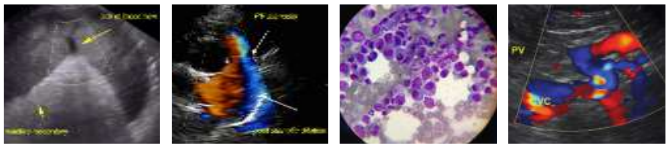
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sadie Tagerty

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

FS

AGE

12

WEIGHT

28

INTERPRETED BY

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

IMAGING PERFORMED BY

Samuel Gabriel

HOSPITAL NAME

CJAH

REFERRING VET

Dr. Gabriel

INVOICE

12504

DATE

11/1/21

PRESENTING CLINICAL SIGNS

unable to urinate normally , dripping urine and sometimes painful urinations . she is currently on antibiotic which never helped
Abnormal PE/Chem/CBC/UA Results: cbc,che,, u/a : pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in overall size and tone containing anechoic content. No calculi were present. A sessile based, nonhomogeneous mass noted in the area of the cystourethral junction appearing to extend into the proximal urethra, was present. The majority of the mass measured approximately 1.8 cm x 1.5 cm, while the proximal urethra width measured 0.68 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present in either kidney. The left kidney measured 3.6 cm in length. The right kidney was indistinctly visualized.

Adrenal Glands

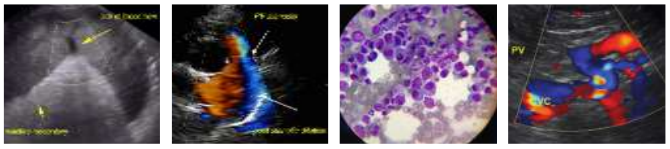
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.73 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

An ovoid mass involving the spleen with secondary capsule expansion and disruption was present and measured approximately 4.0 cm x 4.0 cm. The parenchyma of the mass was nonhomogeneous without areas of cavitation. The non-affected spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

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 non-distended in size with thin walls and primarily anechoic luminal content. 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 contained mild, retained, echogenic ingesta and chyme most consistent with post prandial presentation without 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

Primary Findings

- Cystourethral junction and proximal urethral mass - likely transitional cell carcinoma
- Nonhomogeneous splenic mass
- Mild hepatic parenchymal remodeling
- Mild to moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening BRAF Assay or cytospin cytology with a free catch urine sample to assess for atypical epithelial cells may be considered. However, if negative, a biopsy of the mass would be required for a definitive diagnosis. Unfortunately, the mass does not appear to be amendable to surgical resection, given its location. Potential stent placement may be indicated in this patient.

Empirically, assuming normal renal parameters, NSAID trial +/- analgesia and sonographic monitoring of the urinary bladder mass could be considered.

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Three view chest radiographs are suggested.

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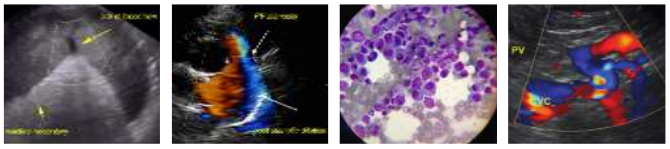

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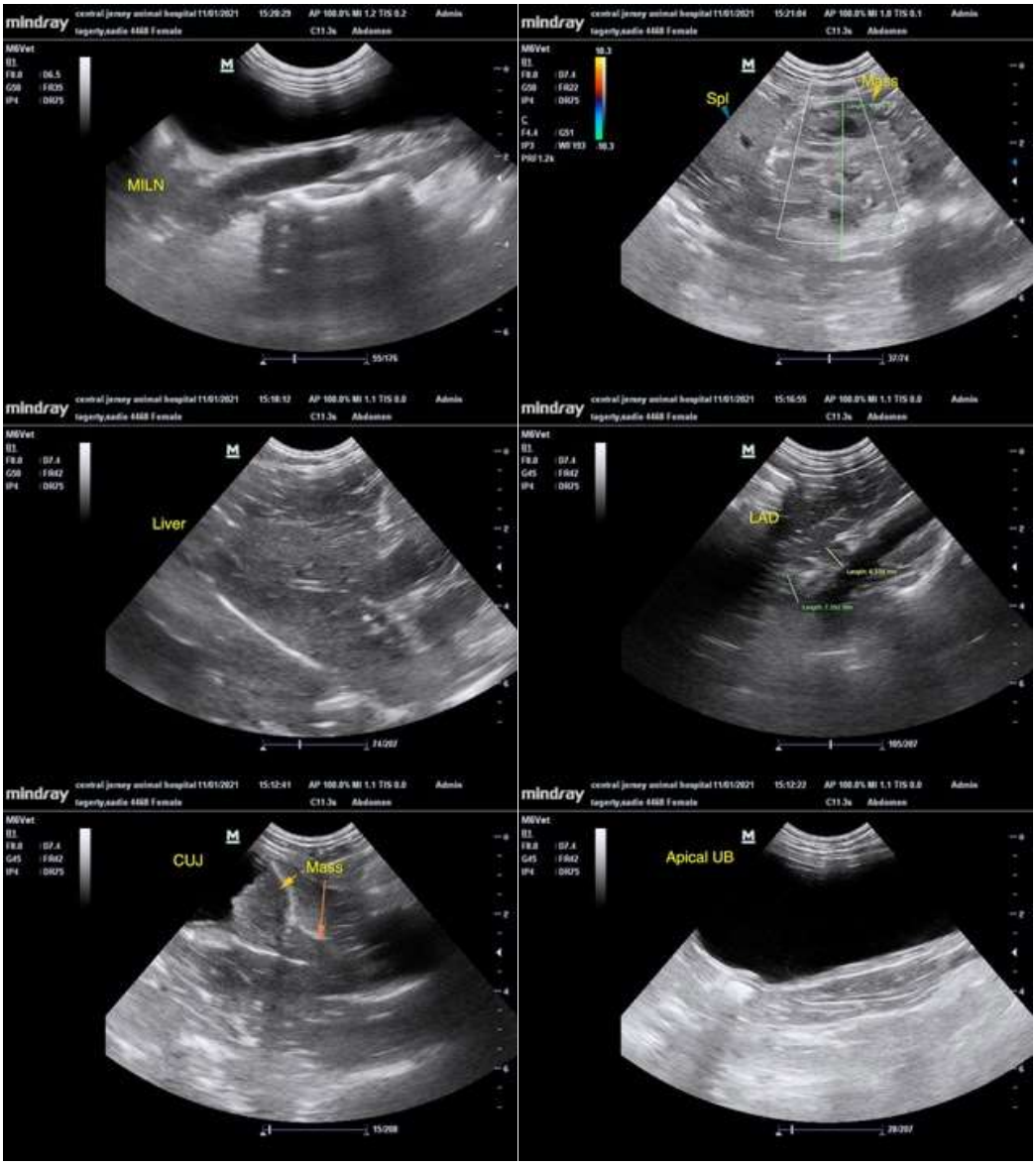

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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