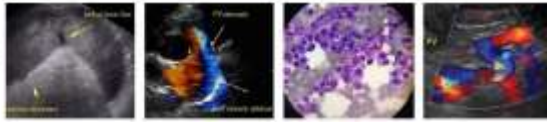




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Emma Veira	O said for the past couple of months she has been urinating every 2 hours, she is squatting and having accidents in the house She is not drinking more that O is aware of O started an over the counter urinary supplement yesterday and she had a seizure yesterday for the first time - the seizure lasted about 2 minutes
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: please see attached bloodwork and rads Urine pH 8, SG 1.015, WBC 4/HPF, RBC 2/HPF, nsEPI 6-10/HPF - trial of antibiotics given - Clavaseptin
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Lab X Beagle	<b><i>Urinary System</i></b>
<b>SEX</b>	The urinary bladder was normal in overall size and tone. Areas of mild yet variable mural hypertrophy were noted in the area of the ventroapical urinary bladder, as well as in the area of the dorsal trigone.
FS	Sonographic assessment of the urethra revealed a nonhomogeneous urethral mass measuring 3.0 cm-4.0 cm in length and 1.1 cm in width. The urethral mass exhibited mild nonhomogeneous parenchyma with pinpoint hyperechoic foci, suggestive of pinpoint mineralization. No evidence of calculi was noted.
<b>AGE</b>	
12 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	
22.2 kg	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. Small cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.5 cm in length.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	<b><i>Adrenal Glands</i></b>
<b>IMAGING PERFORMED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 1.0 cm width at the caudal pole. The right adrenal gland was not distinctly visualized owing to patient size, conformation, and the presence of subcutaneous lipomas in the right lateral thorax.
Crystal Hill	
<b>HOSPITAL NAME</b>	<b><i>Spleen</i></b>
Snelgrove VS	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.
<b>REFERRING VET</b>	
Dr. Ioannou	<b><i>Liver/ Gallbladder</i></b>
<b>INVOICE</b>	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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
12622	
<b>DATE</b>	
11/16/21	



**PATIENT**

***Gastrointestinal***

Emma Veira

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.

**SPECIES**

Canine

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.

**BREED**

Lab X Beagle

***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.

**SEX**

FS

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

22.2 kg

***Primary Findings***

- Proximal urethral mass with concurrent mild yet variable urinary bladder thickening
- Bilateral mild chronic renal changes

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING  
PERFORMED BY**

Crystal Hill

This study confirms the presence of a urethral mass as the primary cause of the patient's clinical signs. This mass did not appear to be overtly obstructive, given the overall size of the urinary bladder. Although biopsy is required for a definitive diagnosis, the urethral mass and potential areas of the urinary bladder are consistent with probable transitional cell carcinoma. Potential for significant urethritis and areas of cystitis is considered less likely. Screening BRAF Assay could be considered. Cystoscopy with potential for biopsy is likely required for a definitive diagnosis. However, the mass is not amendable to surgical considerations given its urethral location.

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. Ioannou

Empirically, Piroxicam +/- additional chemotherapy based on oncology consultation may be considered. No evidence of regional metastasis was noted.

**INVOICE**

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**DATE**

11/16/21



**PATIENT**

Emma Veira

**SPECIES**

Canine

**BREED**

Lab X Beagle

**SEX**

FS

**AGE**

12 years

**WEIGHT**

22.2 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

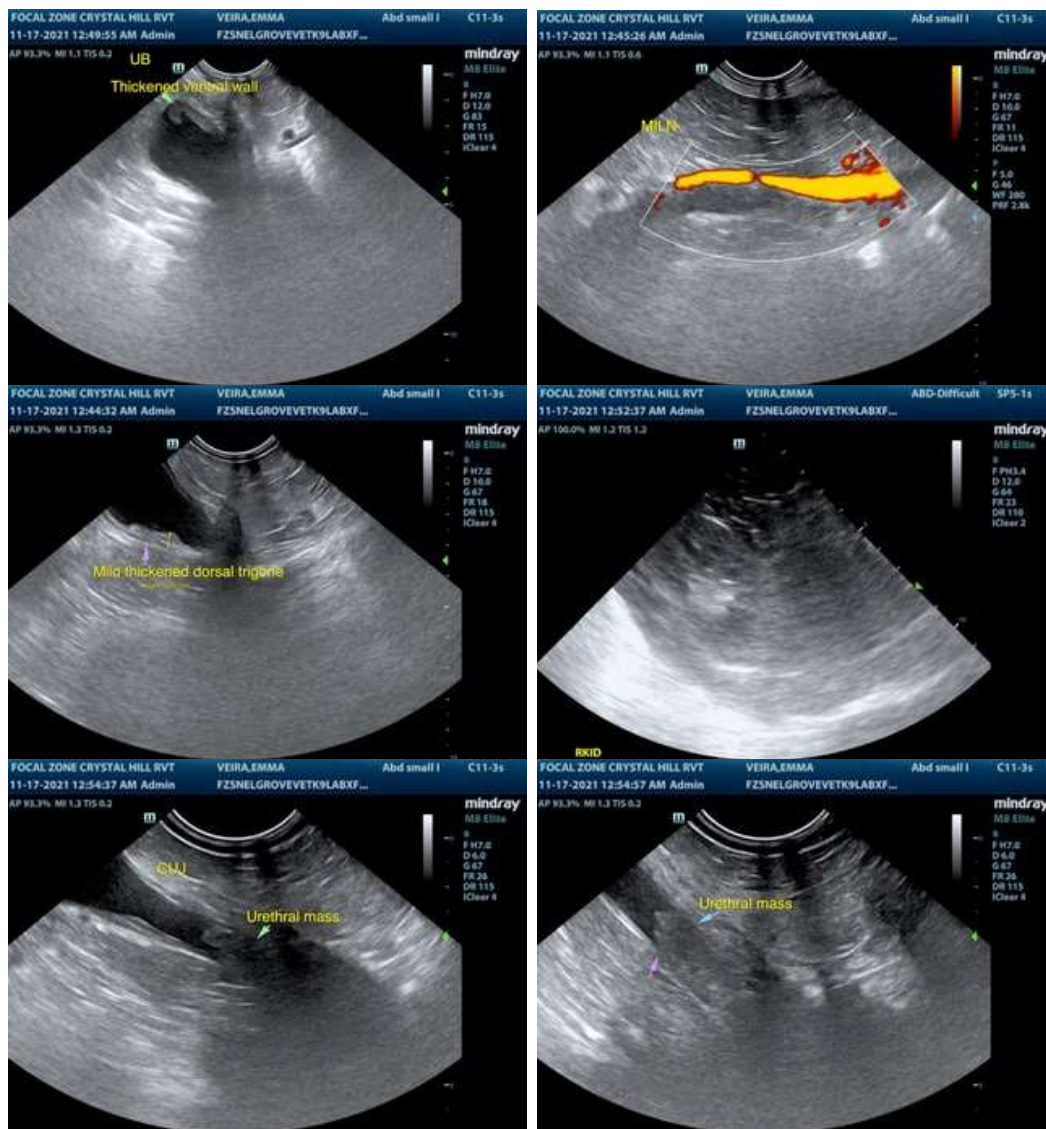
Dr. Ioannou

**INVOICE**

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**PATIENT**

Emma Veira

**SPECIES**

Canine

**BREED**

Lab X Beagle

**SEX**

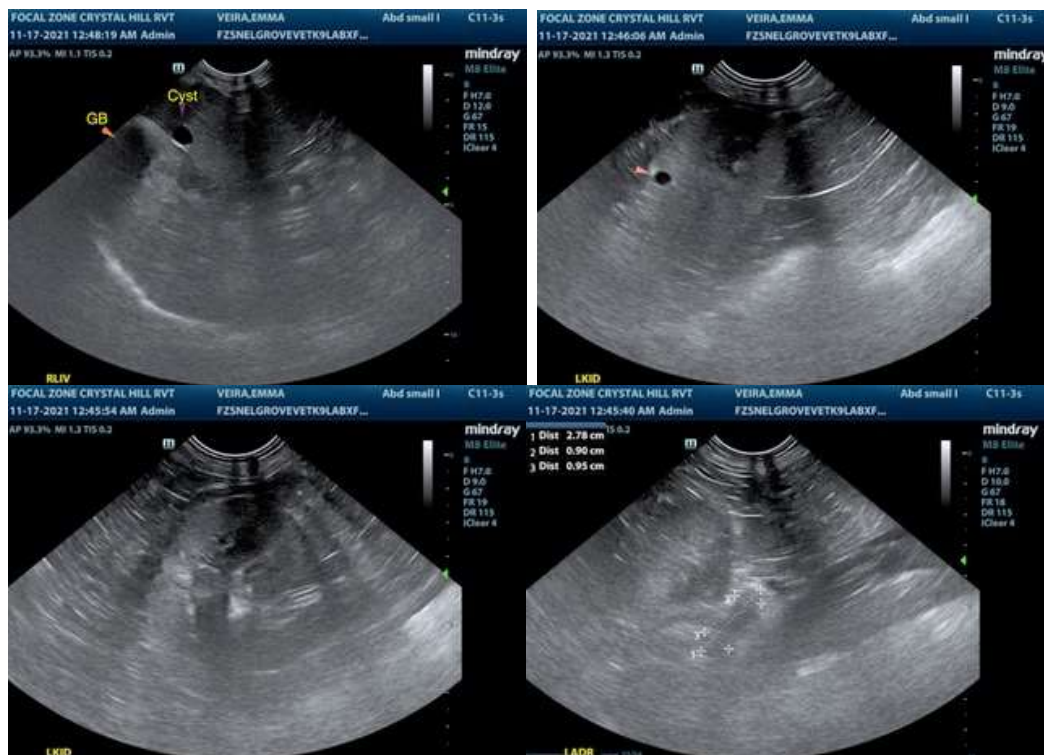
FS

**AGE**

12 years

**WEIGHT**

22.2 kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. Ioannou

**INVOICE**

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**DATE**

11/16/21

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