



PATIENT

PRESENTING CLINICAL SIGNS

Crayne Wiedman

Chronic hematuria.

SPECIES

Canine

Meds: Clavamox 375mg 2 bid

Abnormal PE/Chem/CBC/UA Results: 2/3/23 Alt 149; Alp 1501, Ca 11.9; U/A-USG 1.024, RBC >50/hpf; WBC 13/hpf

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass appearing to originate from the mid dorsal bladder wall extending into the bladder lumen with asymmetrical margination was present and measured 4.9 cm x 4.4 cm. The parenchyma of the mass was non-homogenous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

SEX

MN

AGE

12yr

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. The left kidney measured 7.2 cm in length. The right kidney measured 7.8 cm in length.

WEIGHT

96lb

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

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 3.3 cm length and 0.84 cm width in the caudal pole. The right adrenal gland measured 3.7 cm length and 0.95 cm width in the caudal pole.

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Morris Hills Vet Clinic

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, well-defined, symmetrical, hyperechoic nodules were present throughout the medial parenchyma and perihilar, an example measuring 1.2 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

REFERRING VET

Dr. Hirshenson

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Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. A focal small intraparenchymal cyst was noted. 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

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normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and echogenic non-organized debris. The cystic and common bile ducts were normal.

SPECIES

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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.

BREED

Mix

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.

SEX

MN

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.

AGE

12yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

96lb

ULTRASONOGRAPHIC FINDINGS

- Sessile based mineralized urinary bladder mass.
- Mild chronic renal changes.
- Non-specific subjective chronic/benign hepatopathy-vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, mild fibrosis or other hepatopathy possible.
- Gallbladder debris (non-mucocele).
- Benign splenic nodules-consistent with benign myelolipomas, potential for mineralization or chronic infarct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria i.e. transitional cell carcinoma. A screening BRAF assay could be considered. Mass biopsy would be required for a definitive diagnosis. Urinary bladder mass resectability is questionable given location. No evidence of regional metastasis.

Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

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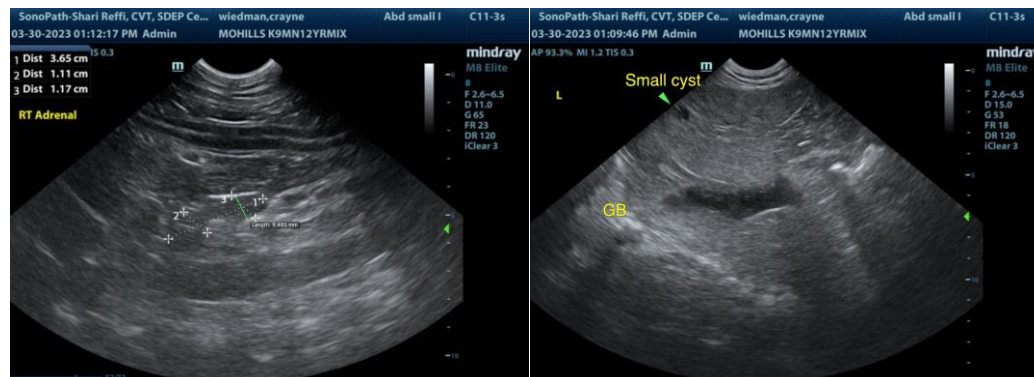
Dr. Hirshenson

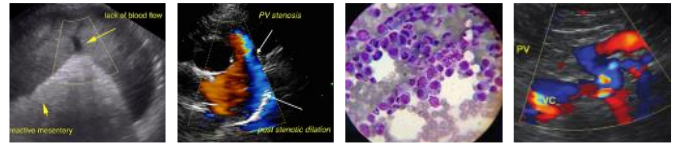
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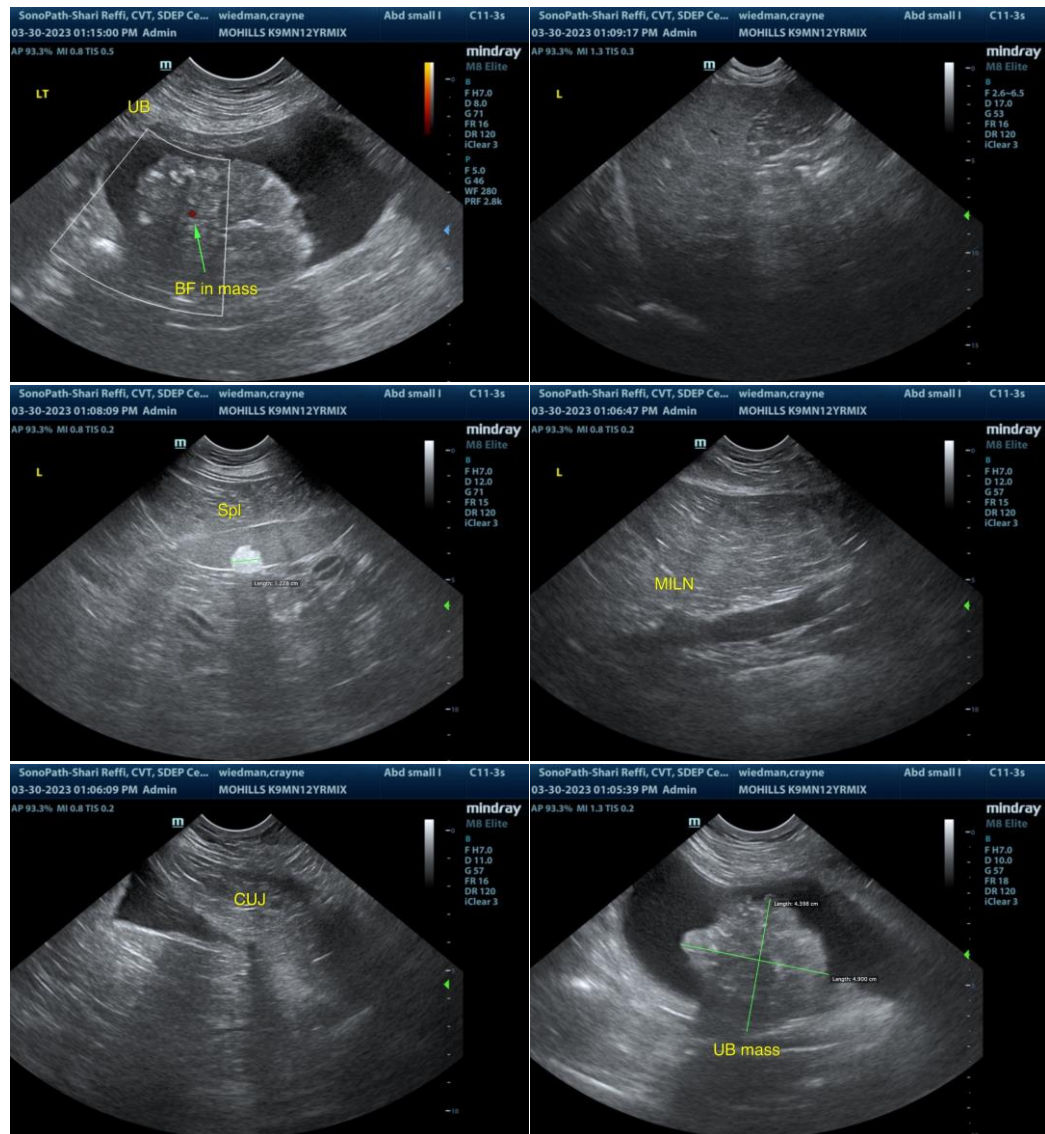
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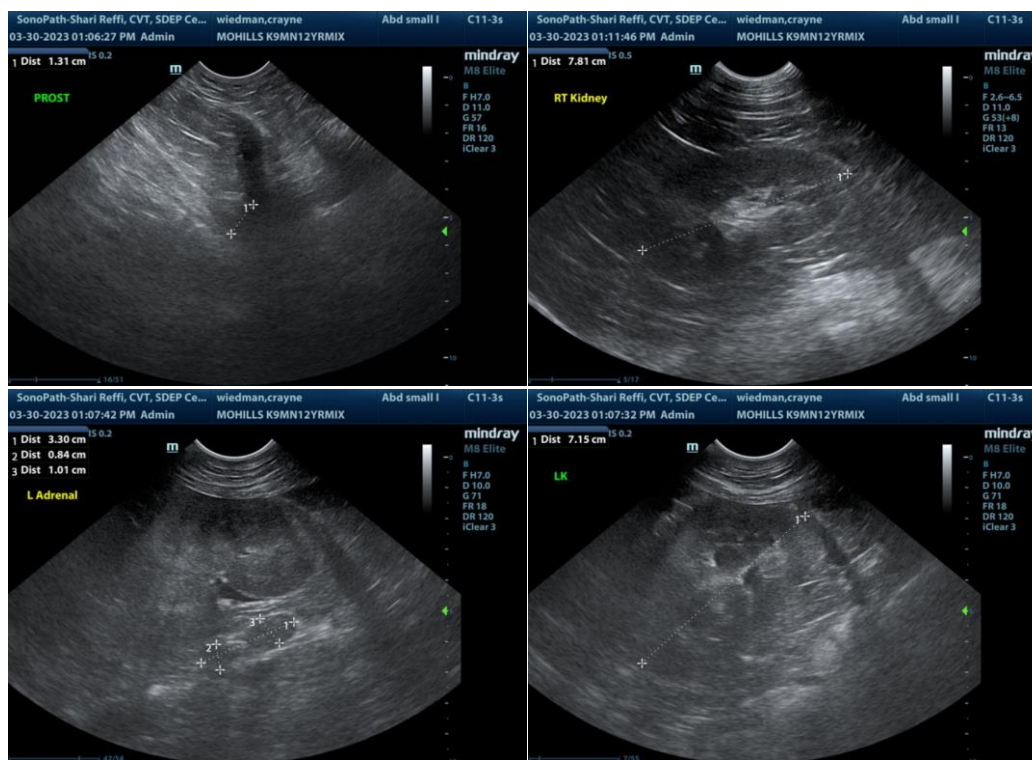
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WEIGHT

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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.

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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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