



**PATIENT**

Beckham Troxell

**SPECIES**

Canine

**BREED**

Mix

**SEX**

M/N

**AGE**

13 years

**WEIGHT**

39 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. Porcelli

**INVOICE**

16140

**DATE**

2/10/23

**PRESENTING CLINICAL SIGNS**

Hematuria and LE elevation. No clinical signs reported. Found on annual BW/UA.  
Abnormal PE/Chem/CBC/UA Results: 1/16/23: mild elevation in BUN, ALT/ALP elevated 1/16/23:  
Hematuria, proteinuria, epithelial cells

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

A sessile based mass primarily involving the ventral to ventroapical urinary bladder wall extending into the urinary bladder lumen measuring approximately 2.7 cm in diameter was present with irregular margination. Nonhomogeneous pinpoint to focal hyperechoic parenchyma was present. Power Doppler evaluation of the mass confirmed blood flow within the mass. The mass did not appear to be obstructive to urinary outflow. 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. The urethra exhibited overtly normal structure and tone to a depth of 4.0 cm.

The residual prostate was free of pathology measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy or regional metastasis.

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 or pyelectasia was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.9 cm in length. Pinpoint medullary mineral was noted.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.66 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 2.2 cm length x 0.83 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 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 primarily anechoic



<b>PATIENT</b>	content with mild, nonorganized, echogenic gallbladder debris. The cystic and common bile ducts were normal.
Beckham Troxell	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	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.
<b>BREED</b>	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.
Mix	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
M/N	
<b>AGE</b>	<b><i>Pancreas</i></b>
13 years	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.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
39 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Sessile based urinary bladder mass - consistent with likely transitional cell carcinoma</li> <li>• Mild chronic renal changes exhibiting pinpoint medullary mineral</li> <li>• Nonspecific hepatopathy - subjectively benign</li> <li>• Mild gallbladder debris (non-mucocele)</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Karen Ebersole, DVM, DABVP (Canine and Feline)	Screening BRAF Assay for further assessment of the urinary bladder mass may be considered. Given the size of the mass, curative surgical options are likely precluded.
<b>HOSPITAL NAME</b>	Oncology consult for possible chemotherapeutic intervention may be considered empirically. A Piroxicam trial or similar with sonographic monitoring of the urinary bladder mass would be reasonable. No evidence of regional or intraabdominal metastasis.
Scanvet	
<b>REFERRING VET</b>	Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Screening hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammatory cells yet overall the liver appears to be benign.
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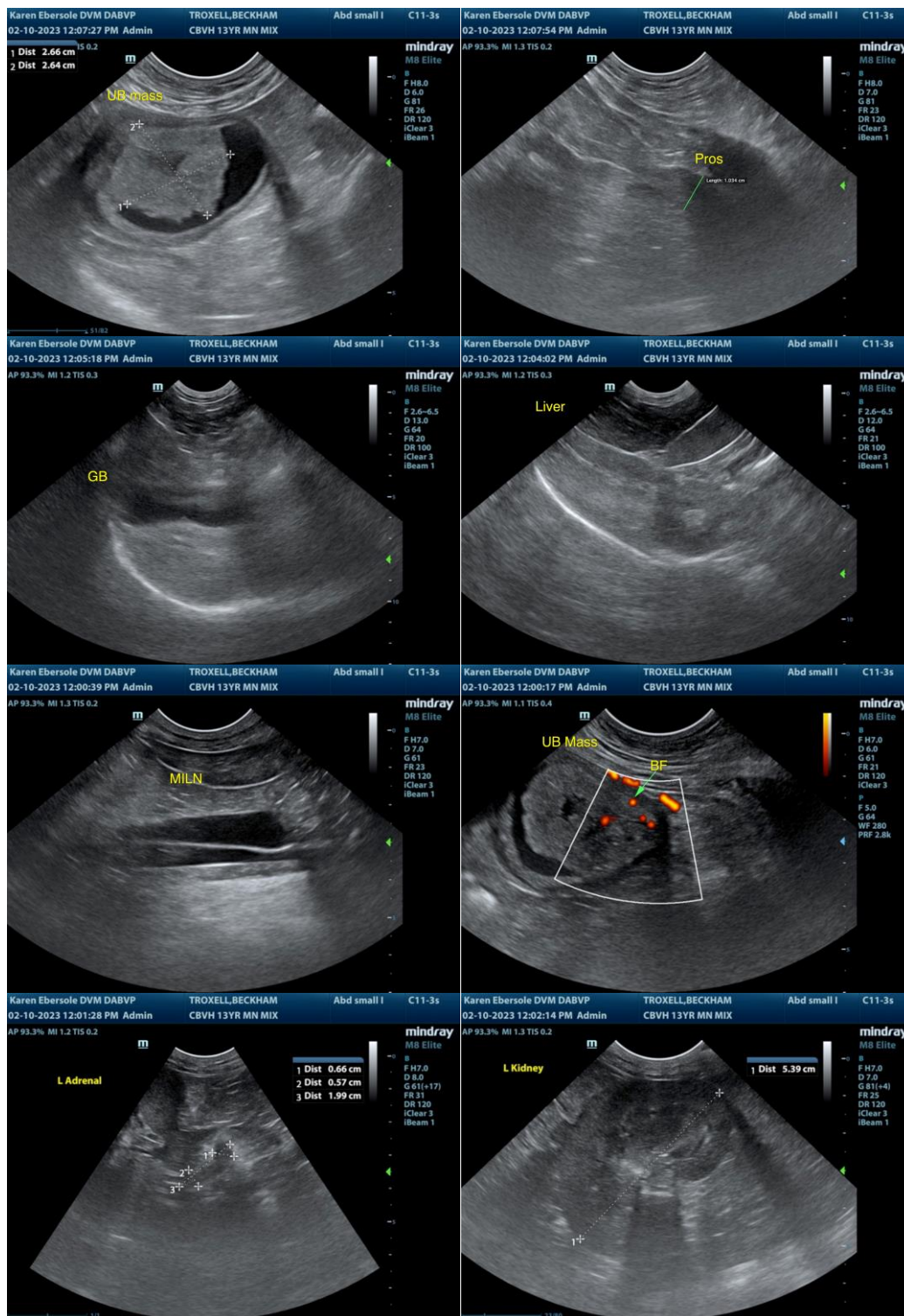
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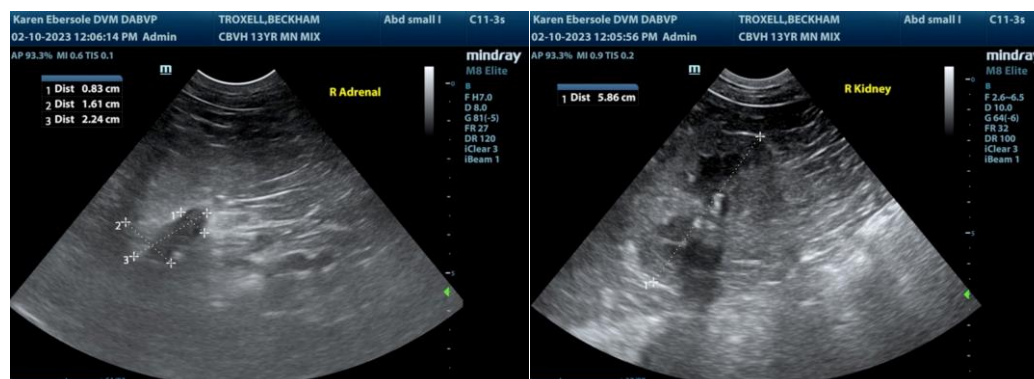
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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