

**DATE**

4/27/22

PRESENTING CLINICAL SIGNS

Dx of bladder TCC- irregular mucosal thickening seen on AUS 3/25/22, BRAF test positive.

Current Medications: 5mg Piroxicam mod.

Date of Previous IntraPet Ultrasound: 3/25/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

PATIENT

Chloe Campitelli

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was catheterized and filled with saline while Chloe was under general anesthesia.

The apex is smooth. The dorsal wall is thicker than normal, measuring 1.7 mm in one area. An irregular mass arising from the mucosa is present a few centimeters from the trigone. It measures approximately 1.03 cm in height x approximately 1.9 cm in length. The mass is slightly vascularized when evaluated with colour Doppler. The mass is in close proximity to the right ureteral papilla. The ventral wall of the urinary bladder is also thickened and measures up to 1.9 mm, forming a polyp-like lesion in the distal portion of the bladder.

Mineralized sediment, which casts shadows, is observed within the urinary bladder. In addition to the sediment within the urinary bladder, a hyperechoic structure causing acoustic shadowing is observed in the proximal urethra following saline infusion. The hyperechoic structure measures 9.2 mm to 1.12 cm in length.

AGE

2/18/11

Kidneys

The **left** kidney measures (5.57 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

43.8 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The capsule of the **right** kidney is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

HOSPITAL NAME

Essex Middle River VC

ULTRASONOGRAPHIC FINDINGS

- Transitional cell carcinoma confirmed with the BRAF test. The mass is located on the dorsal wall of the urinary bladder, toward the distal aspect. While the mass does not impinge on the trigone, it is in very close proximity to the right ureteral papilla. The ventral wall is mildly thickened and a small polyp-like lesion is observed. Mineralized sediment is observed free floating within the urinary bladder, in addition to possible cystoliths present in the proximal urethra. The latter was confirmed at the end of the procedure, i.e. the urinary bladder was expressed and a large amount of debris and cystoliths were voided following removal of the urinary catheter.

REFERRING VET

Dr. Zulty

INVOICE

99972

- A urinary tract infection cannot be excluded based on the polypoid thickening of the ventral wall of the urinary bladder, as well as the presence of mineralized sediment.

- The renal changes observed are suggestive of age related degeneration.

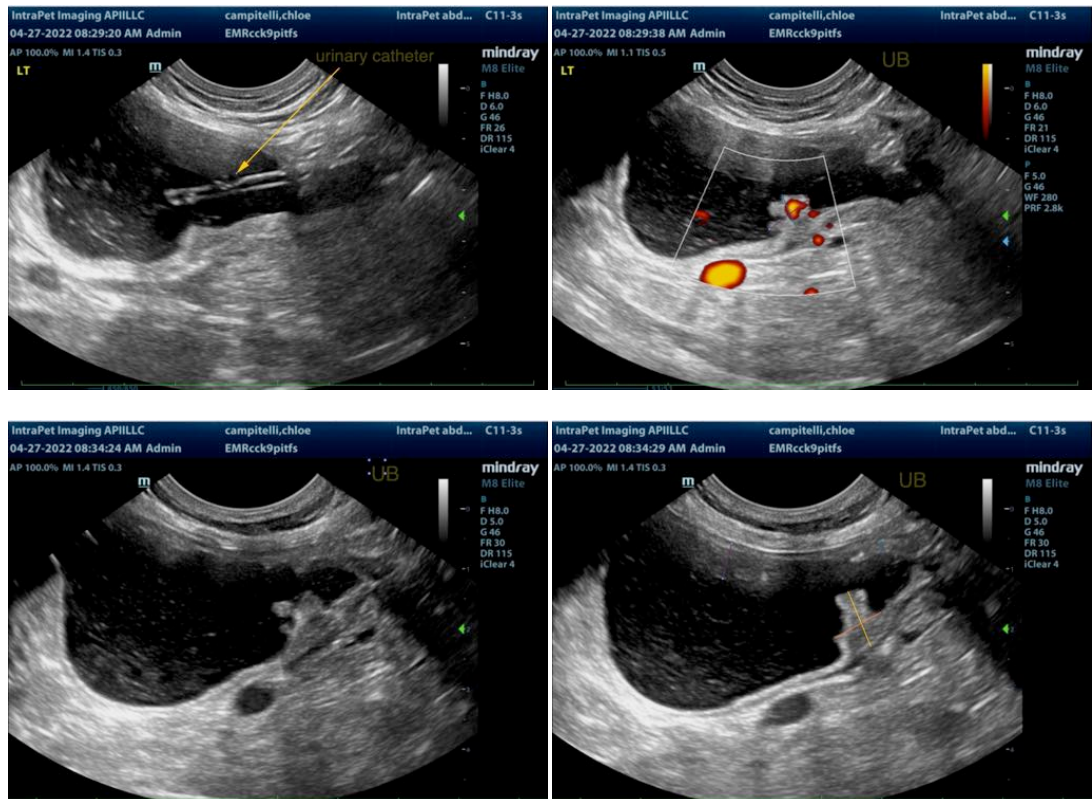
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

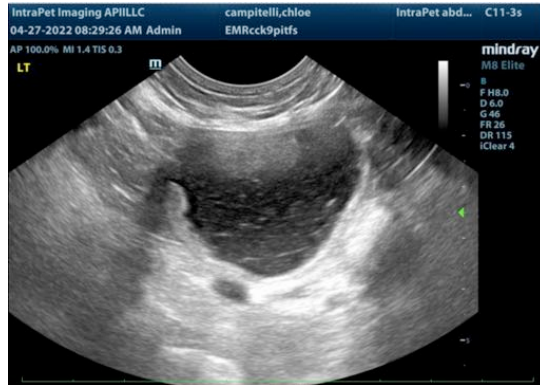
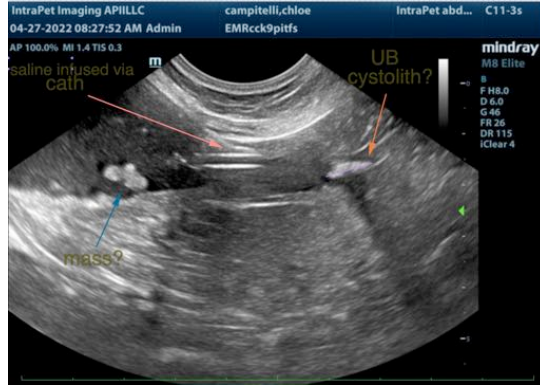
A urine culture and sensitivity obtained by free flow method is recommended, if not already performed. The vulva and peri-vulvar area should be disinfected with chlorhexidine prior to collecting the urine sample.

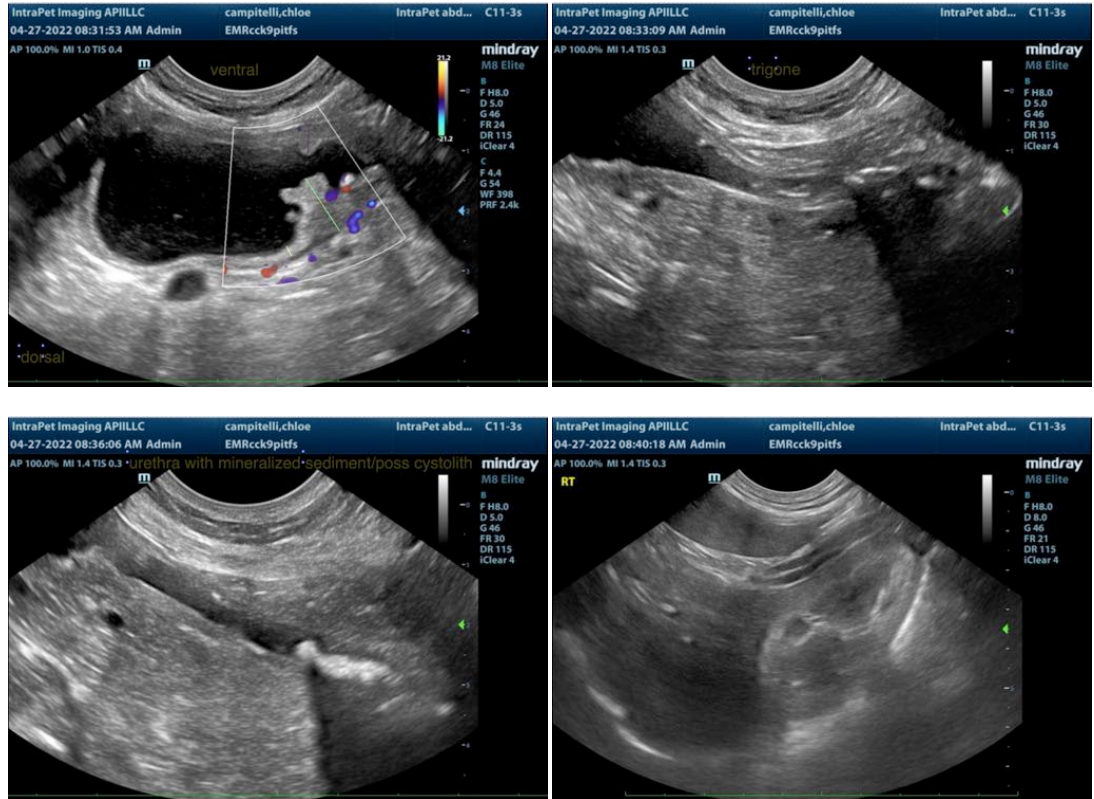
Surgical resection of the mass or cystectomy is not recommended as it will not be possible to achieve “clean margins”, i.e., the mass is in very close proximity to the right ureteral papilla. Furthermore, one cannot exclude the possibility that cellular involvement is not already present.

A non-steroidal anti-inflammatory, such as meloxicam or deracoxib, both of which have anti-neoplastic effects, may be prescribed, in addition to gabapentin. These two non-steroidal anti-inflammatories have less side effects compared to piroxicam.

If aggressive chemotherapy will not be pursued, treatment with toceranib (Palladia®), a tyrosine kinase inhibitor, is suggested. This medication can help slow down the progression of the tumour. It is administered by mouth three days a week. Routine blood work, consisting of a CBC and serum biochemical profile, is required to monitor for neutropenia and elevated liver enzyme activities.







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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