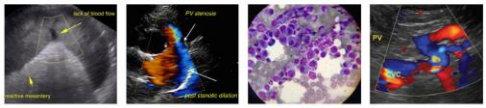
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lucy Soares

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

14yr

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Lipinski

INVOICE

11874ag

DATE

10/14/2022

PRESENTING CLINICAL SIGNS

History of straining to urinate and hematuria. Polyp-like non-shadowing structure seen in bladder on in-house ultrasound - concern for mass vs polyp. CBC/Chem/T4 unremarkable. Was started on course of antibiotics and NSAID and recheck showed structure still visible on ultrasound. UA - USG 1.020, pH 5.5, protein 2+, WBC 2-5, RBC 10-15. Canine bladder tumor analyte negative. Started on meloxidyl daily and had been doing well, but signs of stranguria have returned.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination was present occupying the majority of the urinary bladder lumen and measured 2.7 cm x 1.5 cm. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of dystrophic mineralization along with bilateral pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the cranial pole and 0.60 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the cranial pole and 0.66 cm width in the caudal pole.

Spleen

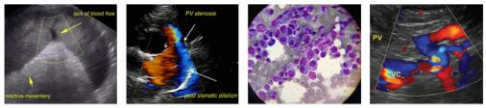
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent subtle parenchymal nodules were present consistent with nodular hyperplasia or lipogranuloma. 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 with mild non-dependent echogenic luminal debris. The cystic and common bile ducts were normal.

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.



PATIENT

Lucy Soares

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

14yr

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Lipinski

INVOICE

11874ag

DATE

10/14/2022

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related pancreatic changes and considered incidental. No signs of active inflammation or neoplasia. Potential for chronic low-grade inflammation possible.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

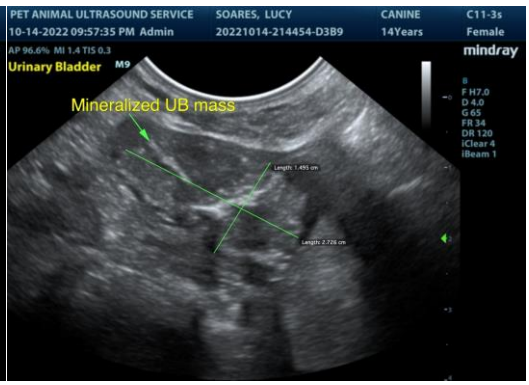
ULTRASONOGRAPHIC FINDINGS

- Sessile based mineralized urinary bladder mass-consistent with neoplastic criteria i.e. transitional cell carcinoma
- Bilateral moderate chronic renal changes with minor pyelectasia
- Prominent to nonhomogeneous bilateral adrenal glands-suspect age related or benign change, neoplastic criteria thought less likely
- Focal to intermittent benign hepatic nodules-consistent with hyperplasia or lipogranuloma

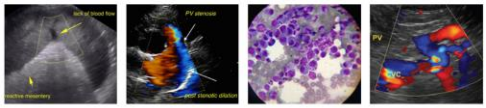
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma.

No overt evidence of regional metastasis associated with the urinary bladder mass was noted. the mass does not appear to be amendable to surgical resection. Continued empirical NSAID therapy and sonographic monitoring would be appropriate. An unfavorable prognosis is indicated.



PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lucy Soares

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

14yr

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

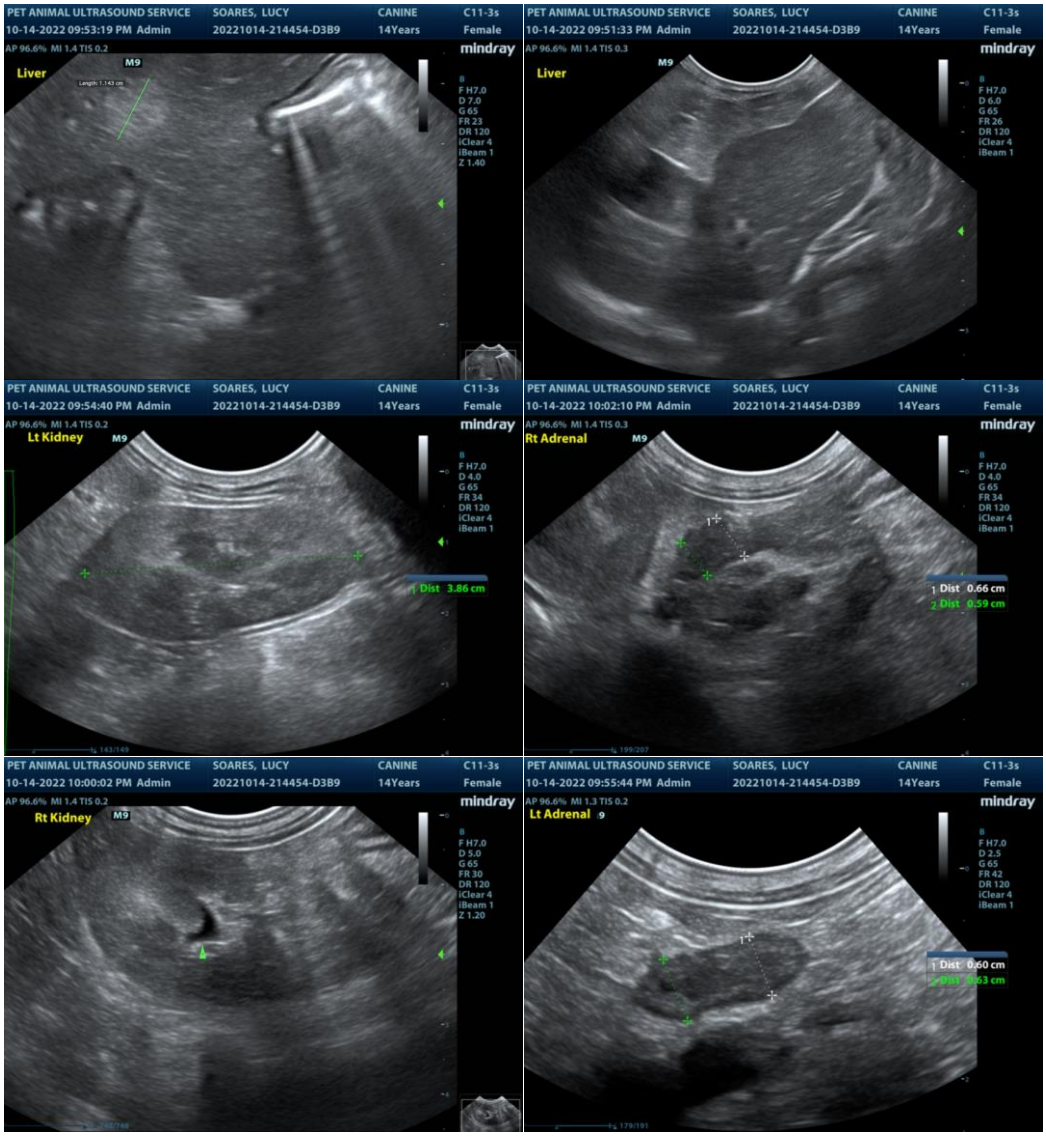
Dr. Lipinski

INVOICE

11874ag

DATE

10/14/2022



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com