



PATIENT

Sydney Veverka

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

12 Years

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Tumalo AH

REFERRING VET

Rebecca Cochran, DVM

INVOICE

20274

DATE

12/29/22

PRESENTING CLINICAL SIGNS

History: Patient has demonstrated urinary incontinence for ~ 9 months (poorly responsive to Proin) and intermittent hematuria with mild amount of blood dripping from vulva, which has been non-responsive to NSAIDs and Amoxicillin. Previous ultrasound revealed small urinary bladder mass (reportedly the dorsal wall). Intermittent hematochezia also noted.

Abnormal PE/Chem/CBC/UA Results: PE: Stiff on gait analysis. Mild hemorrhagic dripping from vulva, but no palpable abnormalities. 12/26/22: CBC: - NSF CHEM: - ALT: 148 U/L (10-125) all else wnl 12/6/22: free catch UA: dark yellow USG: 1.040 pH: 6.5 pyuria; 21 WBC/HPF hematuria; >50 RBC/HPF - No bacteriuria, no abnormal cells, no crystals, no casts No urine culture at that time Routine blood work has been unremarkable. Recent UA revealed hematuria and mild pyuria, however no bacteriuria detected.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with primarily anechoic urine. No sediment or calculi were noted. No evidence of pathology in the area of the ureteral papilla. A small nonhomogenous focally hyperechoic mass lesion was present in the area of the urinary bladder neck, likely extending mildly into the proximal urethra. This lesion did not appear to be obstructive to urinary outflow given the normal urinary bladder size. The small mass lesion measured approximately 1.3 cm x 0.84 cm. Overtly normal urethral tone was noted to a depth of 4.0 cm. 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 6.7 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.8 cm length x 0.73 cm width in the caudal pole. The right adrenal gland measured 3.5 cm length x 0.73 cm width in the caudal pole. No adrenomegaly or tumors noted.

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.

Liver

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.

Gastrointestinal



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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.

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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder
- Small nonhomogenous to focally hyperechoic mass lesion in the area of the urinary bladder neck and proximal urethra
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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R. McKenzie Daniel,
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(Canine and Feline)

Although not definitive, given the sonographic appearance and location of the small urinary bladder neck and proximal urethral mass lesion, primary concern for transitional cell carcinoma is warranted. Potential for focal urinary bladder neck cystitis or proximal urethritis or benign polypoid lesion could be possible. Screening BRAF assay is suggested for further assessment yet if BRAF assay is negative, neoplastic criteria would not be definitively excluded. Cystoscopy is likely ideal, if possible, for further assessment and potential biopsy. Alternatively, if possible, traumatic catheterization could be considered. Empirically, continued therapy for incontinence +/- Piroxicam trial, if not previously administered and sonographic monitoring of the mass lesion for evidence of progression or resolution would be reasonable. No evidence of regional metastasis.

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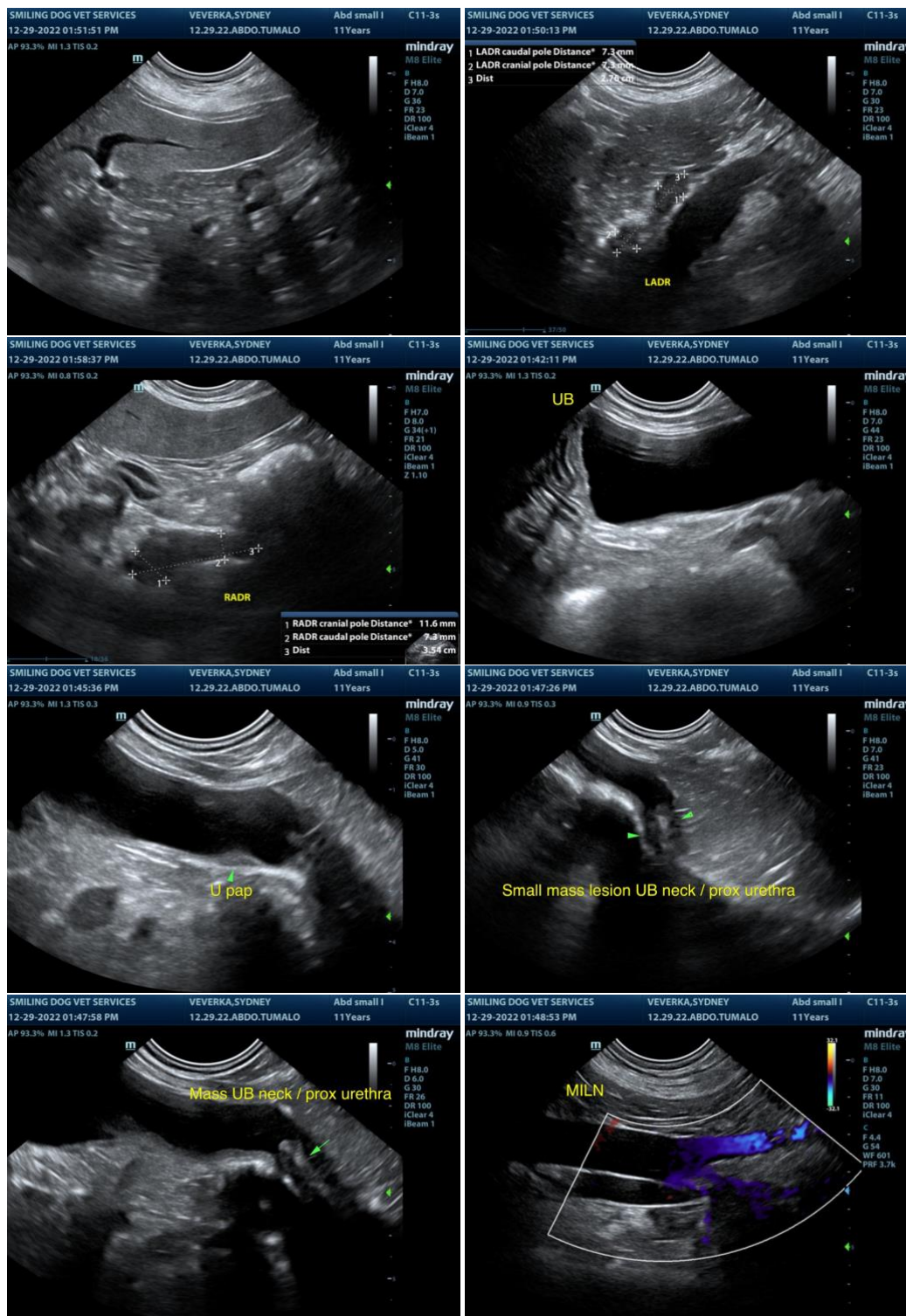
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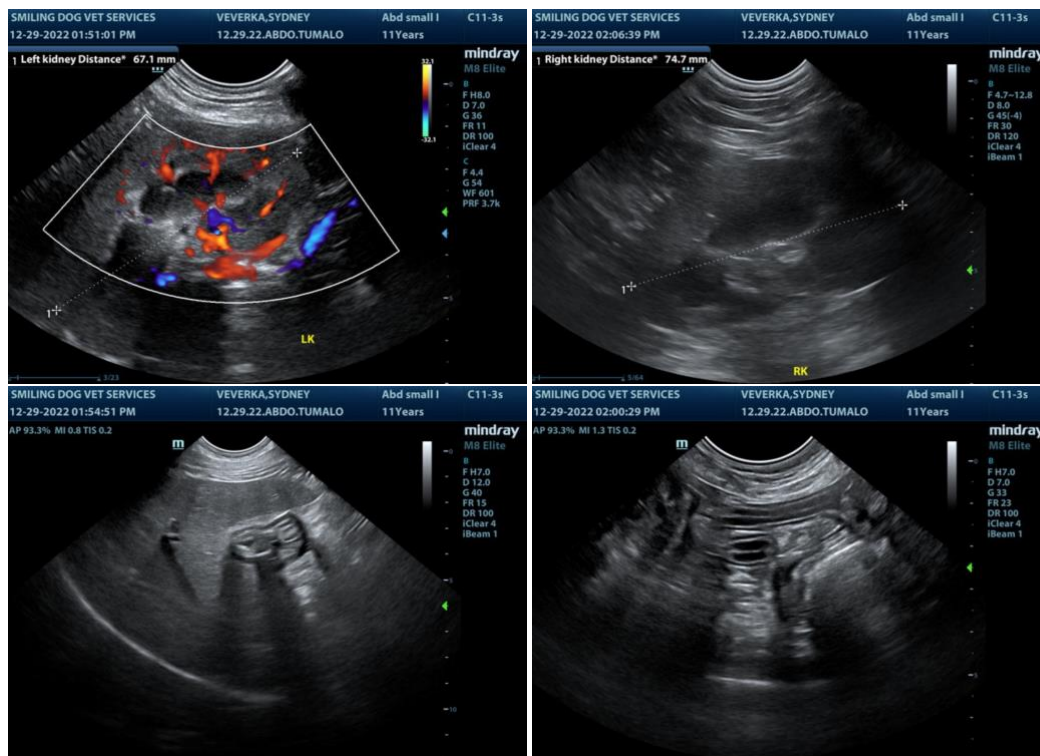
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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