

**PATIENT**

Dolly Montiel

SPECIES

Canine

BREED

Springer Spaniel

SEX

SF

AGE

9 years

WEIGHT

32 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

13637

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Straining to urinate for a couple of months

Abnormal PE/Chem/CBC/UA Results: WBC 4.8, rest of CBC/Chem unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was mildly distended exhibiting normal tone containing anechoic urine with minor nondependent particulate sediment. The proximal urethra in the area of the cystourethral junction exhibited nonuniform mural hypertrophy including pinpoint hyperechoic foci which are suggestive of pinpoint areas of mineralization. Loss of discernable proximal urethral and cystourethral junction wall layering were present. The area of thickened cystourethral junction and proximal urethra measured approximately 6.0-7.0 cm in length to a depth of 2.0 cm and approximately 2.0 cm in diameter.

Examination in the area of the iliac trifurcation revealed no overt pathology including no evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mild loss of corticomedullary border demarcation was present. No evidence of pyelectasia was noted. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.62 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 2.0 cm length x 0.55 cm width at the caudal pole.

Spleen

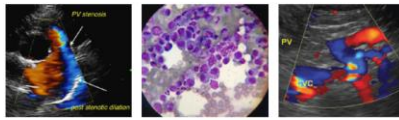
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.



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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.

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

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Proximal urethral and cystourethral junction mass
- Mild age-related renal changes

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's clinical signs secondary to proximal urethral and cystourethral junction tumor consistent with neoplastic criteria. Primary differential diagnosis is most likely urothelial carcinoma vs. other neoplastic disease with non-neoplastic etiology such as severe proximal urethritis considered unlikely.

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Screening BRAF Assay could be considered. However, cytology or biopsy either via traumatic cauterization or cystoscopy for histopathology may be required for a definitive diagnosis. Regardless, this case appears to be nonsurgical. Potential stent placement may be indicated in this patient.

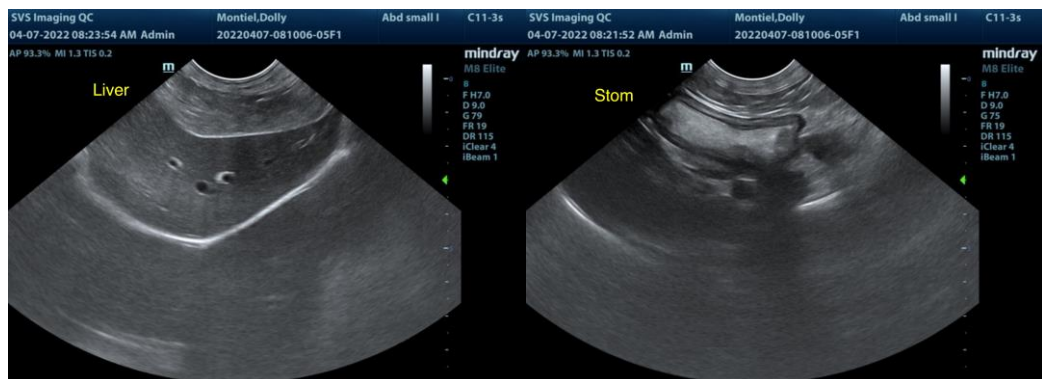
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Pending additional diagnostics and histopathology, oncology consultation could be considered. No overt evidence of regional metastasis was evident.

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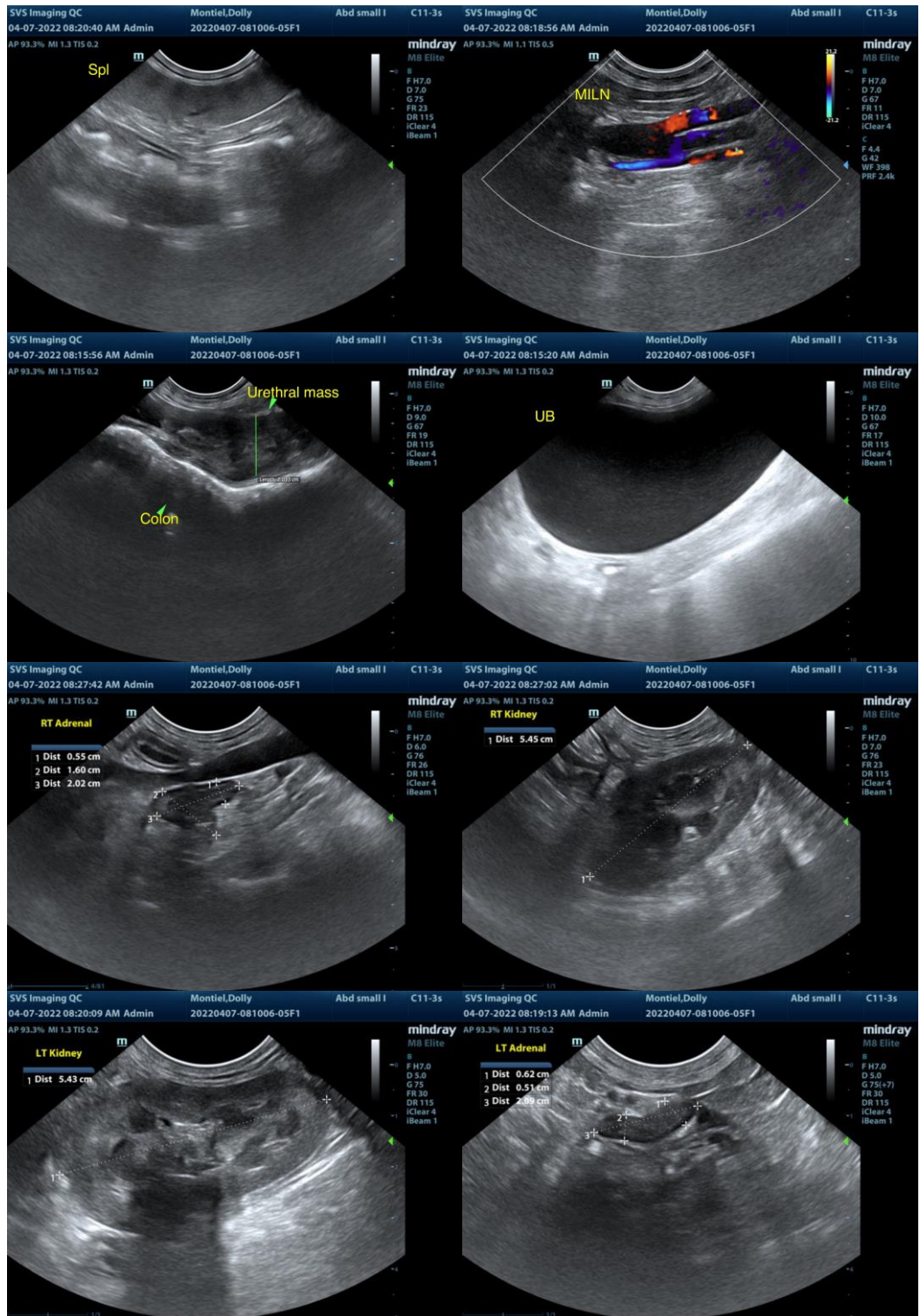
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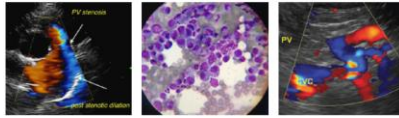
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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1-800-838-4268 info@sonopath.com SonoPath.com

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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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