



PATIENT

Tiva McLaughlin

SPECIES

Canine

BREED

Sharpei X

SEX

SF

AGE

9 years

WEIGHT

87 lbs.

PRESENTING CLINICAL SIGNS

P has been under care for ruptured cruciate. P presented for NSAID bloodwork and O mentioned P had blood in urine. We use ultrasound to visualize bladder and found large soft tissue structure associated with the caudal end of the bladder. Elected free catch urine.

Abnormal PE/Chem/CBC/UA Results: blood work WNL UA: SG 1.020, protein 500mg/ml, blood 250 cells/uL WBC >50/HPF RBC >50/HPF crystals - unclassified, CaOx, and Struvite 1-5/HPF Rods found Current Medications Enrofloxacin 272mg SID, Carptofen 75mg BID Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A small sessile, based primarily spherical, mildly nonhomogeneous mass was present in the midventral urinary bladder wall extending mildly into the urinary bladder lumen and measured 2.3 cm x 1.6 cm. Doppler evaluation of the mass revealed evidence of blood flow within the mass. No evidence of parenchymal mineralization was noted. Anechoic urine was present in the lumen with no evidence of calculi or sediment. No other evidence of inflammatory or neoplastic urinary bladder mural changes were present. The ureteral papillae were normal. The ureters were not visible which is normal. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.9 cm length x 0.84 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.93 cm width at the caudal pole. No adrenal tumors were noted.

HOSPITAL NAME

Four Corners VC

REFERRING VET

Dr. Williams

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.

INVOICE

15421

DATE

11/8/22



PATIENT

Liver/ Gallbladder

Tiva McLaughlin

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. A solitary, discrete, hyperechoic Intraparenchymal nodule was noted in the mid-liver measuring 1.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Sharpei X

SEX

SF

AGE

9 years

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.

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.

WEIGHT

87 lbs.

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.

INTERPRETED BY

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

Sara Hansen

ULTRASONOGRAPHIC FINDINGS

- Solitary sessile-based small ventral urinary bladder mass
- Mild hepatic parenchymal remodeling with subjective benign nodule - nodule likely consistent with focal nodular hyperplasia or benign lipogranuloma
- Mild age-related renal changes

HOSPITAL NAME

Four Corners VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Williams

The confirmed ventral urinary bladder mass is nonspecific with concern for neoplastic criteria i.e., transitional cell carcinoma, warranted although not definitive. Potential for focal cystitis or atypical polyploid ventral urinary bladder mural change is possible.

INVOICE

15421

DATE

11/8/22

Screening BRAF Assay, as well as cytospin cytology of free catch urine sample to assess for atypical transitional cells, could be considered. However, a negative BRAF Assay does not definitively rule out neoplasia. Histopathology is likely required for a definitive diagnosis. Subjectively, the mass appears to be amendable to surgical resection, given its location and size. No evidence of regional metastasis was noted. Three-view chest radiographs are recommended.



PATIENT

Tiva Mclaughlin

SPECIES

Canine

BREED

Sharpei X

SEX

SF

AGE

9 years

WEIGHT

87 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners VC

REFERRING VET

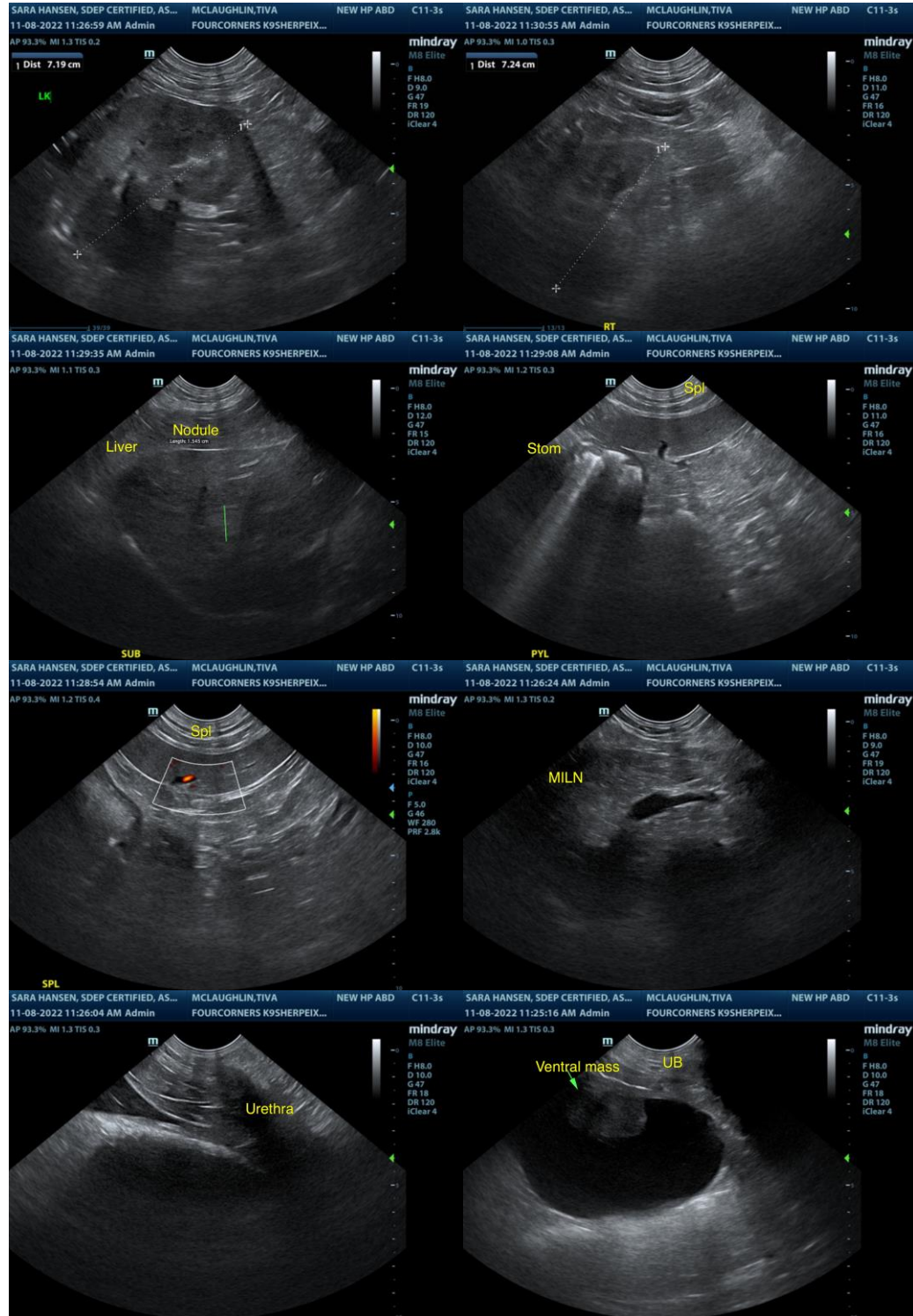
Dr. Williams

INVOICE

15421

DATE

11/8/22





PATIENT

Tiva Mclaughlin

SPECIES

Canine

BREED

Sharpei X

SEX

SF

AGE

9 years

WEIGHT

87 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners VC

REFERRING VET

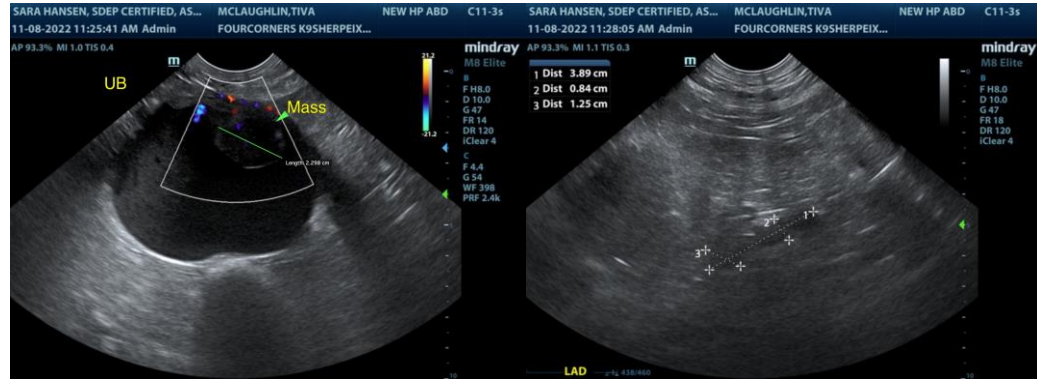
Dr. Williams

INVOICE

15421

DATE

11/8/22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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