



PATIENT	PRESENTING CLINICAL SIGNS
Sasha Lloyd	Presented for bladder biopsy but continues to have stranguria and hematuria prev u/s on 12/21 showed polypoid bladder wall changes , seeing if case has worsened
SPECIES	RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder was normal in size and tone. Previously noted sand or polypoid bladder changes were not present. Mild irregular non-homogenous pinpoint to focally hyperechoic mass within the lumen of the bladder neck extending into the proximal urethra measuring ~ 3.0 cm x 0.63 cm was present. The mass did not appear to be overtly obstructive to urinary outflow. The surrounding pericycstic tissue was of normal echogenicity. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal.
Pug Mix	
SEX	
FS	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 cm in length.
AGE	
8	The area of the aortic trifurcation was free of pathology.
WEIGHT	
25	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 2.0 cm length.
IMAGING PERFORMED BY	Spleen
Jenn	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/Gallbladder
Rockaway Animal Hospital	The liver was subjectively normal in size, structure, and contour. Mild subjective increased hepatic parenchyma echogenicity with discrete non-disruptive hypoechoic parenchymal nodules was present, an example measured 0.75 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Maniar	
INVOICE	Gastrointestinal
12676ag	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
DATE	
01/12/2023	



PATIENT

Sasha Lloyd

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Canine

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

Pug Mix

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Mildly mineralized urinary bladder neck and proximal urethral mass consistent with likely TCC
- Previously noted static to discrete hepatic nodular changes

AGE

8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A screening BRAF assay or ideally cystoscopy for further assessment and possible histopathology is recommended.

WEIGHT

25

Given the location of the mass, surgical options appear to be precluded.

Urine C/S and cytospin cytology of a free catch urine sample to assess for atypical transitional cells could be considered.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Non-neoplastic etiologies i.e. chronic cystitis/urethritis is considered less likely. Empirically if no evidence of infection, piroxicam trial with sonographic monitoring may be considered.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

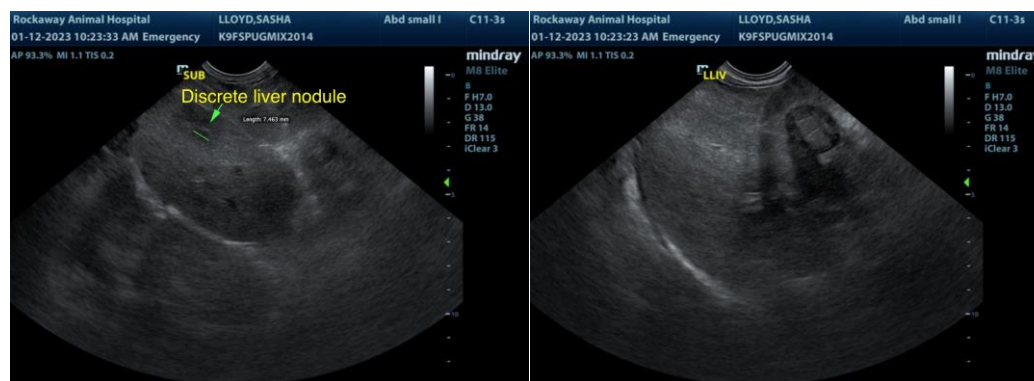
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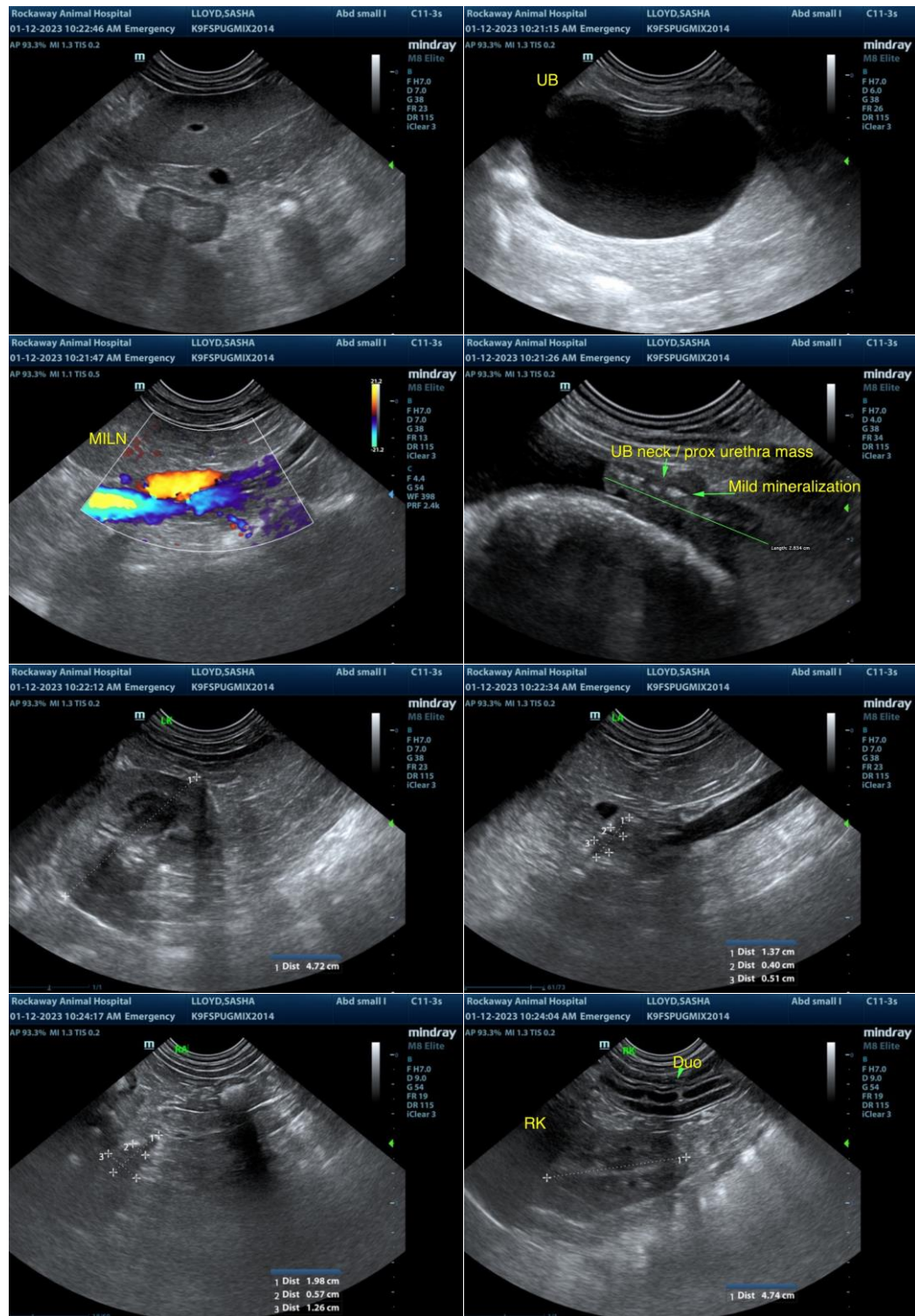
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Sasha Lloyd

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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Pug Mix

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