



**PATIENT**

Kilo Hawthorne

**SPECIES**

Canine

**BREED**

Mix

**SEX**

MN

**AGE**

13 years

**WEIGHT**

**PRESENTING CLINICAL SIGNS**

8/18: Having urinary accidents in home. Is currently on pain medication and Apoquel. Treated with Cephalexin (possible prepuce infection due to increased smegma). 9/13: Recheck. Did great on meds, but now leaking a bit of urine occasionally again. TX: Amoxicillin and Enrofloxacin. 10/22: Dripping urine again, in home and in sleep. No PD.

Abnormal PE/Chem/CBC/UA Results: 8/18: UA: Sp. Grav. 1.053, pH 6.0, 1+ protein and the rest NSF. 10/22: Rads: caudally pushed SI, gassy, no obvious lung cancer. 10/25: BW: Chol 329 ^, PSL 179 ^, BUN 16, CREA 1, CA (corr.) 10.3, HCT 47. Urine C&S all negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in overall size and tone. A solitary polypoid mass appearing to originate from the dorsal trigone, extending into the area of the trigone lumen and in the area of the urinary bladder neck was present, measuring approximately 2.1 cm x 1.5 cm. Color doppler assessment of the mass confirmed blood flow. The mass appeared to be obstructive given the overall urinary bladder size. The ventral apical and dorsal urinary bladder walls exhibited subtle subjective uniform thickening potentially indicative of concurrent cystitis. The apical urinary bladder wall measured 0.5- 0.6 cm wall width. Anechoic urine was present with no calculi noted. The urethra was normal in structure and tone to a depth of 4.0 cm.

The residual prostate was sonographically unremarkable, measuring 1.2 cm width.

Aortic trifurcation was normal without evidence of medial iliac or sublumbar lymphadenopathy.

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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.0 cm in length.

**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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.67 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.58 cm at the caudal pole.

**INVOICE**

14141

**DATE**

11/1/21

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver/ Gallbladder**



<b>PATIENT</b>	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.
Kilo Hawthorne	
<b>SPECIES</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Canine	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
Mix	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.
<b>SEX</b>	
MN	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.
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
13 years	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	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.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Rachel Runnells, RVT	<b><i>Primary Findings</i></b>
	<ul style="list-style-type: none"> <li>• Urinary bladder trigone mass- subjectively non-obstructive</li> <li>• Mild age-related renal changes, no overt pyelectasia or pyelonephritis</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
SVS Imaging KC	The urinary bladder trigone mass is strongly suggestive of transitional cell carcinoma versus other neoplasia. Potential for non-neoplastic etiologies such as polypoid cystitis possible yet considered unlikely. Suspect minor apical cystitis pattern also present. No overt evidence of regional metastasis.
<b>REFERRING VET</b>	
Dr. John Lyle	Further assessment may include cytospin cytology of free catch urine sample and screening BRAF assay. However, if BRAF assay is negative, biopsy of the mass would be required for a definitive diagnosis. Based on location of the urinary bladder mass, surgical options are likely limited. Oncology consult and/or empirical NSAID trial such as piroxicam may be considered with sonographic monitoring of the urinary bladder mass.
<b>INVOICE</b>	
14141	
<b>DATE</b>	
11/1/21	



**PATIENT**

Kilo Hawthorne

**SPECIES**

Canine

**BREED**

Mix

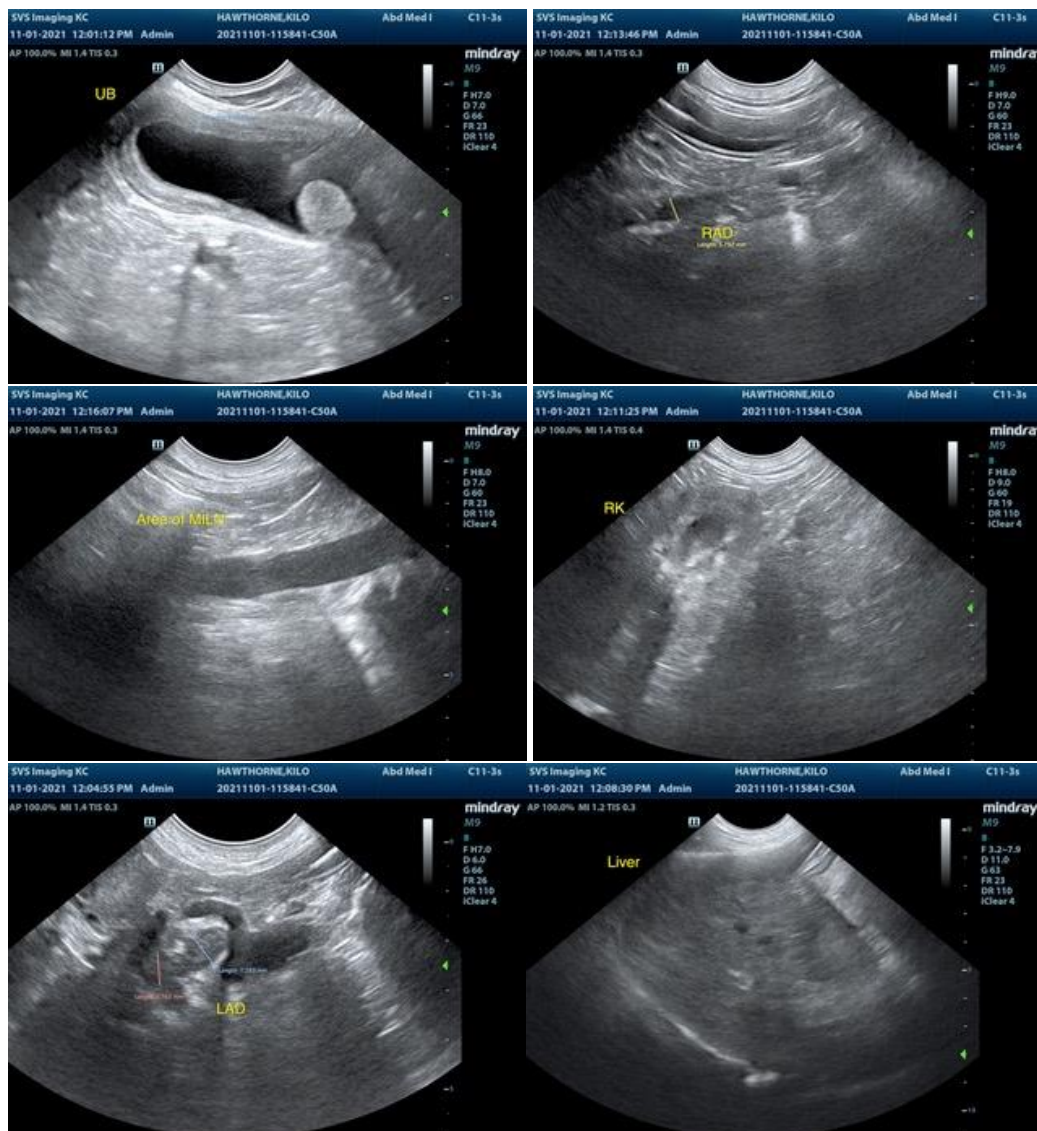
**SEX**

MN

**AGE**

13 years

**WEIGHT**



**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**

14141

**DATE**

11/1/21



**PATIENT**

Kilo Hawthorne

**SPECIES**

Canine

**BREED**

Mix

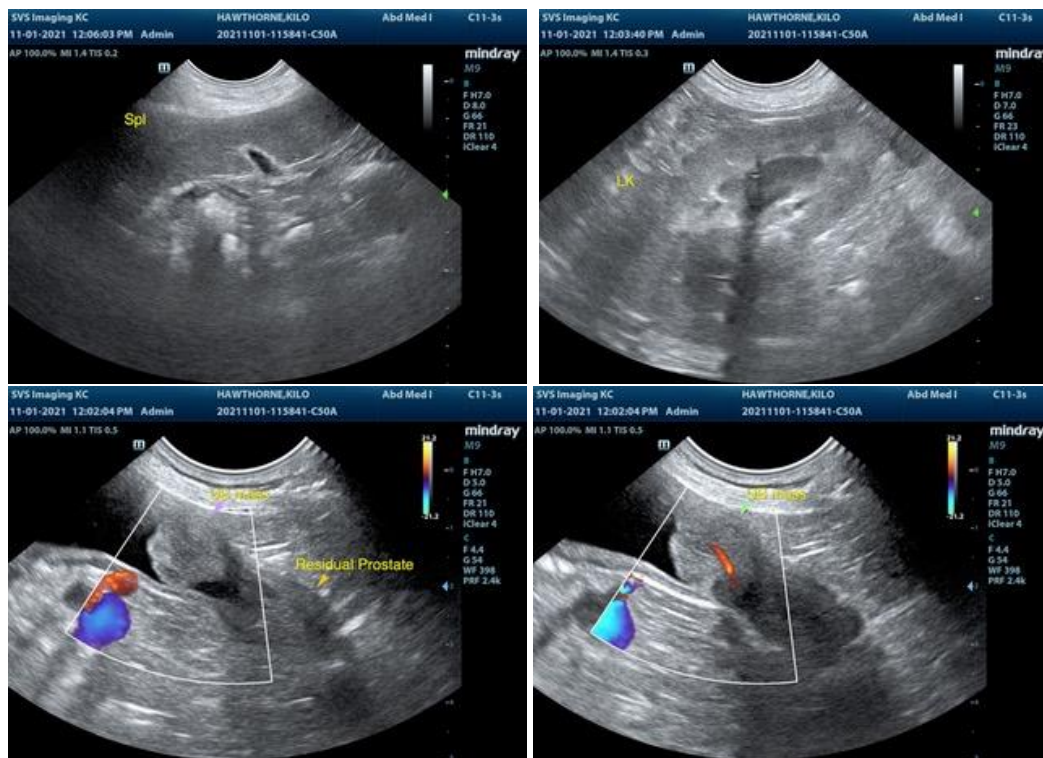
**SEX**

MN

**AGE**

13 years

**WEIGHT**



**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**

14141

**DATE**

11/1/21

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