



PATIENT PRESENTING CLINICAL SIGNS

Dougie Griffaton History: Concern for urinary bladder mass, elevated liver values Diazepam
Labs: Previous ALP 868

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Beagle

SEX

Neutered Male

AGE

2011

WEIGHT

30.6 Pounds

Moderate yet variable thickening of the mid ventral and dorsal urinary bladder, extending into the trigone and urinary bladder neck was present. Mild to moderate dependent mineral, along with evidence of mural to luminal mineralization in the area of the dorsal and ventral trigone and urinary bladder neck was present. The dorsal trigone wall measured up to 1.0 cm. Mildly nonhomogeneous to decreased urinary bladder mural echogenicity noted. Extension of mural thickening into the area of the proximal urethra, involving the residual prostate was present. Evidence of either prostatic or proximal urethral luminal versus prostatic parenchymal or urethral mural mineralization was present. The residual prostate measured 2.8 cm x 1.3 cm. The proximal urethral width was 0.72 cm width to a depth of 3.0 cm.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm x 0.89 width in the caudal pole.

The right adrenal gland revealed generalized mild enlargement. Mild parenchyma heterogeneity and areas of mild right adrenal capsule asymmetry yet without evidence of parenchymal escape or mineralization were noted. The right adrenal gland measured 2.5 cm in length x 0.98 cm width at the cranial pole and 0.90 cm width at the caudal pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Leighton AH

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Carpenter

INVOICE

14545

DATE

3/28/22



PATIENT *Gastrointestinal*

Dougie Griffaton 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.

SPECIES 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.

Canine

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

BREED *Pancreas*

Beagle

The pancreas was normal in size with mild asymmetrical pancreatic capsule contour and generalized hypoechoic nodular parenchyma and with parenchymal heterogeneity.

SEX *Free Abdomen*

Neutered Male

Solitary to possible intermittent, mildly prominent to enlarged medial iliac to hypogastric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 2.6 cm x 1.2 cm.

AGE

2011

No evidence of peritoneal effusion.

WEIGHT **ULTRASONOGRAPHIC FINDINGS**

30.6 Pounds

- Extensive trigone urinary bladder neck mass, extending to involve the residual prostate and proximal urethra- transitional cell carcinoma, until proven otherwise
- Associated medial iliac/hypogastric lymphadenopathy- concern for early metastatic lymphadenopathy, hyperplasia or minor reactive lymphadenitis possible
- Mild chronic renal changes
- Vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Nonspecific right adrenomegaly
- Nodular pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin cytology of free catch urine sample and screening BRAF assay could be considered. Biopsy of the urinary bladder mass, residual prostate or proximal urethra are likely required for a definitive diagnosis. Screening UCCR +/- LDDST could be considered, if clinical signs consistent with adrenal hyperfunction are present. Screening blood pressure also recommended to rule out hypertension.

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The pancreatic presentation, although nonspecific, is suggestive of diffuse pancreatic nodular hyperplasia, while the possibility of mixed pancreatic inflammatory pattern or less likely neoplastic criteria cannot be definitively excluded. Correlation with a spec CPL could be considered if clinically indicated.

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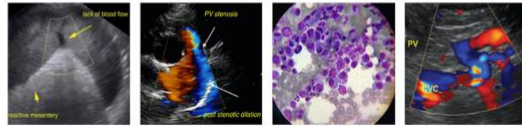
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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