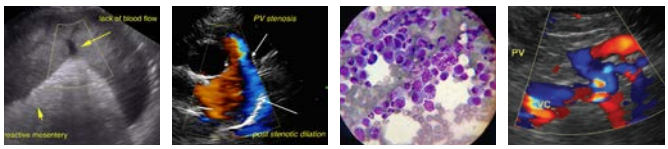

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1-800-838-4268 info@sonopath.com

PATIENT

Lily Belle Goodwin

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

12 Years

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jennifer Simon

INVOICE

33505

DATE

12/16/21

PRESENTING CLINICAL SIGNS

Having accidents in home. Had U/S that saw mass on ventral bladder wall end of November. BRAF/TCC Antech testing negative. 12/3/21.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented variably thickened urinary bladder wall with asymmetrical luminal surface contour. A polypoid like mass lesion was originating from the ventral apical urinary bladder wall and extending into the lumen, measuring 1.8 cm x 1.4 cm. Pinpoint hyperechoic foci were noted within the polypoid like mass lesion, suggestive of pinpoint areas of mineralization. Concurrent mild dependent to non-dependent mineral and echogenic particulate sediment was also present. The trigone, cystourethral junction and visible proximal urethra were sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary small cortical cyst was present in the left kidney. The left kidney measured 7.4 cm. The right kidney measured 7.1 cm.

Adrenal Glands

A focal, well defined, hyperechoic nodule was present in the mid to caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 0.87 cm in diameter. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested. Overall left adrenal gland measured 2.8 cm length x 1.1 cm at the caudal pole. No evidence of mineralization associated with the left adrenal nodule.

A focal, well defined, hyperechoic nodule was present in the mid to cranial right adrenal gland with mild associated capsular distortion, yet without evidence of parenchymal escape or vascular invasion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 2.1 cm x 2.0 cm in diameter. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested. Overall right adrenal gland measured 3.8 cm length x 0.88 cm at the caudal pole. No evidence of mineralization associated with the right adrenal nodule.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple to coalescing echogenic nodules were noted in the medial parenchyma with concurrent hyperechoic, mild asymmetrical medial capsule presentation. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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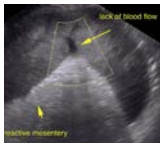
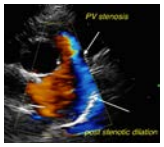
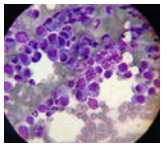
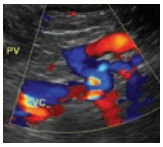

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Liver

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.

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 was evident.

Free Abdomen

A solitary, mildly enlarged to non-homogeneous mesenteric lymph node was present in the mid abdomen, medial to the spleen, measuring 3.7 cm x 1.6 cm. No evidence of additional lymphadenopathy or peritoneal effusion.

PRIMARY FINDINGS

- Thickened apical urinary bladder wall with ventral apical polypoid mass lesion, concurrent mild urinary bladder mineral and sediment.
- Mild chronic renal changes with left kidney cortical cysts
- Non-specific, non-homogeneous, focal mid abdominal mesenteric lymphadenopathy
- Bilateral adrenal nodules – suspect adenomas.

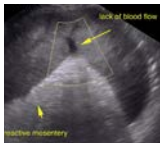
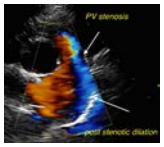
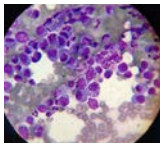
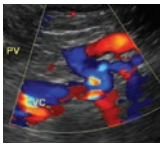
SECONDARY FINDINGS

- Hyperechoic to coalescing splenic nodules in medial splenic capsule – likely consistent with benign myelolipomas and/or capsular fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened apical urinary bladder with concurrent polypoid like mass lesion may indicate chronic apical to polypoid cystitis with primary concern for neoplastic criteria such as transitional cell carcinoma, even with negative BRAF testing. Biopsy would be required for definitive diagnosis. Urine culture and sensitivity on sterile urine sample recommended if not done. Empirically, Piroxicam trial +/- analgesic may be considered. Potential for emerging left or right adrenal neoplasia such as pheochromocytoma, adenocarcinoma, or metastasis cannot be excluded. Screening blood pressure recommended.

The focal mid abdominal mesenteric lymph node was non-specific with considerations including incidental hyperplasia, lymphadenitis, while potential emerging primary versus metastatic lymphadenopathy cannot be definitively excluded. Sonographic monitoring of the bilateral adrenal

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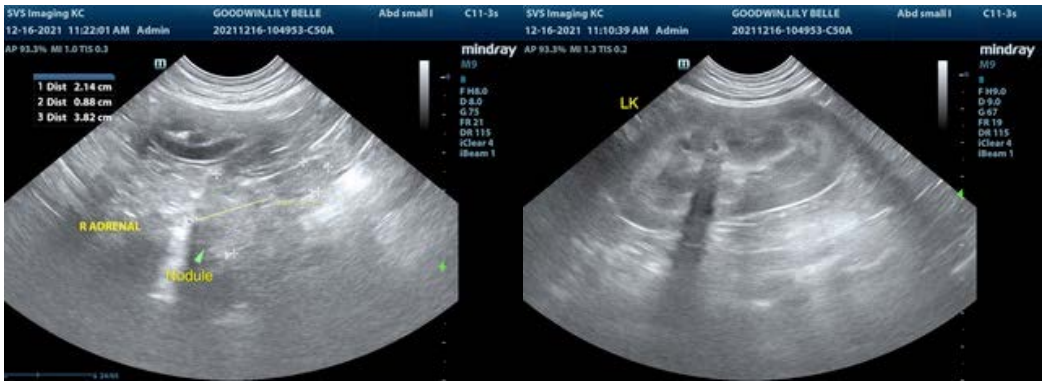
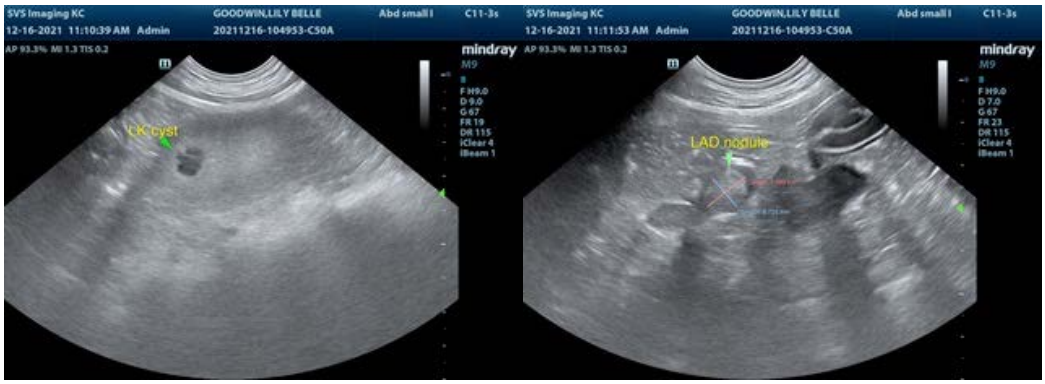
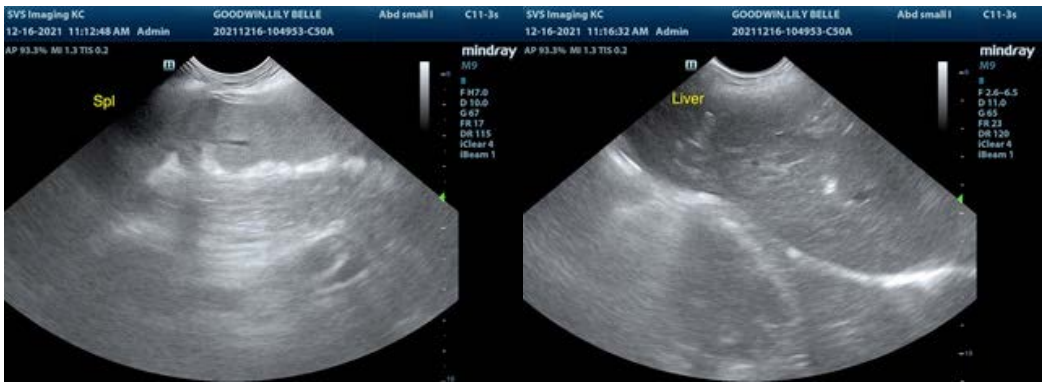
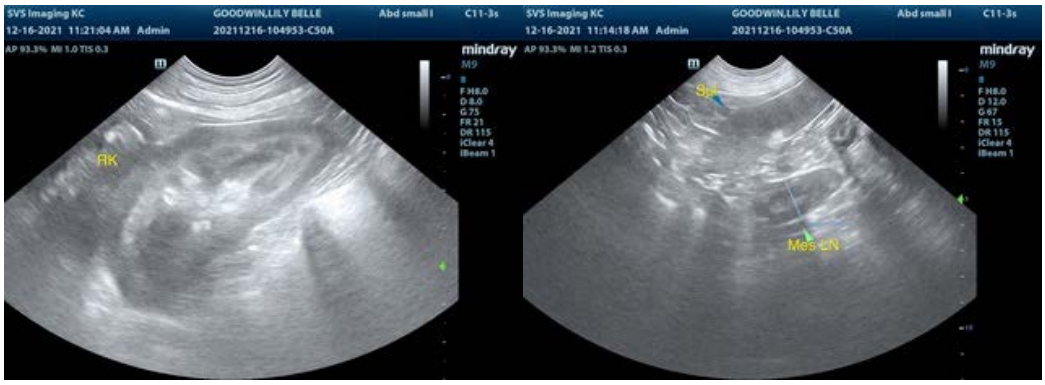
glands, mesenteric lymph node and urinary bladder would be ideal. No evidence of medical iliac or sublumbar lymphadenopathy.









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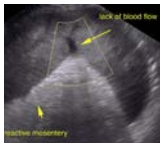
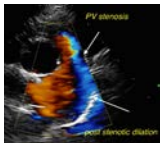
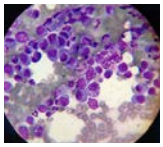
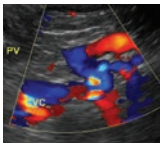

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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