INTERPRETED BY

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

The left kidney has a normal shape and size (5.24 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia is present at 0.34 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Greenbrier Vet Clinic

The right kidney has a normal shape and size (5.23 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. An occasional rare cortical cyst is noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

REFERRING VET

Dr. Boccanfuso

Other

The left testicle measures 1.26 cm x 2.83 cm. There is a 2.23 cm x 1.13 cm hypoechoic nodule visualized within the parenchyma. The right testicle is smaller, measuring 0.99 cm x 2.7 cm. It appears somewhat irregular with some mineralizations and an indistinct hypoechoic area measuring 0.59 cm x 1.49 cm.

INVOICE

25201

ULTRASONOGRAPHIC FINDINGS

- Large mass lesion in the urinary bladder – suspect this is a primary bladder tumor, cannot rule out a benign tumor or an organized clot.
- Large, hyperechoic prostate with numerous small cysts – findings are most consistent with benign prostatic hypertrophy +/- prostatitis.

- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Irregular, nodular testicles – could be consistent with benign or malignant tumors and/or fibrous nodules.

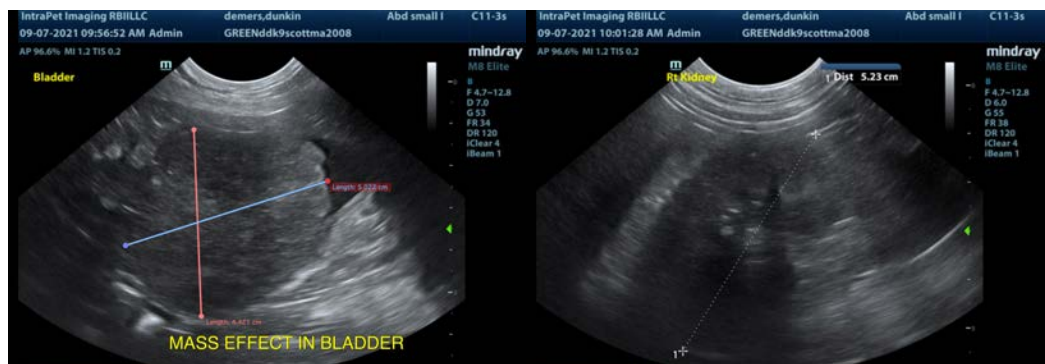
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

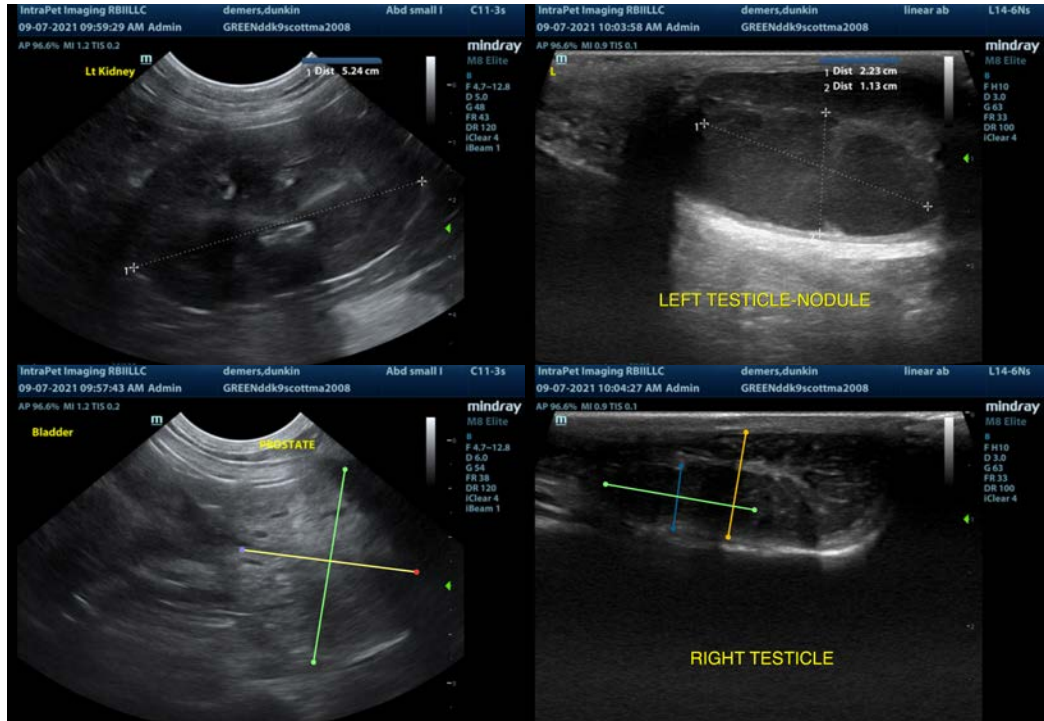
There is a very large bladder mass that appears to be taking up a large percentage of the lumen of the urinary bladder. It is somewhat rounded and regular in appearance, which is atypical for a TCC, but this is an at risk breed, so a cancerous process is favored.

- Recommend urine evaluation for BRAF mutation seen in patients with transitional cell carcinomas. A positive test is diagnostic, a negative test is inconclusive and will need further diagnostics.
- If negative or non-diagnostic BRAF consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.
- Patients with bladder pathology should always have urinalysis and culture performed. Ideally cystocentesis should be avoided in patients with suspected bladder masses to try and prevent tracking of tumor cells along the needle path.
- If TCC is confirmed consider referral to/consultation with a board certified. Veterinary oncologist for recommendations regarding treatment options and prognosis.

The renal changes observed are consistent with chronic progressive disease and/or infection. Recommend blood pressure evaluation, urinalysis, and urine culture.

Additionally, the prostate is large and somewhat cystic. Recommend neutering and submitting both testicles for histopathology. Recommend 3-view thoracic radiographs.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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