



**PATIENT**

Sandy Laub

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

10 years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Daniel Tierney

**INVOICE**

16649

**DATE**

4/19/23

**PRESENTING CLINICAL SIGNS**

History of chronically elevated liver for more than 2 years presents for decreased appetite, PU/PD, ALP getting higher, normal low dose Dex test 2022. Suspicion of bladder mass; previous history of thickening at cystourethral junction seen on ultrasound 10/20/21. Current med: Thyro-tabs 0.6 mgs BID.

Abnormal PE/Chem/CBC/UA Results: ALT 161, ALP 1459, BUN 68, Creat. 2.3. U/A: protein 2+, WBC 11-20, urine culture (neg.).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

A sessile based, irregular, nonhomogeneous, focally mineralized mass with asymmetrical margination was present primarily involving the area of the dorsal trigone extending into the cystourethral junction and caudal urinary bladder lumen measuring 4.1 cm x 2.7 cm. The mass appeared to extend or invade into the distal left ureter. Doppler evaluation of the mass confirmed blood flow within the mass. Subjective mildly thickened proximal urethra with normal urethral tone to a depth of 4.0 cm was present. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal.

No evidence of medial Iliac or sublumbar lymphadenopathy was noted.

The left kidney was normal in size. Moderate to severe left kidney hydronephrosis was present with concurrent generalized left hydroureter. The left ureter measured 0.6 cm diameter. The left kidney measured 6.6 cm length.

Normal size and margination were present in the right kidney. 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. No evidence of right kidney hydronephrosis or right hydroureter was noted. The right kidney measured 7.1 cm in length. Mildly dystrophic medullary mineral was noted in the right kidney.

**Adrenal Glands**

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 2.1 cm length x 0.78 cm width at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.95 cm width at the caudal pole.

**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.



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***Liver/ Gallbladder***

Sandy Laub

The liver was moderately enlarged in size with normal 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. Intermittent discrete nondisruptive intraparenchymal nodules were present with an example measuring 1.1 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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***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.

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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.

10 years

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

**WEIGHT**

***Pancreas***

Not Provided

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.

**INTERPRETED BY**

***Free Abdomen***

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DVM, DABVP  
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No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

Kelly Vazquez

- Urinary bladder mass extending into left distal ureter
- Secondary moderate to severe left kidney hydronephrosis and left hydroureter
- Right kidney mild chronic renal changes with minor medullary mineral - no evidence of concurrent right hydronephrosis or right hydroureter
- Nonhomogeneous, discretely nodular liver
- Sonographically unremarkable gallbladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Daniel Tierney

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The urinary bladder mass is consistent with neoplastic criteria, i.e., transitional cell carcinoma. The urinary bladder mass does not appear to be surgical.

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Subjective progressive hepatic parenchymal changes were noted, which may indicate progressive vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, and hematopoiesis, with infiltrative or metastatic neoplasia thought less likely yet possible given the presence of the urinary bladder mass.

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Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Unfortunately, an unfavorable prognosis is indicated.



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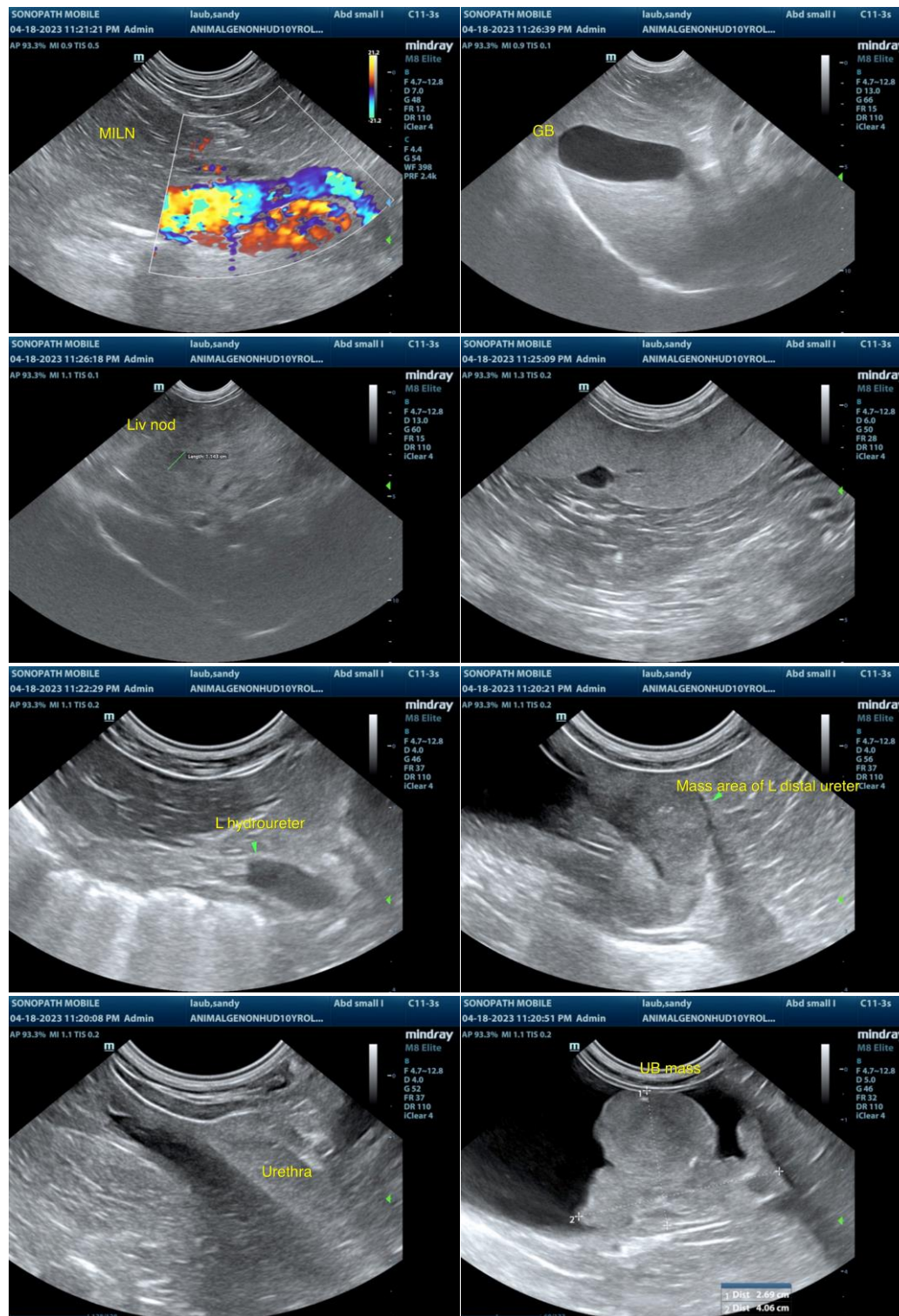
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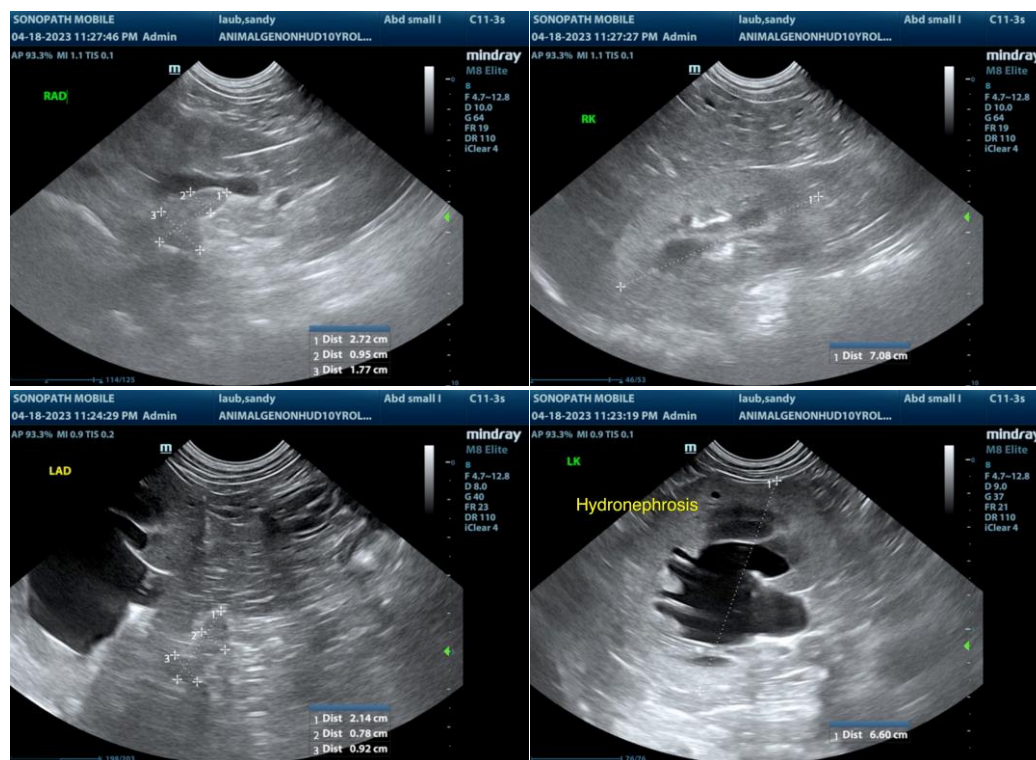
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com