



PATIENT

Bella Romero

SPECIES

Canine

BREED

Maltese X

SEX

FS

AGE

8 years

WEIGHT

17.31 lbs.

PRESENTING CLINICAL SIGNS

P presented for frequent urination. UTI not resolving, no visible stones on x-ray, possible mass at cranial pole of bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with generalized mildly prominent ventral apical and dorsal urinary bladder walls extending into the area of the trigone / urinary bladder neck. The ventral urinary bladder wall width measured 0.3 cm. Primarily maintained normal uniform urinary bladder mural echogenicity without evidence of mineralization was present. Moderate nondependent particulate sediment, as well as focal areas of dependent mineral, along with anechoic urine were present. Small mildly lobulated mass lesion was noted in the area of the urinary bladder neck and cystourethral junction measuring approximately 2.0 cm x 0.6 cm. The visible proximal urethra exhibited prominent size yet normal linear contour and overall subjective structure to depth of 3.0 cm. The proximal urethra width measured 0.68 cm.

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

INTERPRETED BY

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

Normal size and margination were present in the kidneys. A maintained 1:3 cortex / medulla ratio and minor loss of corticomedullary border demarcation were present. Pinpoint medullary mineral was noted. No pyelectasia was present in either kidney. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.44 cm width at the caudal pole.

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Spleen

The spleen exhibited multiple mildly expansive, variably echogenic macronodules to small masses. An example of a macronodule to small mass present in the mid spleen measured 2.2 cm in diameter. The macronodules to small masses appeared to mildly distort the regional associated splenic capsule without evidence of parenchymal escape or perisplenic effusion.

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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. 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

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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited segmental nonspecific mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Small, subtly lobulated urinary bladder neck mass with potential concurrent cystourethritis moderate, nondependent urinary bladder sediment and minor dependent mineral
- Multifocal, variably sized to echogenic splenic macronodules to potential small masses
- Mild age-related kidneys - no evidence of pyelectasia / hydronephrosis
- Mild nonspecific yet subjective benign hepatomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although not definitive, primary concern for emerging neoplasia such as transitional cell carcinoma primarily in the area of the urinary bladder neck with potential for concurrent cystourethritis although possible more generalized neoplastic disease potentially invading the proximal urethra or non-obviously involving more generalized urinary bladder cannot be excluded. Screening BRAF Assay could be considered. However, gold standard cytology or biopsy either via traumatic catheterization or cystoscopy is recommended with potential for oncology consultation. Concurrent urine culture and sensitivity is suggested.

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The splenic macronodules to small masses are nonspecific with considerations including hyperplasia, hematopoiesis, and hematoma, while primary vs. metastatic neoplasia is possible. Assuming normal clotting status, splenic FNA using a 25-gauge needle is recommended for further clarification.

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No overt evidence of regional medial iliac or sublumbar lymphatic metastasis was evident. Three view chest radiographs are suggested.



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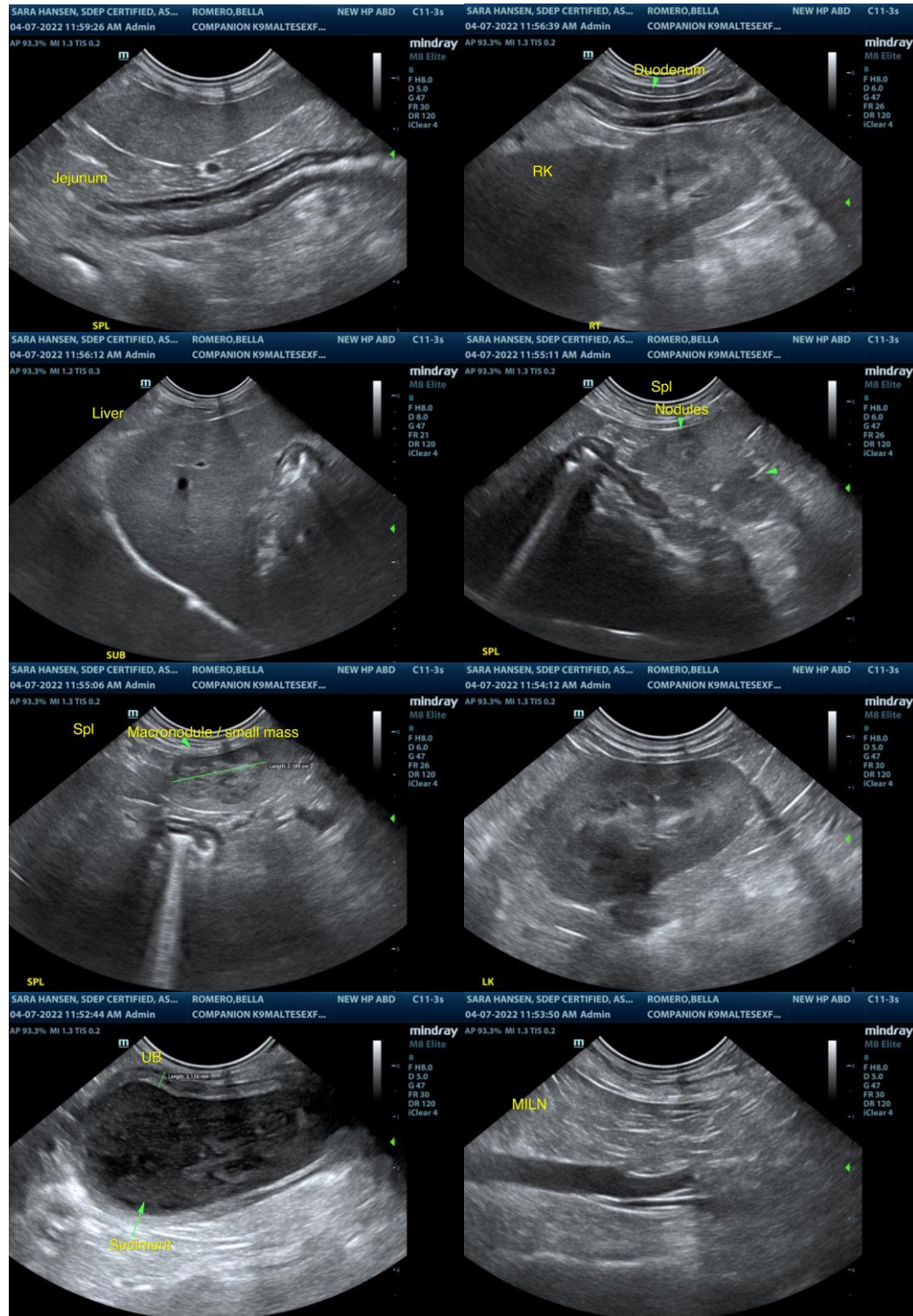
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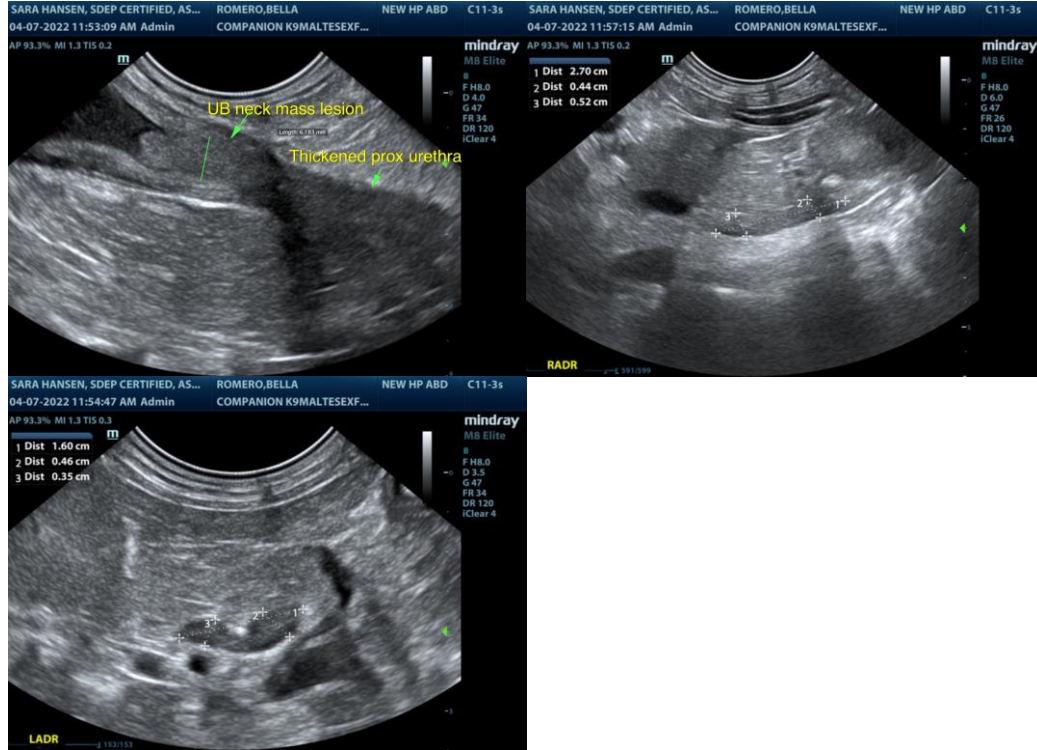
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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