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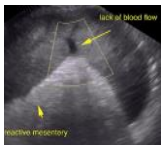
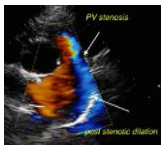
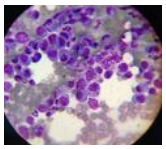
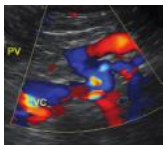





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ajax Hunik

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

11 years

WEIGHT

20 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS RDCS

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr Atal Bahadur

INVOICE

10056ag

DATE

02/18/2022

PRESENTING CLINICAL SIGNS

Hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass appearing to arise from the dorsal urinary bladder wall occupying a large majority of the lumen with potential extension into the area of the trigone and cystourethral junction was present. The body of the mass measured approximately 2.6 cm x 1.7 cm. A separate mass occupying the area of the trigone and cystourethral junction measuring approximately 1.4 cm in diameter is possible. Pinpoint areas of mineralization were present within the mass. Mildly thickened yet symmetrical ventroapical to dorsoapical urinary bladder wall measuring 0.55 cm in diameter was noted. The visible pelvic urethra was normal to a depth of 3 cm.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Overt evidence of concurrent sub lumbar or medial iliac lymphadenopathy was not visualized.

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 0.6 cm width in the cranial pole and 0.67 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present primarily mid medial spleen adjacent to the hilus. An example of a nodule measured 0.94 cm. The capsule was smooth and regular without apparent expansion. 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.

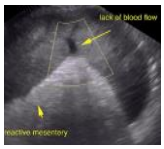
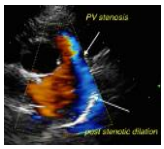
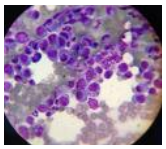
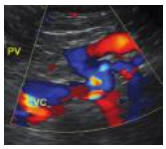
Liver

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

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.

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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.

ULTRASONOGRAPHIC FINDINGS

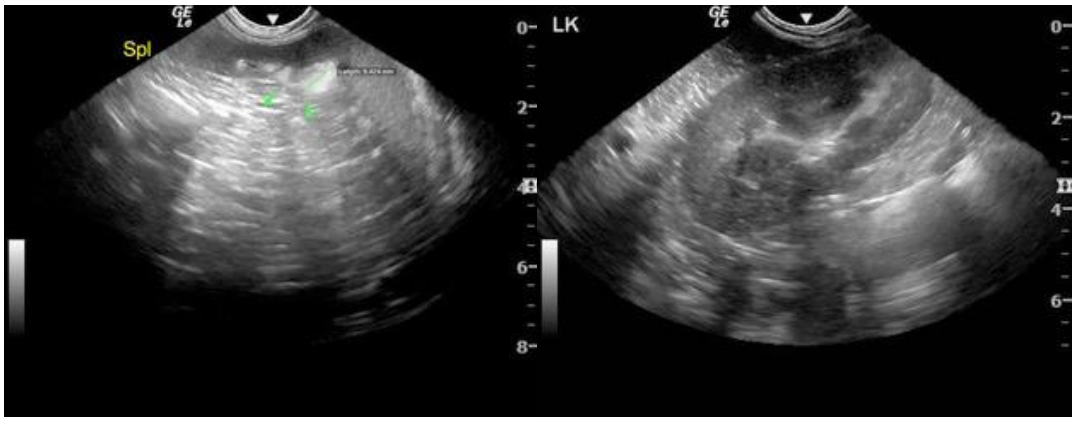
- Urinary bladder mass.
- Bilateral mild chronic renal changes with pinpoint medullary mineral.
- Benign splenic nodules-consistent with probable myelolipomas, nodular hyperplasia or possible emerging mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the urinary bladder mass is most suggestive of neoplastic criteria such as transitional cell carcinoma or other. A screening BRAF assay could be considered. The urinary bladder mass does not appear to be amenable to surgical resection based on size and location.

No overt evidence of regional metastatic disease was present.

Empirically, an NSAID trial such as Piroxicam with sonographic monitoring of the urinary bladder mass and /or oncology consult would be reasonable.



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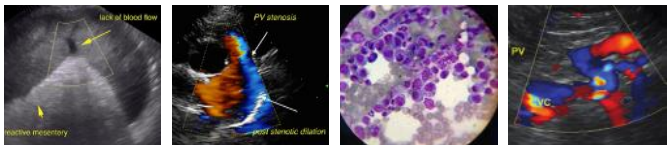

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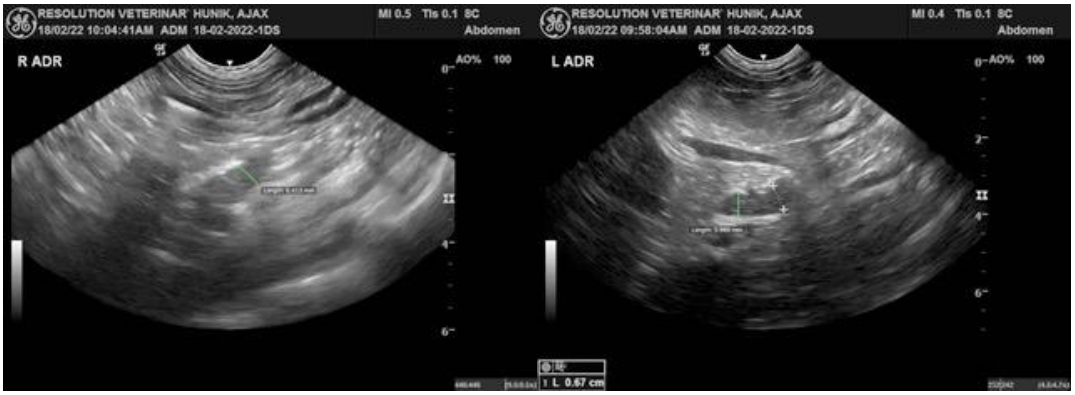

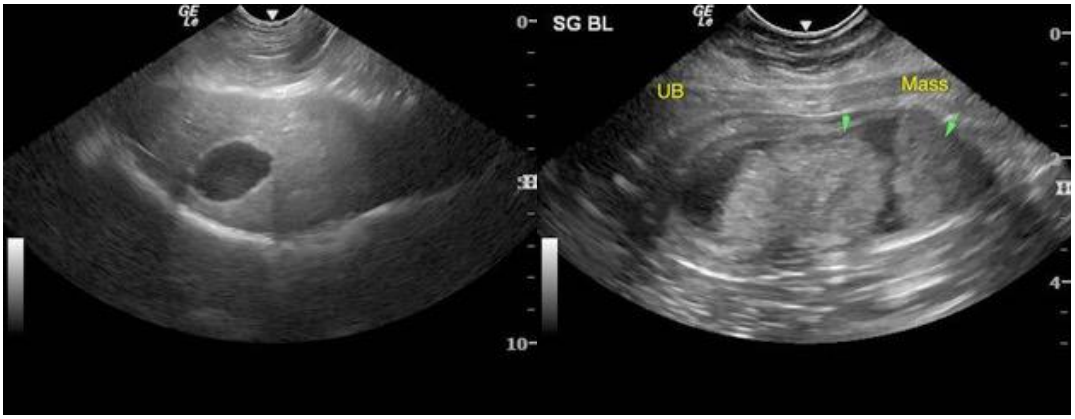

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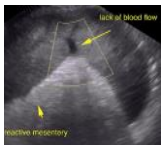

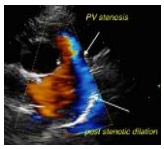

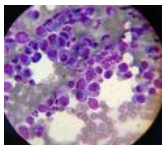
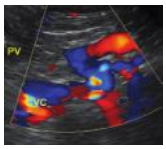

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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