

**PATIENT**

Slinky New

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**AGE**

10 years

**WEIGHT**

12 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. John Lyle

**INVOICE**

15991

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

Blood in urine noted in Sept. '22. Started to take a while to urinate in Dec. '22. Sometime bacteria found in urinalysis other times NSF. Treated with various antibiotics and methiform. Protein 2-3+, and sp. grav. above 1.020 on every urinalysis since then.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was subnormal in size containing mild anechoic with minor dependent luminal mineral. A non-homogeneous focally hyperechoic mass occupying the urinary bladder neck and extending mildly into the proximal urethra measuring approximately 2.0-3.0 cm in length x 1.1 cm width, was present. The mass did not appear to be obstructive to urine outflow, given normal urinary bladder size.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation, pyelectasia, or hydronephrosis was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

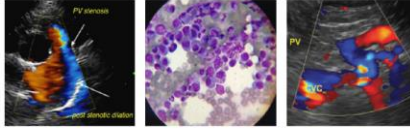
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.6 cm width at the cranial pole.

**Spleen**

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.

**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 containing primarily anechoic content with mild to moderate, non-dependent yet nonorganized, mobile echogenic gallbladder debris. No evidence of gallbladder inflammation. The cystic and common bile ducts were normal.



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**Gastrointestinal**

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.

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.

**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 were evident.

**Free Abdomen**

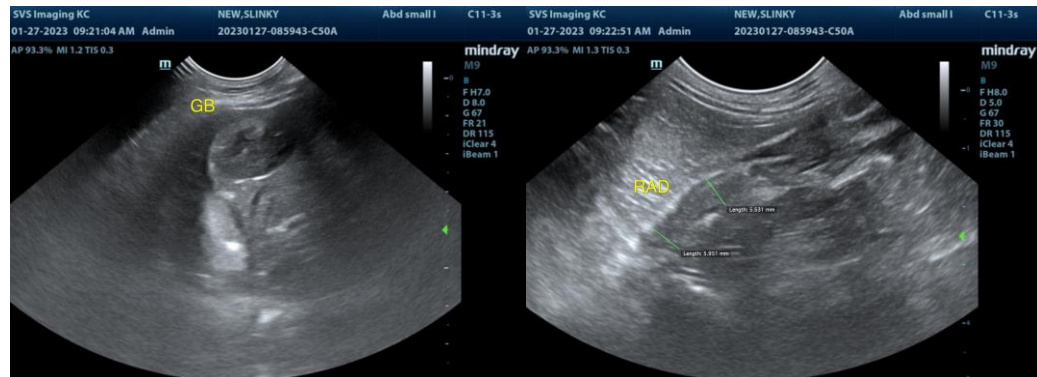
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder neck / proximal urethral mass exhibiting minor mineralization
- Concurrent mild dependent urinary bladder luminal mineral
- Mild chronic renal changes
- Gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder neck and proximal urethral mass is most consistent with neoplastic criteria with transitional cell carcinoma likely vs. other neoplastic processes. Non-neoplastic etiology, i.e., significant chronic cystitis / urethritis is considered less likely. Screening BRAF Assay is recommended. Sampling of the mass would likely be required for a definitive diagnosis yet given its location surgical options are precluded. No evidence of regional metastasis or ureteral obstruction. Oncology consultation could be considered.





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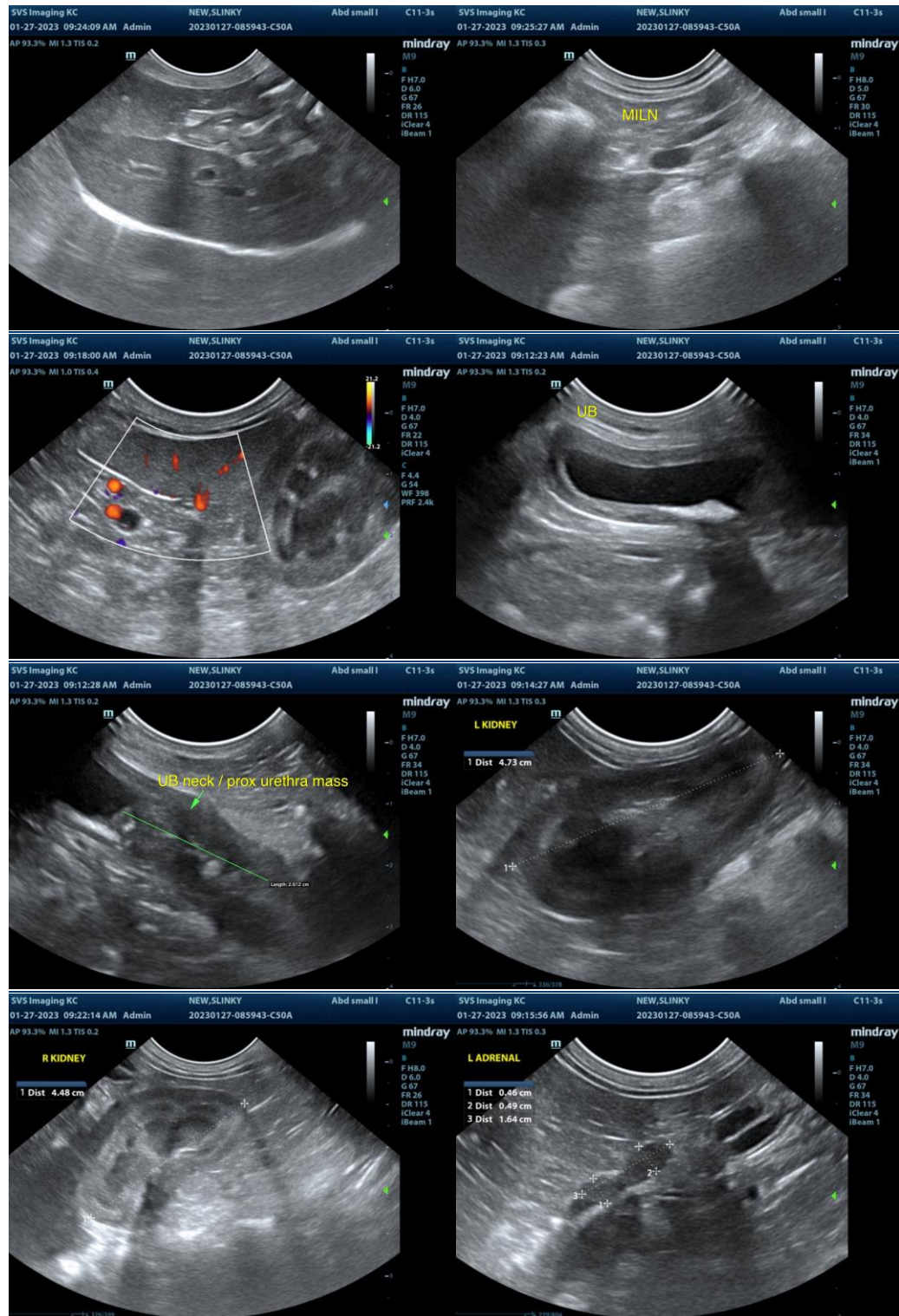
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svsimagingkc@gmail.com



**Clinical Sonography & Telectology**

EDUCATIONAL TELECONSULTATION SERVICES™

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

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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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