

**PATIENT**

Chiquita Cohen

**SPECIES**

Canine

**BREED**

Jack Russel

**SEX**

SF

**AGE**

13 years

**WEIGHT**

12 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Jessica Fishbauger

**INVOICE**

15438

**DATE**

11/9/22

**PRESENTING CLINICAL SIGNS**

Patient presented 10/29 for blood in the urine, frequent urinations while out on walk. Continues to have blood in urine after antibiotic use and urinalysis examined by Idexx showed no bacteria.

Abnormal PE/Chem/CBC/UA Results: Urinalysis 10/29 showed little bacteria and numerous RBC. Started on Clavamox. Still reported blood in urine after starting Clavamox. Urine sample collected via cysto showed no bacteria, few significant findings, sent into Idexx. Still having blood in the urine. Concerned for possible mass in bladder or along the length of the urethra. Does have a growth at base of vulva, possibility it may be growing into urethra.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

A sessile based mass with asymmetrical margination occupying the mid-ventral to ventroapical urinary bladder extending into the urinary bladder lumen was present with the possibility of an indistinct kissing lesion associated with the focal dorsal urinary wall. Nonhomogeneous parenchyma exhibiting pinpoint hyperechoic foci, consistent with probable pinpoint mineralization within the mass, was present. The mass measured approximately 2.2 cm x 1.7 cm. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No overt masses or other pathology were noted in the area of the trigone, cystourethral junction, or visible proximal urethra. The urinary bladder was normal in overall size and tone.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 3.6 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. The left and right adrenal glands exhibited nonhomogeneous to discretely nodular parenchyma which may suggest mild adenomatous change and without evidence of adrenal neoplastic criteria. The left adrenal gland measured 1.9 cm length x 0.75 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.60 cm width at the caudal pole.

**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.

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***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 containing mild dependent nonorganized hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

***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.

***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**

- Sessile based urinary bladder mass - consistent with neoplastic criteria, i.e., transitional cell carcinoma
- Mild chronic renal changes
- Mild nonhomogeneous to discretely nodular bilateral adrenal glands - likely benign
- Minor hepatic parenchyma remodeling
- Gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening BRAF Assay could be considered for further assessment +/- cytospin cytology of free catch urine sample to assess for evidence of atypical transitional cells. Biopsy is likely required for a definitive diagnosis. Curative surgical options regarding the urinary bladder mass subjectively appear to be precluded. No evidence of regional metastasis. Oncology consult may be considered.

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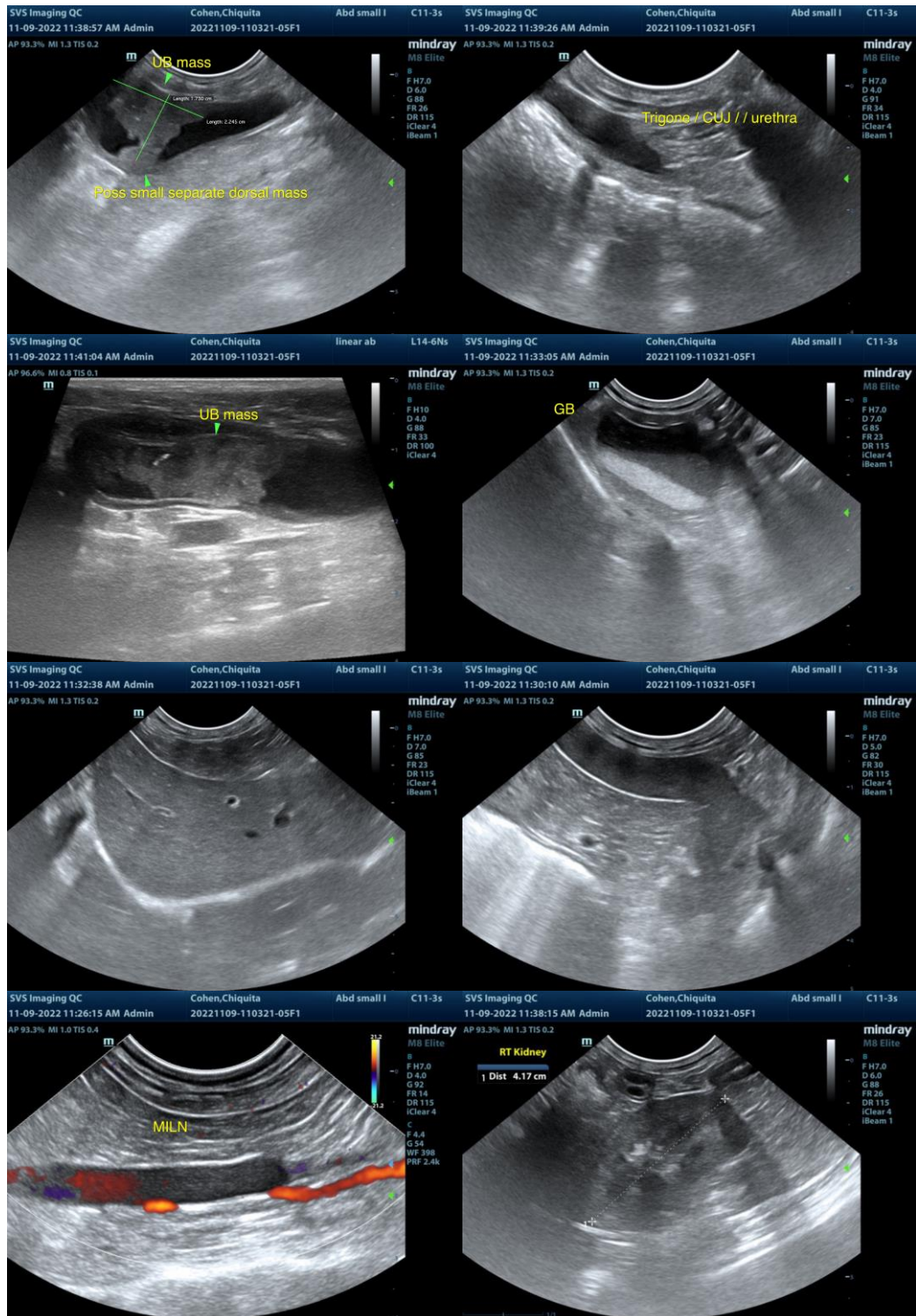
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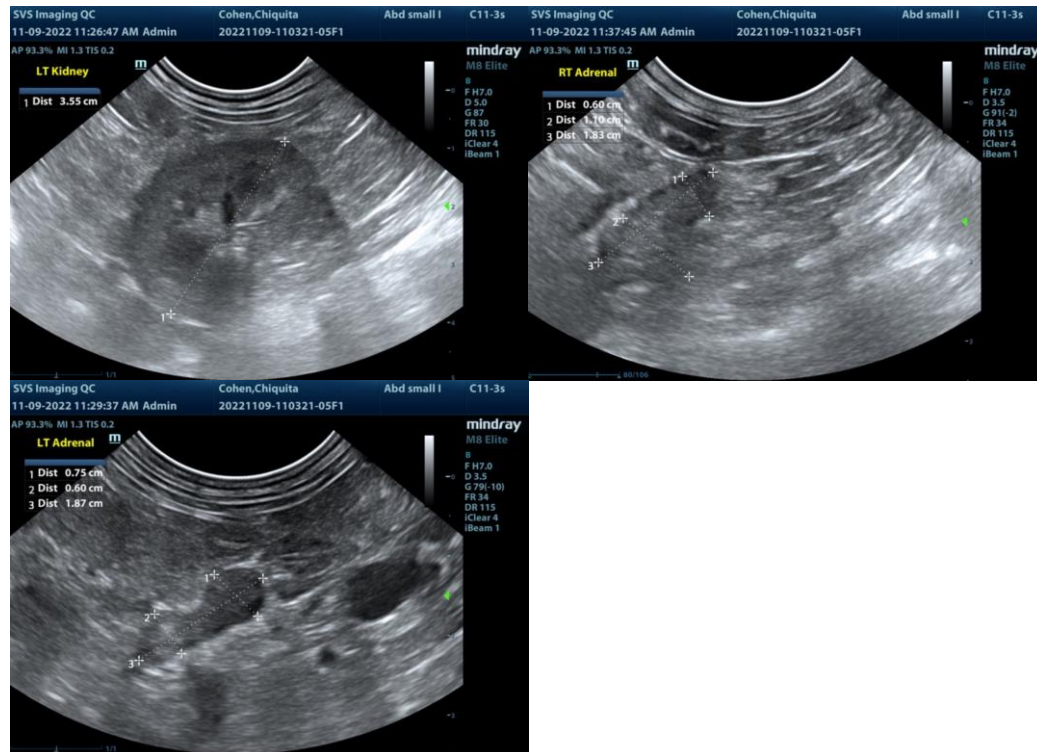
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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