



PATIENT

Enzo Zarubi

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pitbull Terrier

SEX

MN

AGE

9 years

WEIGHT

56 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Rachel Kuester

INVOICE

13528

DATE

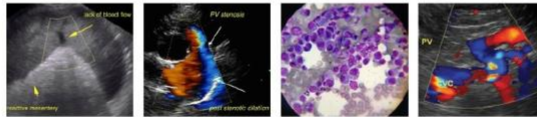
1/20/22

Owners first and last name: Nancy Zarubi Species: K9 Gender (altered?): neutered male Age: 9 yrs
Weight (in lbs): 56 lbs Breed: American Pit Bull Terrier Chief Concern/Provisional Diagnosis: Enzo feels super lethargic, when he is not on Clavamox abx. There is a suspect TCC mass in the trigone of the urinary bladder, but abdominal ultrasound will confirm and diagnose: kidney anatomy, urinary bladder mass(surgical resection?), lymphadenopathy? Enzo will stay on Clavamox until further notice.
Probiotics were discussed: forti flora or plain yogurt with food, 1 TBSP PO BID. P has polyuria when not on clavamox. Diagnosis: DDX: concerned about TCC mass, kidney anatomy bladder mass
History/Physical Findings Mentation: BAR BCS: 4/9 Hydration status: euhydrated MM Pink, capillary refill time less than 2 seconds. On auscultation appreciated a grade 3/6 murmur over the left chest. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 2/4 periodontal disease. LN are WNL. Abdomen palpates normally with no palpable masses. No signs of lameness. Previously dx with elevated kidney enzymes. Urinalysis on 12/27/21 results: 1 cytocentrifuged preparation of the urine sediment is examined. The urine is minimally concentrated/isosthenuric, alkaluric, with 2+ proteinuria and 1+ bilirubinuria. The sediment contains abundant presumed lubricant artifact, with scattered degenerating clusters of presumed urothelial (her the epithelial) cells which exhibit mildly increased anisocytosis and anisokaryosis. They possess a moderate NC ratio with an ovoid nucleus, fine dense chromatin, pale nucleoli, and pale to moderately basophilic cytoplasm with an eosinophilic hue. Occasional binucleate cells seen. There is also slight pyuria. No organisms observed. If this is a catheterised sample, the urothelial cell proliferation may just represent exfoliation during catheterisation. There is mildly more atypia present in the cells than usually expected. This could reflect underlying chronic urogenital tract inflammation, cystoliths, or possibly a polyp or well differentiated epithelial neoplasia. Is there an intraluminal bladder mass, thickening, urethral thickening, or prostatic mass present? Interpret these results in light of history and imaging findings.
PATHOLOGIST: Dr. Cheryl Moller BSc BVMS MS DACVP(Clinical) Veterinary Clinical Pathologist ANTECH Diagnostics 657-304- 2822 (direct line) Cheryl.Moller@antechmail.com she/her Veterinary professionals, please contact me directly at the phone number or email above if this interpretation is inconsistent with your clinical impression or requires further clarification. Radiographic Abnormalities: Soft tissue opacity noted in pelvis upon radiographs. Current Therapy and Medications: clavamox 375 mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

An extensive sessile based mass with asymmetrical margination was present, occupying the majority of the urinary bladder lumen, measuring approximately 7-8 cm diameter but potentially larger. Secondary distention of the urinary bladder with urine was present, suspected to be owing to some degree of obstruction to urine outflow, as the mass appeared to extend into the area of the cystourethral junction. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. The ureteral papillae were normal. The ureters were not visible which is normal.



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Enzo Zarubi Moderate prostatomegaly was present, exhibiting non-homogeneously hypoechoic to mineralized parenchyma and intermittent parenchymal cysts. The prostate measured approximately 3.6 cm in diameter.

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Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present. Although not definitive, potential for concurrent minor ureteral dilation associated with both the left and right kidneys. The left kidney measured 6.1 cm in length. The right kidney measured 5.3 cm in length.

BREED

Pitbull Terrier

Adrenal Glands

SEX

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole.

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The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole.

Spleen

WEIGHT

56 lbs.

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.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

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Loetitia Saint-Jacques, RVT

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, exhibiting subtle distal acoustic shadowing ingesta without signs of obstruction or foreign material.

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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.

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Pancreas

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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 were evident.

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Free Abdomen



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Enzo Zarubi Solitary to potentially intermittent, mildly enlarged, nonhomogeneous to cystic medial iliac lymph node to nodes present. An example measured 1.6 cm in diameter. No effusion was present.

SPECIES Other

Canine A brief sonographic assessment of the thorax revealed potential for peripheral pulmonary nodule, measuring 2.2 cm in diameter.

BREED ULTRASONOGRAPHIC FINDINGS

- Pitbull Terrier
- Extensive urinary bladder mass, extending into the cystourethral junction and suspected distal ureter
- SEX**
- Prostatomegaly, exhibiting non-homogeneously hypoechoic to mineralized parenchyma and parenchymal cysts
- MN
- Non-homogeneous to cystic medial iliac lymphadenopathy
- AGE**
- Bilateral chronic renal changes with mild pyelectasia, potential for mild ureteral dilation
- 9 years
- Gastric ingesta- likely postprandial presentation

WEIGHT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

56 lbs. The urinary bladder mass and presentation of the prostate are consistent with urinary bladder and prostatic neoplasia which may include suspected transitional cell carcinoma originating from the bladder extending into the prostate, although potential origination of the neoplasia in the prostate extending into the urinary bladder possible. Regardless, the extent of the mass and neoplastic criteria precludes surgical options in this case. Likewise, highly suspected regional medial iliac metastasis is warranted as well as potential for thoracic metastasis. Correlation with three-view chest radiographs recommended.

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Given the concurrent distended urinary bladder, obstruction to urine outflow is likely. Palliative care which may include stent placement, especially if evidence of stranguria and (as needed) analgesia +/- NSAID therapy could be considered. However, an unfavorable prognosis is likely indicated.

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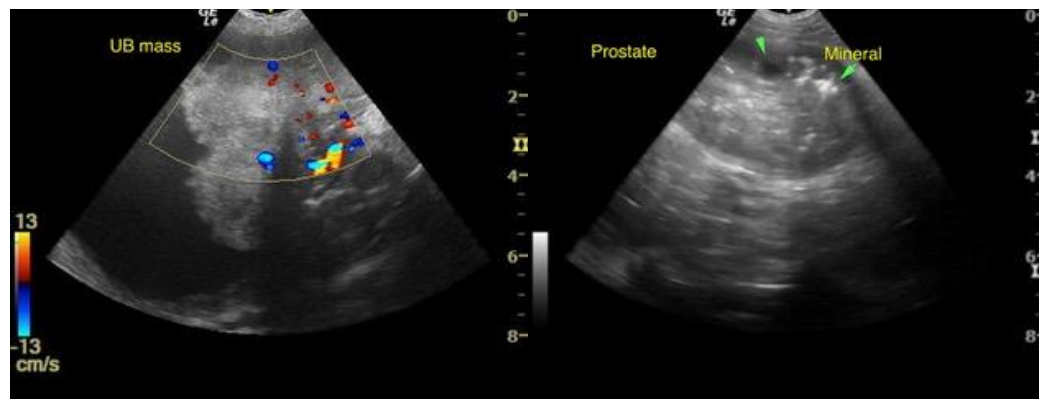
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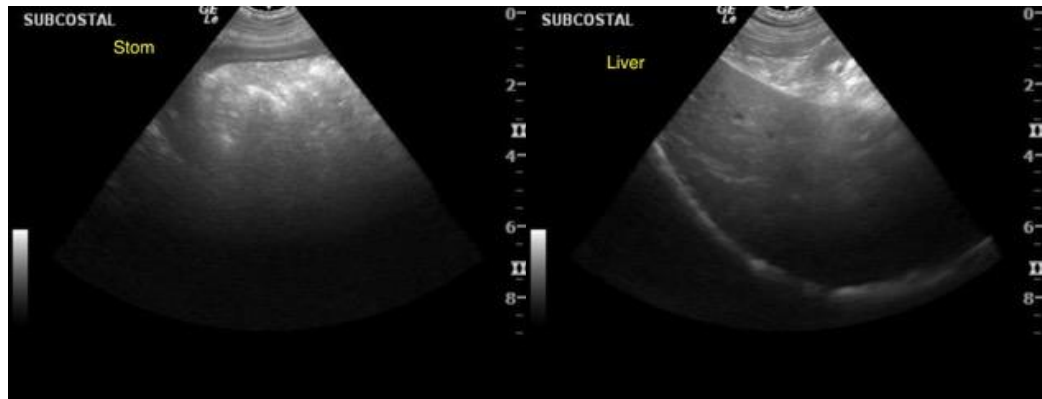
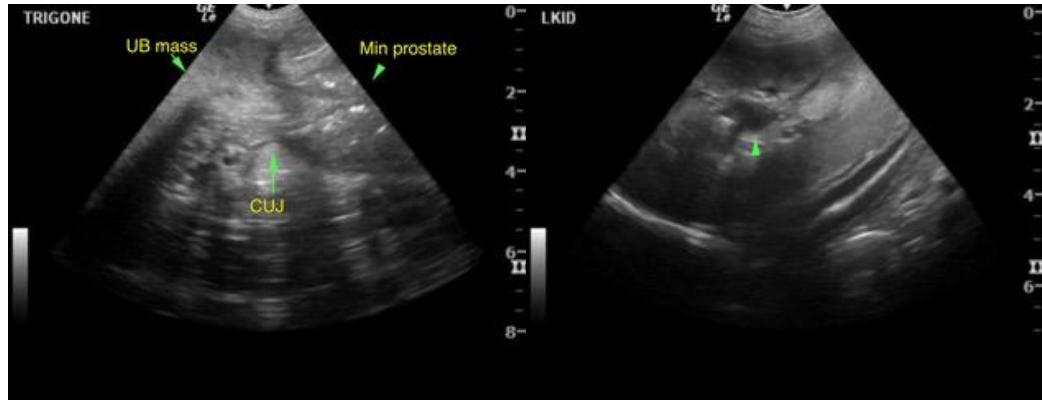
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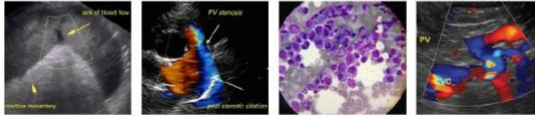
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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