

PATIENT PRESENTING CLINICAL SIGNS

Molli Jones Check up on 4.19, periuria occasionally over past 2 weeks. More severe since pollakiuria started on 4/14. Anxious, pacing/some destructive episodes. UA/sediview showed no bacteria significant RBC and concern for source of hemorrhage despite no UTI signs. Amoxicillin given on this date for 1 week. Owner saw very little improvement.

SPECIES

Canine

BREED

Large Breed Mix

SEX

FS

AGE

15yr

WEIGHT

25.25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr Carl Kelly

INVOICE

13683ag

DATE

05/01/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was overall normal in size and tone. A sessile based non-homogenous pinpoint hyperechoic mass was present in the bladder trigone measuring ~ 3.5 cm x 1.4 cm. The mass appeared to be within the area of the ureteral papilla in some views. Pinpoint areas of mineralization were present in the mass. The mass did not appear to be obstructive to urine outflow given normal urinary bladder size and did not appear to extend into the proximal urethra. Anechoic urine was present in the lumen with no uroliths or sediment.

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 hydronephrosis was present. No overt hydroureter. The left kidney measured 6.6 cm in length. The right kidney measured 6.3 cm in length.

Focal to intermittent mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 3.6 cm x 0.65 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.85 cm width at the caudal pole and 0.89 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.85 cm width at the cranial pole.

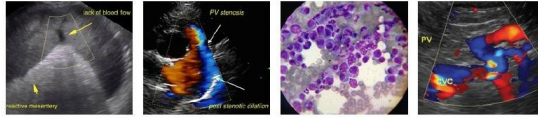
Spleen

The spleen exhibited subtle generalized parenchyma heterogeneity. A solitary non-disruptive hypoechoic nodule was present in the mid to cranial spleen measuring 1.0 cm in diameter. The capsule was smooth and regular without apparent expansion.

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. A small thinly walled intraparenchymal cyst was present, which is an incidental finding. 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



PATIENT

Molli Jones

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.

SPECIES

Canine

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.

BREED

Large Breed Mix

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

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.

SEX

FS

Free Abdomen

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

AGE

15yr

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder trigone mass-consistent with neoplastic criteria i.e., transitional cell carcinoma.
- Mild chronic renal changes.
- Non-specific subjective benign non-disruptive splenic nodule-suspect incidental minor lymphoid hyperplasia, focal hematopoiesis or similar.
- Mild subjective benign/reactive medial iliac lymphadenopathy. This finding is considered incidental and is not consistent with inflammatory or neoplastic/metastatic criteria.

WEIGHT

25.25kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the location of the mass in the area of the urinary bladder trigone, complete surgical resection is highly questionable to suspect precluded given proximity to the ureteral papilla. No overt evidence of ureteral obstruction is present at this time. No obvious evidence of regional metastasis.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

An oncology and/or surgical consultation could be considered if additional clarification is indicated. Sonographic monitoring of the urinary bladder mass and splenic nodule for evidence of progression is recommended.

HOSPITAL NAME

Roundhill Animal
Hospital

Empirically, NSAID trial such as piroxicam or similar with as needed analgesia if evidence of caudal abdominal or urinary bladder discomfort would be reasonable.

REFERRING VET

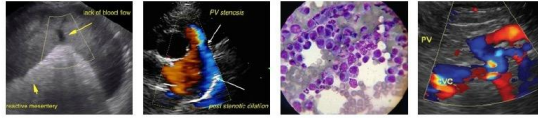
Dr Carl Kelly

INVOICE

13683ag

DATE

05/01/2023



PATIENT

Molli Jones

SPECIES

Canine

BREED

Large Breed Mix

SEX

FS

AGE

15yr

WEIGHT

25.25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

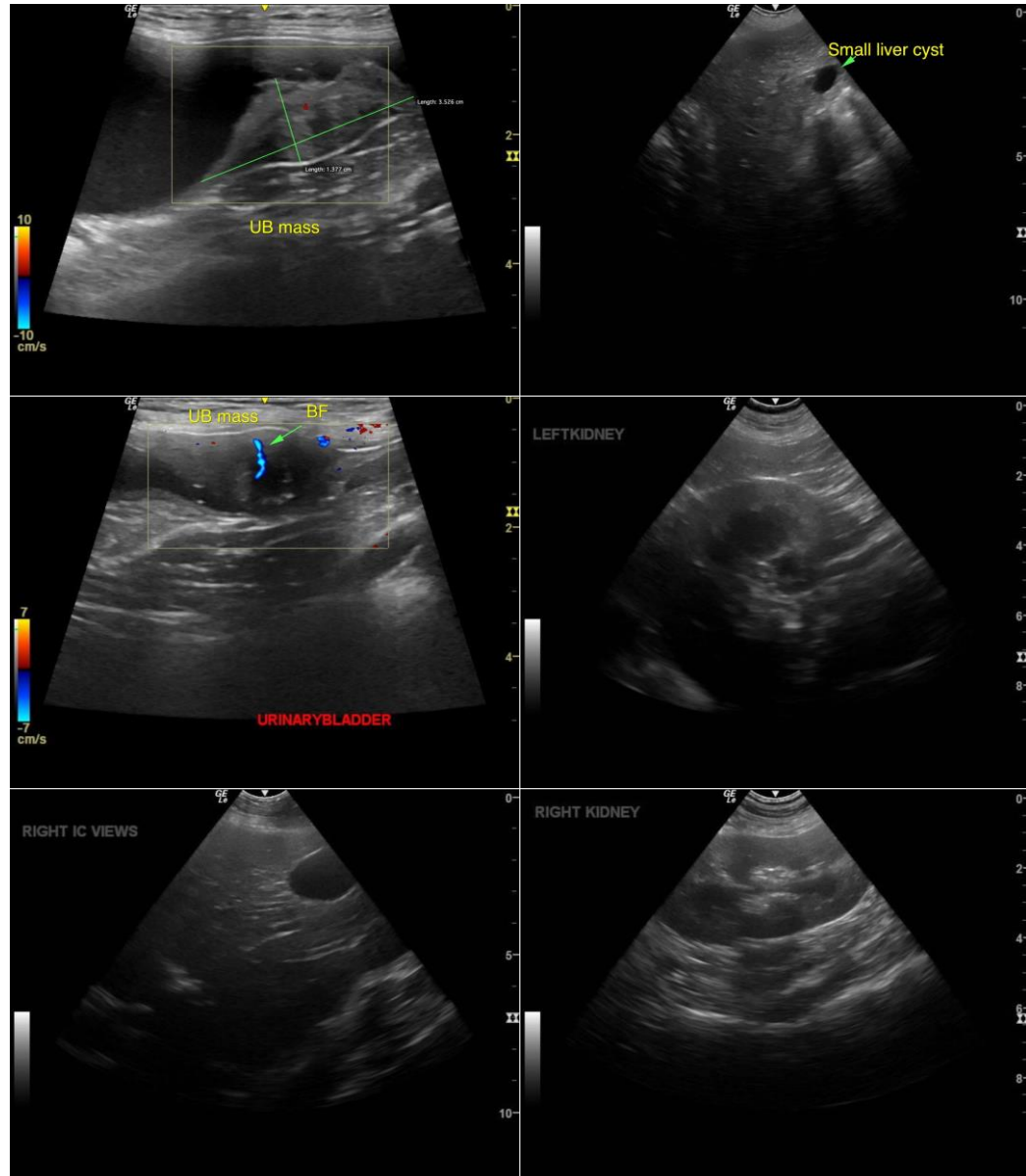
Dr Carl Kelly

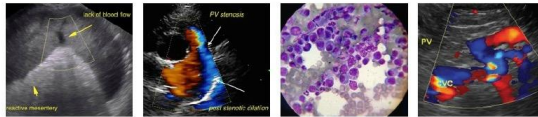
INVOICE

13683ag

DATE

05/01/2023





PATIENT

Molli Jones

SPECIES

Canine

BREED

Large Breed Mix

SEX

FS

AGE

15yr

WEIGHT

25.25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

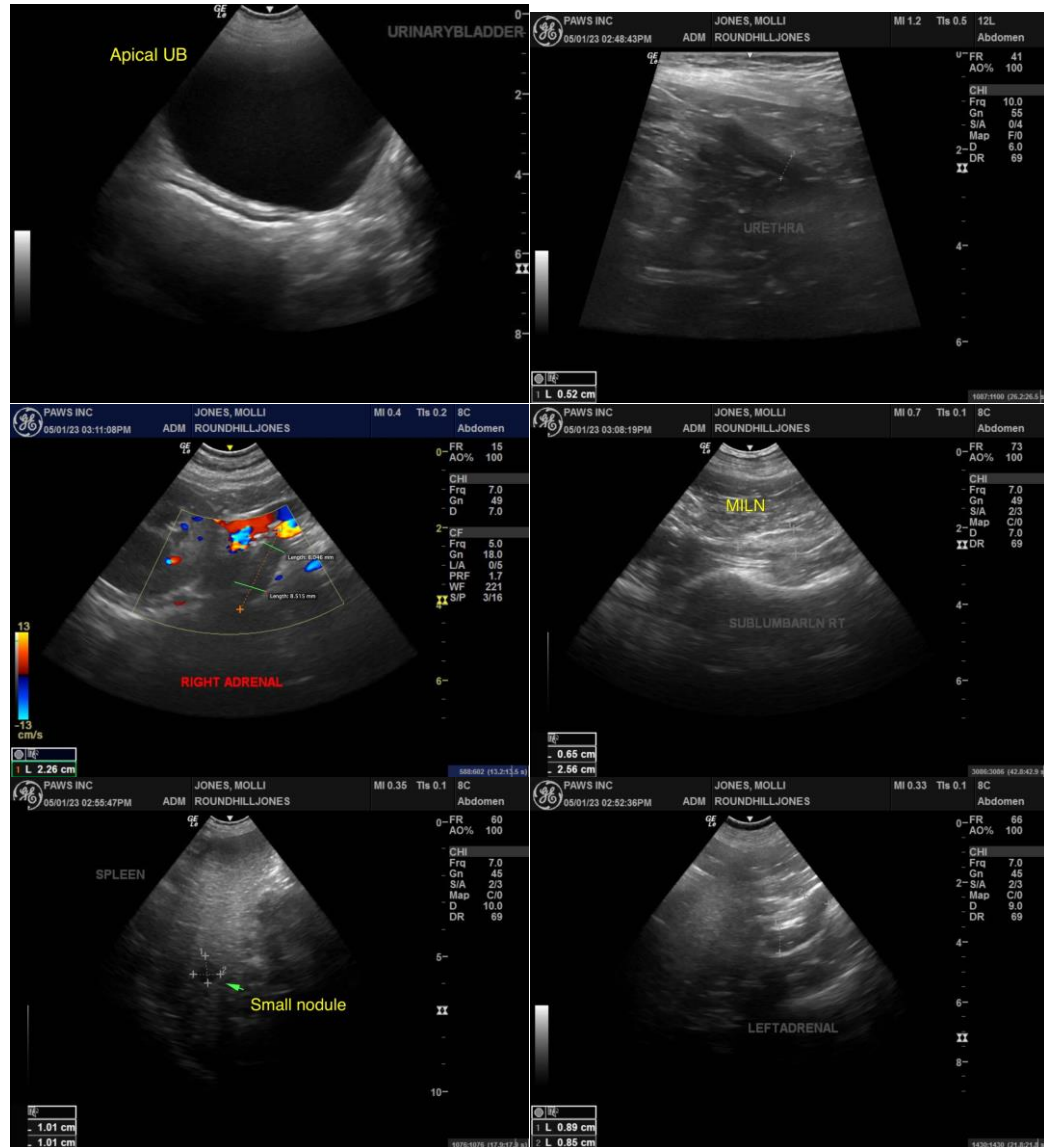
Dr Carl Kelly

INVOICE

13683ag

DATE

05/01/2023



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)
mac.daniel@sonopath.com