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Clinical Sonography & Telecytology
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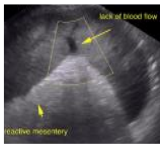
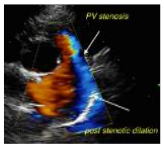
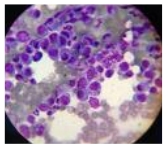
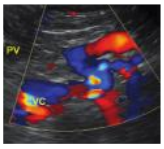





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Luna Popovich

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

11 years

WEIGHT

48 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Berberich

INVOICE

20910

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Recheck transitional cell carcinoma - 5 weeks on Lapatinib.
Abnormal PE/Chem/CBC/UA Results: Previous AUS report attached, pre-chemotherapy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Previously noted ventral caudal mass, resulting in variably thickened nonhomogenous ventral caudal wall, extending into the area of the ventral trigone and cystourethral junction was noted. The mass exhibited nonhomogenous echotexture with pinpoint hyperechoic mural foci, suggestive of pinpoint mass mineralization. Possible, although not definitive, focally thickened dorsal trigone wall, measuring approximately 0.4- 0.5 cm width. The ventral caudal mass subjectively measured 3.5 cm – 4.0 cm in length x 1.0 cm in width. Anechoic urine was present with no calculi. The proximal urethra was overtly normal in structure and tone to a depth of 3.0 cm. The urinary bladder mass did not appear to be obstructive to urinary outflow.

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 6.1 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.46 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.63 cm width at the caudal pole.

Spleen

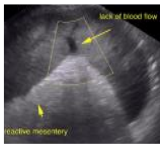
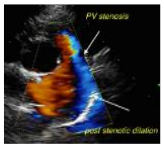
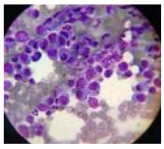
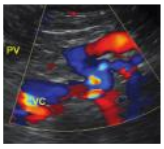
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

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

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.

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

- Persistent ventral caudal urinary bladder mass, potential focal to emerging areas of concurrent dorsal wall/trigone mural lesions
- Mild age-related kidneys- no evidence of pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the previously noted ventral caudal urinary bladder mass was not as well demarcated as previously described. However, there is some concern for possible emerging neoplastic criteria associated with the dorsal urinary bladder and trigone wall. The mass continues to be nonobstructive to urinary outflow, given the normal urinary bladder normal size and tone. No evidence of regional metastasis. Oncology consultation, continued chemotherapy if clinically indicated, and sonographic monitoring of both the ventral caudal mass and potential emerging lesions associated with the dorsal urinary bladder wall and trigone is recommended.

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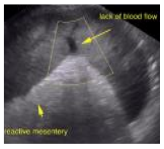
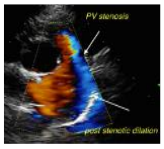
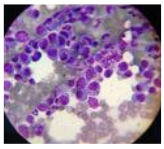
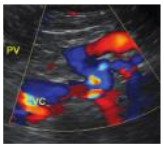

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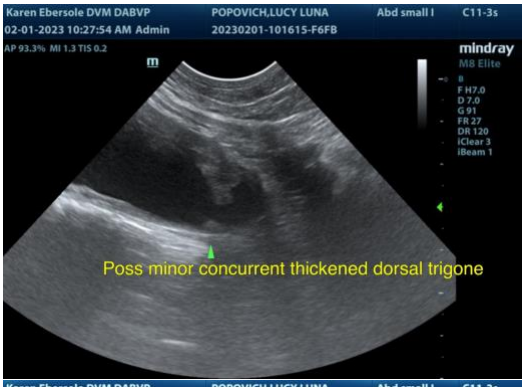

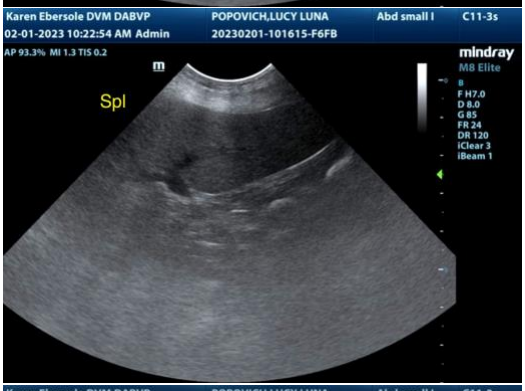

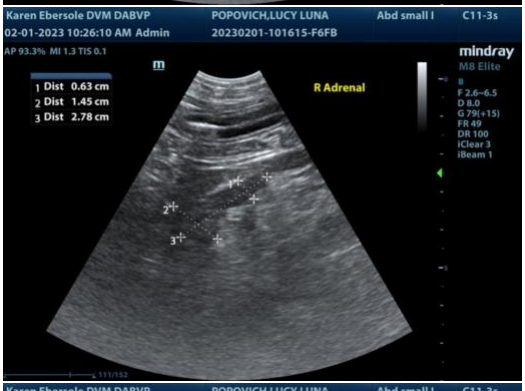

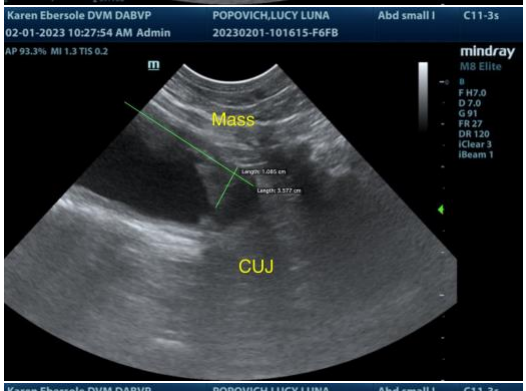

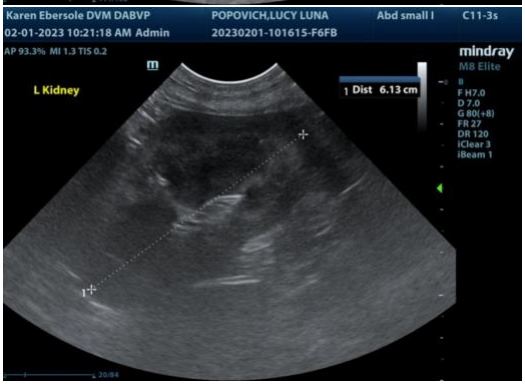

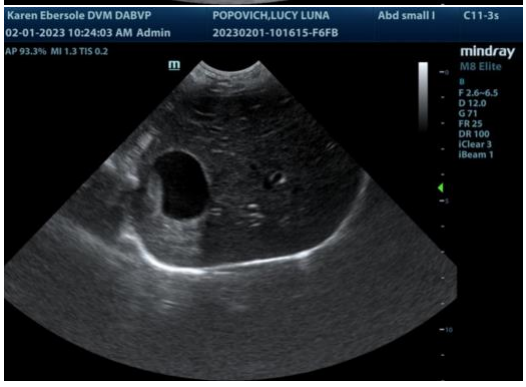

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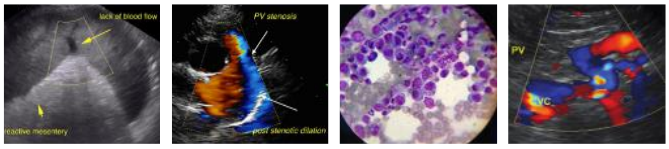

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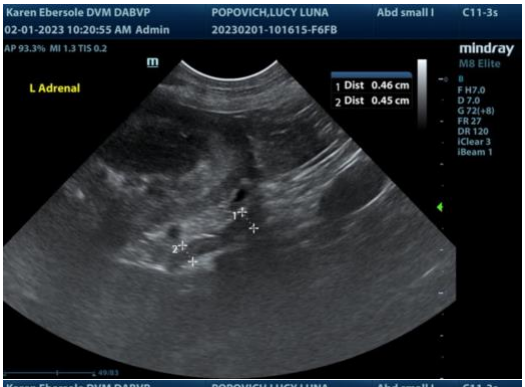

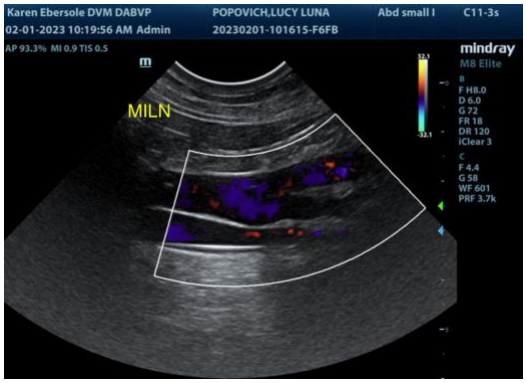

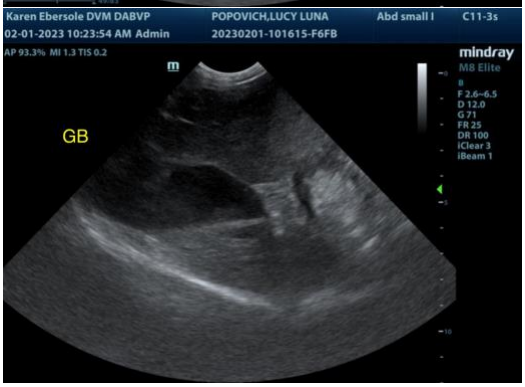

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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