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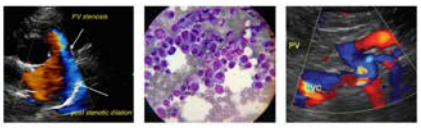
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Fiona Detombe

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

11 Years

WEIGHT

34.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott

INVOICE

26539

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Hematuria
Abnormal PE/Chem/CBC/UA Results: Unorganized mineral opacity in the shadow of the urinary bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented an extensive pinpoint mineralized luminal mass occupying the majority of the urinary bladder lumen. The mass measured approximately 5.6 cm x 8.0 cm. Minimal, primarily anechoic urine with mild concurrent particulate sediment was present in the urinary bladder. Color doppler assessment of the mass confirmed blood flow. The proximal urethra exhibited mild thickening, yet without evidence of concurrent mineralization, measuring 0.62 cm in width. Potential extension of the mass into the proximal urethra may be possible, yet not overtly definitive. No evidence of regional metastasis.

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. No evidence of pelvic dilation was present. The right kidney measured 5.6 cm. The left kidney measured 5.0 cm. No evidence of left or right ureter dilation.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.60 cm at the caudal pole. The left adrenal gland measured 2.0 cm length x 0.78 cm at 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size with mild non-dependent yet non-organized luminal debris.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta present in the stomach.

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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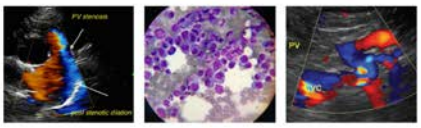

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Pancreas

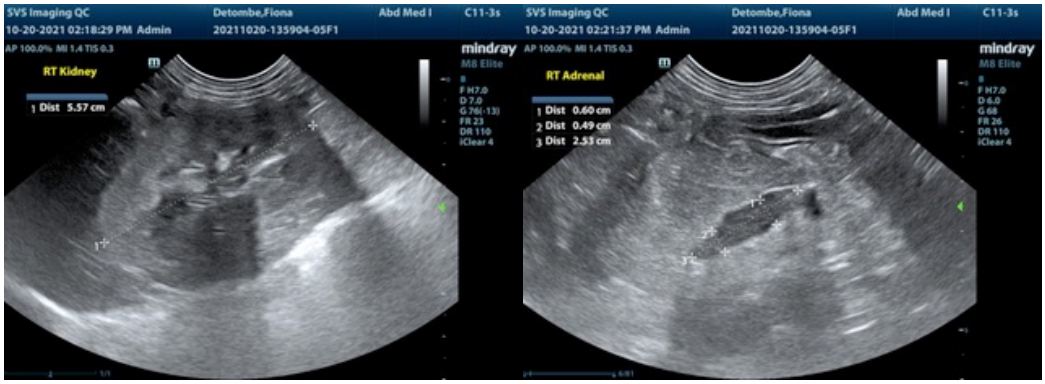
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

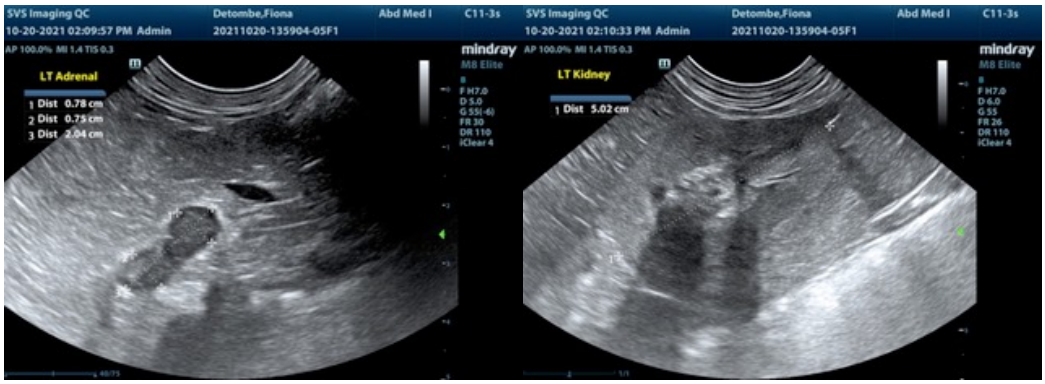
ULTRASONOGRAPHIC FINDINGS

- Extensive focally mineralized urinary bladder mass
- Bilateral mild chronic renal changes
- Hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria. Transitional cell carcinoma is considered probable until proven otherwise. The extensive presentation of the mass precludes surgical options in this case. Screening BRAF assay may be considered. Palliative therapy for transitional cell carcinoma is suggested. As needed sonographic monitoring of the bladder tumor as well as screening for evidence of regional metastasis recommended.





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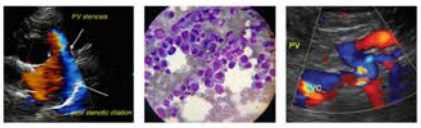

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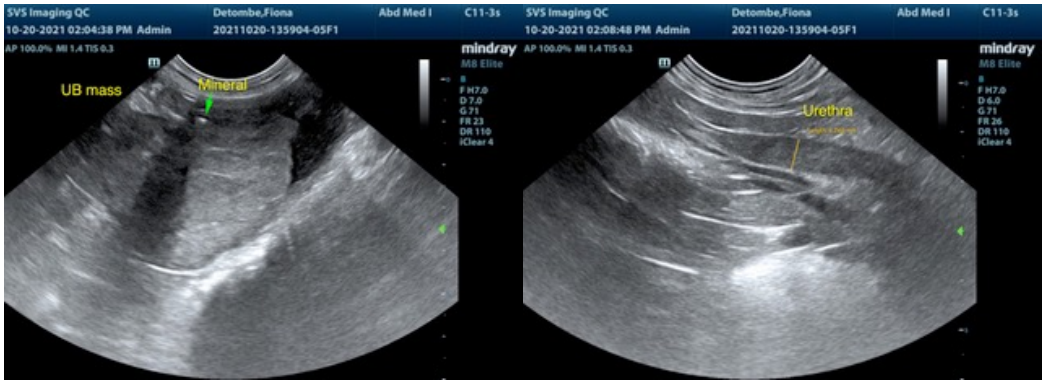

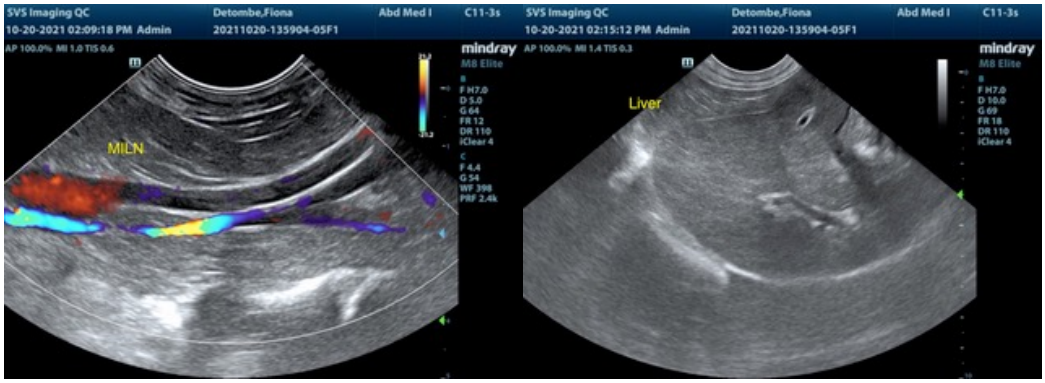

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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