



**PATIENT**

Callie Sherriff

**SPECIES**

Canine

**BREED**

German Shepherd X

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

22.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Alamdari

**HOSPITAL NAME**

King Hopkins Pet  
Hospital

**REFERRING VET**

Dr. Alamdari

**INVOICE**

10168ag

**DATE**

03/14/2022

**PRESENTING CLINICAL SIGNS**

History: Callie is a 12 y/o SF german shepherd dog. Increased frequency of urination since a month ago. O noticed blood in urine recently. Lost around 7 kg BW in last 6 months. BCS is 3/9. P already diagnosed as EPI by rDVM and is on pancreas enzymes.

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. A lobulated mass lesion exhibiting nonhomogeneous parenchyma occupying the area of the urinary bladder neck with the possibility of extension into the proximal urethra was present measuring 1.5 cm x 0.7 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. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology with no evidence of medial iliac or sub lumbar lymphadenopathy.

**Adrenal Glands**

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm width at the caudal pole and 0.7 cm width at the cranial 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**

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 mild gallbladder debris. 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. Intermittent duodenojejunal mucosal speckling along with mild retained duodenal chyme was observed. The jejunum wall measured 0.44 cm.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

Callie Sherriff

**Pancreas**

**SPECIES**

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Canine

**BREED**

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

German Shepherd X

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed female

- Urinary bladder neck mass-suggestive of transitional cell carcinoma.
- Mild chronic renal changes.
- Mild chronic pancreatitis/pancreatic fibrosis pattern.
- Overtly normal gastrointestinal tract with mild retained duodenal chyme.
- Mild gallbladder debris (non-mucocele)-likely incidental, potentially owing to fasting.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

22.3 kg

Although histopathology via biopsy is required for definitive diagnosis, the urinary bladder neck mass is consistent with probable transitional cell carcinoma. Screening BRAF assay could be considered, however if negative transitional cell carcinoma is not definitively excluded.

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No overt evidence of regional metastasis.

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Potential for concurrent enteropathy in combination with EPI given the weight loss in this patient and while on pancreatic enzyme supplementation cannot be excluded. A GI panel including PLI/TLI/Cobalamin/Folate is recommended for further assessment.

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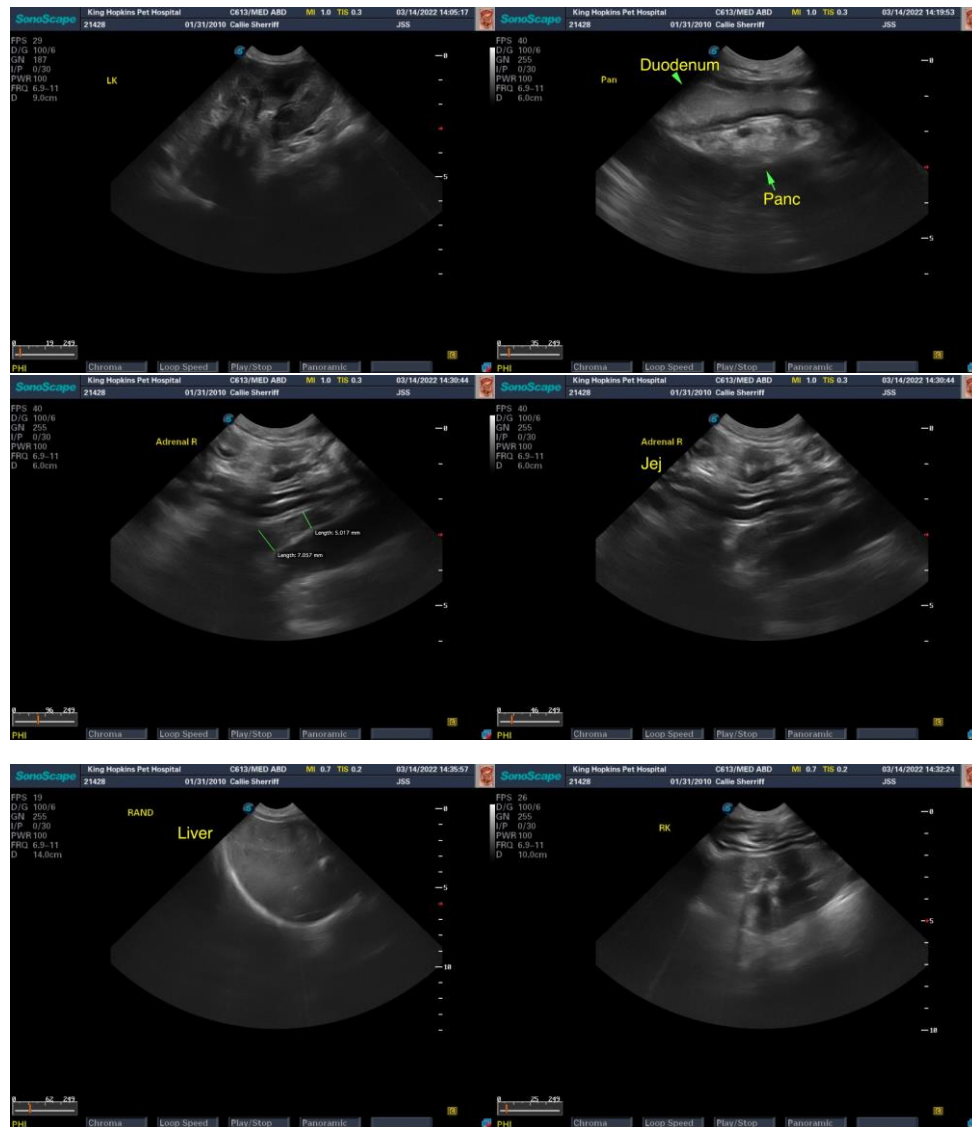
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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