

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bella Stampfli	Seasonal allergies and itching have flared up. Eats cooked lean beef and chicken with her food. Blood in urine noted 3/6/23 and noted increased frequency to go outside. Eating well. Started Zeniquin and Metacam but no improvement at recheck for ongoing blood in urine and dark coloured urine 4/2/23.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Rads showed small urolith and U/A confirmed UTI.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Cockapoo	<b>Urinary System</b>
<b>SEX</b>	A sessile based mass occupying the majority of the dorsal urinary bladder wall extending mildly into the urinary bladder lumen with asymmetrical margination was present and measured 3.5 cm x 1.8 cm. The parenchyma of the mass was mild nonhomogeneous with discrete pinpoint hyperechoic foci within the mass, which may suggest emerging pinpoint areas of mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with concurrent mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. The urethra exhibited normal structure and tone to a depth of 4.0 cm.
FS	
<b>AGE</b>	No evidence of medial Iliac or sublumbar lymphadenopathy.
11 years	
<b>WEIGHT</b>	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 or pyelectasia was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.
11.2 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was overtly normal in size position and shape. The right adrenal gland subjectively measured 0.60 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Grand River VH	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. Intermittent nondisruptive, well-demarcated, mildly hyperechoic intraparenchymal
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<b>PATIENT</b>	nodules were present with an example measuring 1.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with moderate, congealed yet nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Bella Stampfli	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing, sonographically consistent with food and suggestive of post prandial presentation.
<b>BREED</b>	
Cockapoo	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.
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<b>Pancreas</b>
<b>AGE</b>	The pancreas base and right pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
11 years	
<b>WEIGHT</b>	<b>Free Abdomen</b>
11.2 kg	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>• Urinary bladder mass with concurrent nondependent sediment</li> <li>• Mild chronic renal changes</li> <li>• Hepatomegaly with hyperechoic nodules - subjectively benign, nodules most consistent with small lipogranulomas or hyperplasia</li> <li>• Moderate gallbladder debris (non-mucocele)</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Crystal Hill	The urinary bladder mass is most consistent with neoplastic criteria i.e., transitional cell carcinoma or other. The concurrent urinary bladder sediment is suggestive of concurrent cellular debris / protein, crystalline debris, or possible mucus. Screening BRAF Assay is recommended. A biopsy would be required for a definitive diagnosis, yet given the extent of the dorsal urinary bladder wall involvement possibly extending into the area of the ureteral papilla, surgical resection is likely precluded. No overt evidence of regional metastasis is noted.
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Bella Stampfli

**SPECIES**  
Canine

**BREED**  
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**SEX**  
FS

**AGE**  
11 years

**WEIGHT**  
11.2 kg

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R. McKenzie Daniel,  
DVM, DABVP

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Crystal Hill

**HOSPITAL NAME**  
Grand River VH

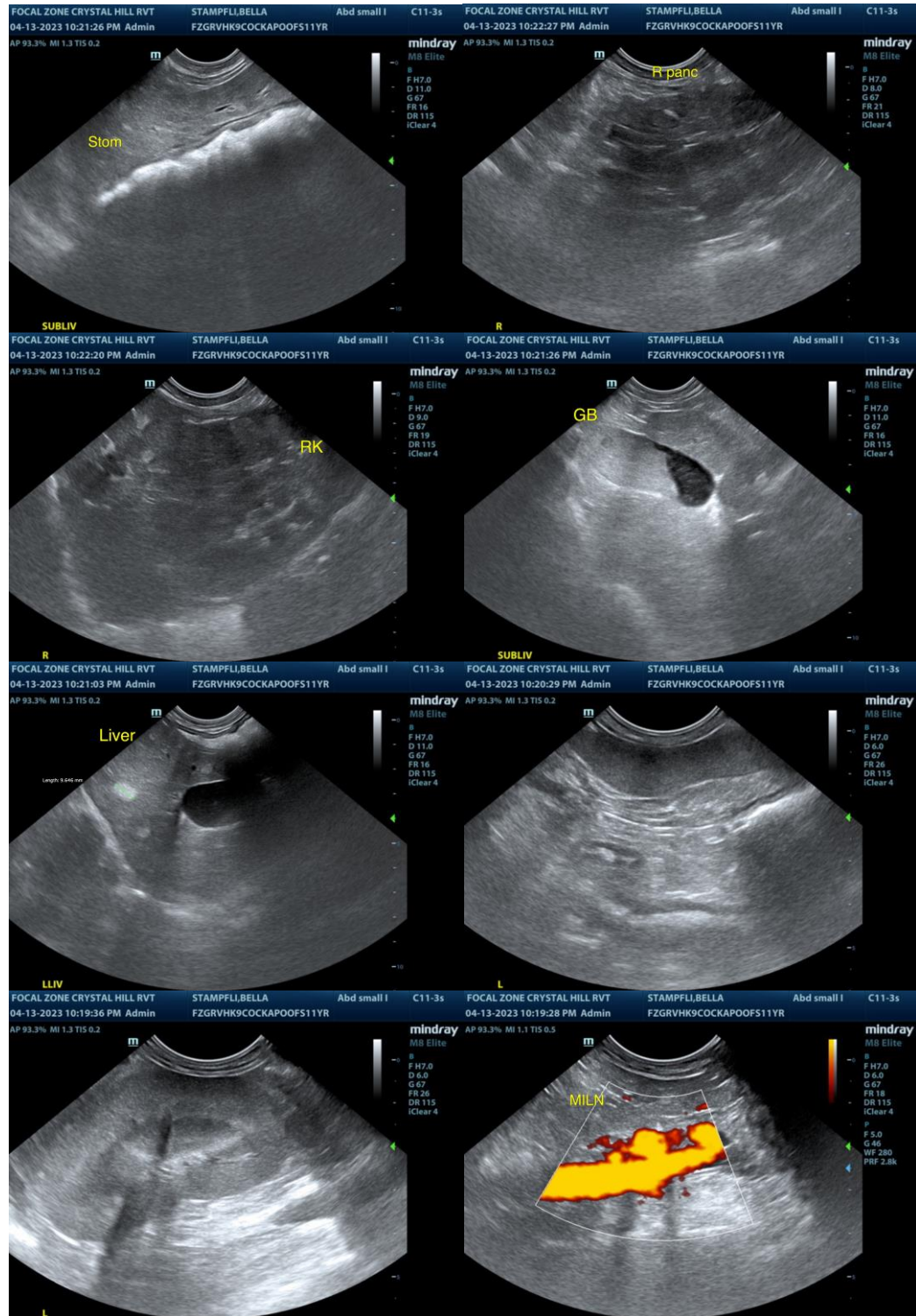
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Bella Stampfli

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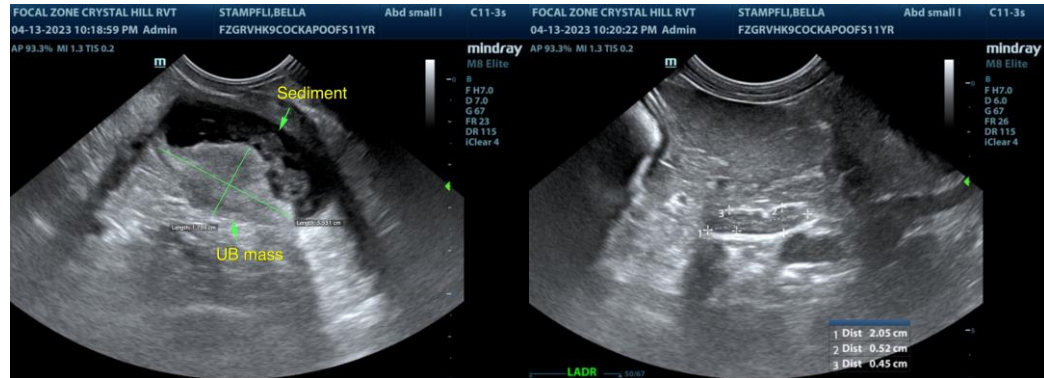
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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