



PATIENT PRESENTING CLINICAL SIGNS

Pepper Wetzig Chronic hematuria, pollakiuria

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

Canine
An irregular, nonhomogeneous, mineralized mass occupying the majority of the cranial to cranial dorsal urinary bladder wall was present. Concurrent mildly thickened mid-ventral urinary bladder wall exhibiting mild asymmetrical luminal surface contour was also noted. The urinary bladder mass measured approximately 4.0 cm x 2.0 cm. Minimal anechoic urine was present without evidence of luminal calculi. The cystourethral junction was free of overt pathology with overtly normal proximal urethra structure and tone to a depth of 3.0 cm.

BREED
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No evidence of medial iliac or sublumbar lymphadenopathy.

FS
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. Minor medullary mineralization was noted. The left kidney measured 5.4 cm in length. The right kidney measured 4.9 cm in length.

WEIGHT Adrenal Glands

30.3
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia or adrenal tumors. The left adrenal gland measured 2.6 cm length x 0.60 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.57 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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.

IMAGING PERFORMED BY

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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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing moderate non-dependent, mildly inspissated yet nonorganized, hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Eckman

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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.

DATE

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PATIENT

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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.

SPECIES

Pancreas

Canine

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mineralized urinary bladder mass - consistent with neoplastic criteria i.e., transitional cell carcinoma or other
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling
- Inspissated yet nonorganized gallbladder debris - possible early gallbladder mucocele criteria

AGE

2011

WEIGHT

30.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening BRAF Assay may be considered. Biopsy of the urinary bladder mass would be required for a definitive diagnosis, yet surgical resection of the urinary bladder mass is considered improbable, given its size and degree of involvement of the urinary bladder wall. The mass did not appear to invade the ureteral papilla, given the lack of evidence for left or right pyelectasia / hydronephrosis. There is no evidence of regional metastasis.

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Oncology consult could be considered. Empirically, NSAID trial such as Piroxicam and as-needed analgesia with an assessment of clinical response and sonographic monitoring of the urinary bladder mass would be reasonable.

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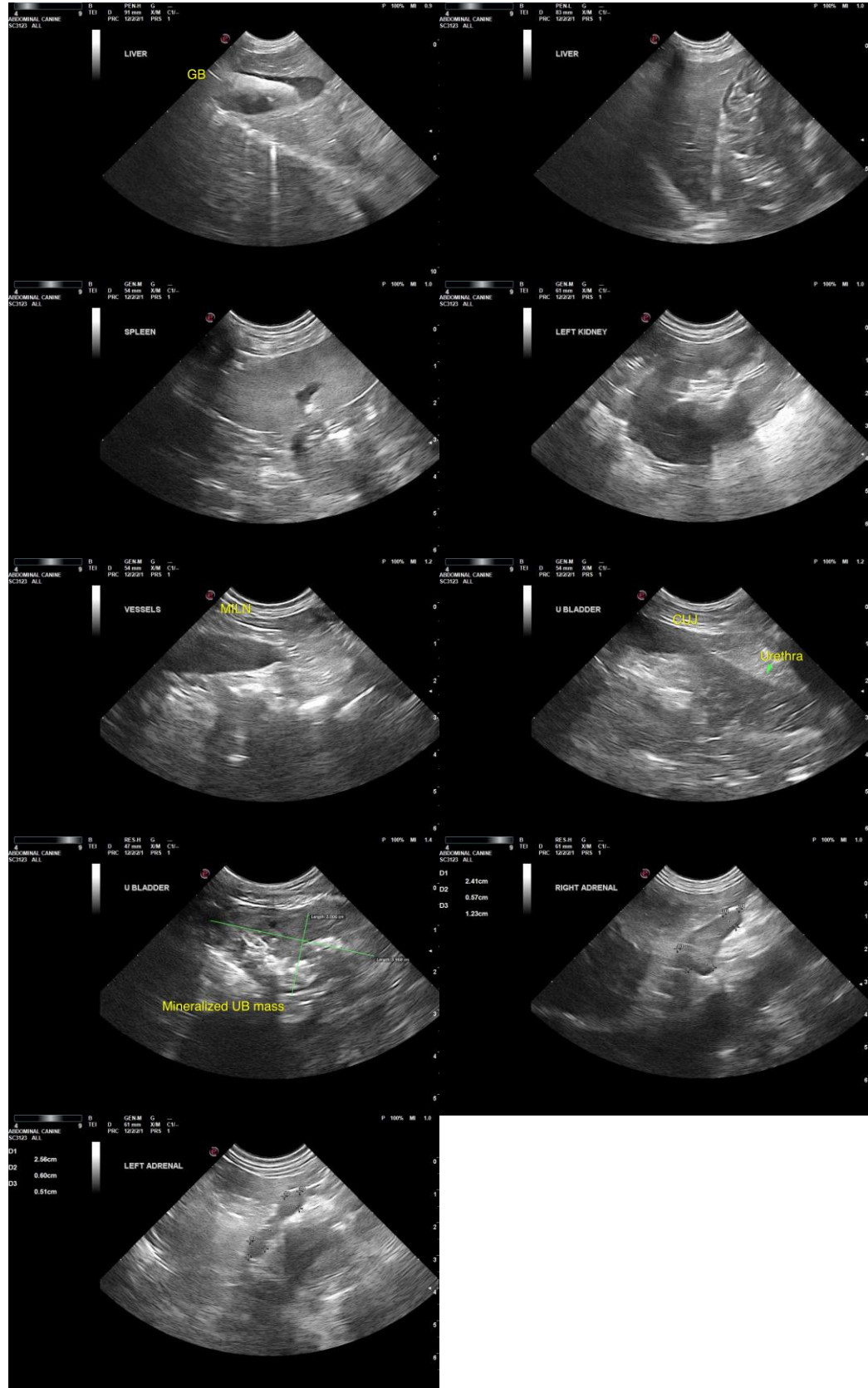
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SPECIES

Canine

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.

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Shepherd Mix

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.

SEX

FS

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