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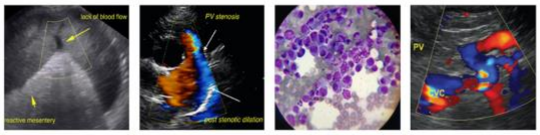

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Carmen Caffrey

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

2008

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

14341

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Recurrent UTI's Benadryl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Multiple, variably sized sessile based to polypoid-like masses originating from and involving the ventral apical and dorsal urinary bladder wall as well as the ventral and dorsal trigone. An example of ventral sessile base mass measured 4.0 cm x 2.0 cm. An example of dorsal polypoid-like mass measured 1.1 cm x 1.0 cm. Multiple areas of pinpoint to focal mineralization were noted and multiple sessile based to polypoid-like masses. No evidence of calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm. Potential for pinpoint luminal urethral mineral possible.

Aortic trifurcation was normal without 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. Focal medullary mineral was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.7 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 0.71 cm width at the caudal pole and 0.59 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 1.2 cm width at the cranial pole.

Spleen

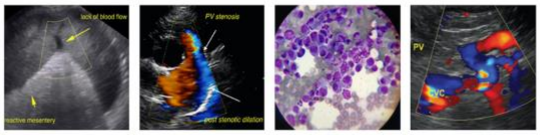
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 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.

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

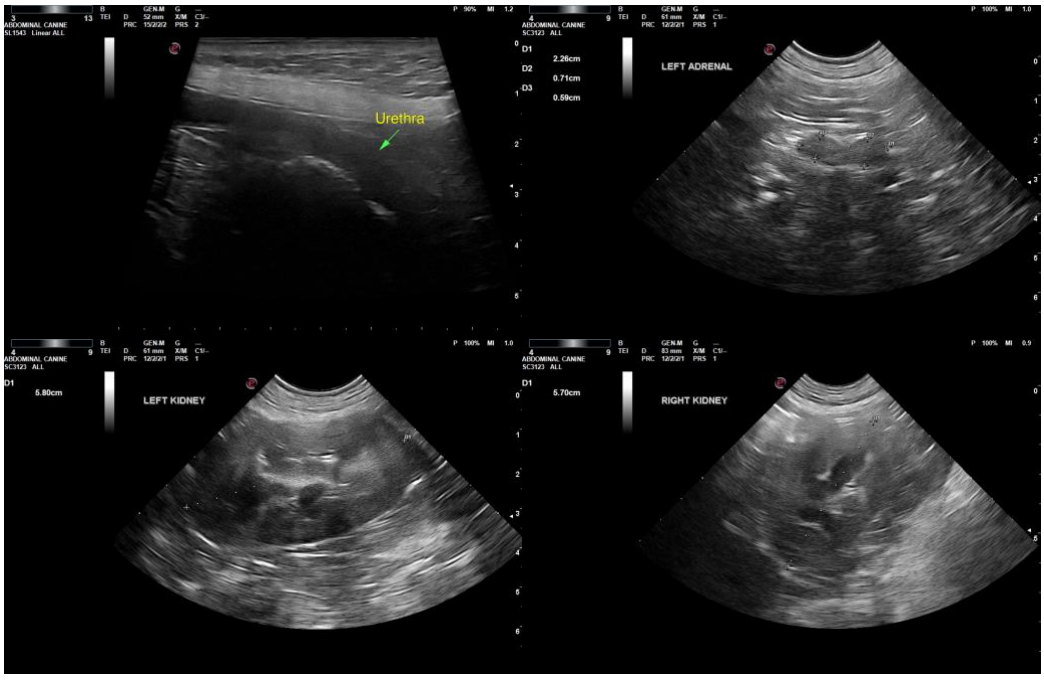
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Multiple sessile based to polypoid-like urinary bladder masses exhibiting pinpoint to focal mineralization
- Mild chronic renal changes with nonobstructive medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple urinary bladder masses are most consistent with neoplastic criteria (i.e., transitional cell carcinoma) given the areas of pinpoint to focal mineralization. Potential for chronic variable to polypoid cystitis possible yet thought less likely. Screening BRAF assay as well as cytospin cytology of a free catch urinary sample to assess for atypical or neoplastic transitional cells could be considered. Unfortunately, given the multifocal masses present, this case is nonsurgical. No overt evidence of regional metastasis.



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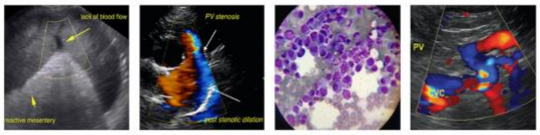

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com

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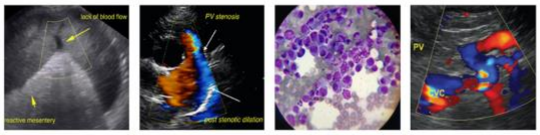

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