

PATIENT PRESENTING CLINICAL SIGNS

Cupcake Gordon History: Elevated liver values, mild hematuria Denamarin, Clavamox

SPECIES Labs: Unremarkable CBC/Chemistry panel, ALP 1214, ALT 269, GGT 44, BUN 36, creat 0.9, precision PSL 603, Urinalysis: Specific Gravity 1.020, 3+ protein, 2-3 transitional cells

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Pomeranian Mix A sessile based mass with asymmetrical margination was present involving the majority of the ventral urinary bladder wall, subjectively extending into the area of the ventral urinary bladder neck and potential proximal urethra. The mass measured approximately 3.0 cm x 1.0 cm. The mass exhibited areas of mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Minimal anechoic urine was present in the urinary bladder with prohibited full evaluation of the noninvolved urinary bladder walls. No sediment or calculi noted. The ureteral papillae were normal. The ureters were not visible which is normal. Aortic trifurcation was normal.

SEX Spayed Female

AGE 2009 The left kidney exhibited moderate marked hydronephrosis, exhibited by replacement of the majority of the medullary parenchyma with anechoic urine. Concurrent diffuse left ureter dilation, extending from the left kidney to the level of the urinary bladder was present. Anechoic urine was present in the dilated left ureter. The dilated left ureter measured approximately 0.4 cm in diameter. No overt evidence of calculi. The left kidney measured 4.5 cm in length.

WEIGHT 7.9 Pounds 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No concurrent evidence of right kidney pyelectasia or hydronephrosis was present. Areas of nonobstructive medullary mineral were present. The right kidney measured 4.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.3 cm in length x 0.54 cm width in the caudal pole. The right adrenal gland measured 1.55 cm x 0.61 cm width in the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent echogenic nodules were present in the medial parenchyma and primarily adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

HOSPITAL NAME

Conrad Weiser AH

REFERRING VET

Dr. Comalli

INVOICE

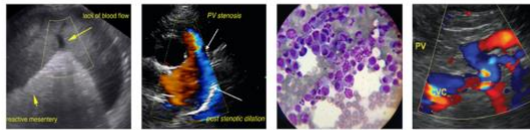
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DATE

5/23/22

Liver

The liver was mildly 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. Potential intermittent small intraparenchymal cysts noted.



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The gallbladder was nondistended with moderate nondependent to mildly organized nonmineralized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation.

Gastrointestinal

SPECIES

Canine

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.

BREED

Pomeranian Mix

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.

SEX

Spayed Female

Pancreas

The pancreas was normal in size and contour, exhibiting heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

2009

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.9 Pounds

- Urinary bladder mass, exhibiting areas of mineralization- consistent with neoplastic criteria (i.e., transitional cell carcinoma or other).
- Left kidney moderate to marked hydronephrosis with concurrent diffuse left hydroureter to the level of the urinary bladder- consistent with left ureter obstruction, owing to the urinary bladder mass and secondary left kidney hydronephrosis.
- Right kidney, moderate chronic renal changes with nonobstructive medullary mineral
- Chronic hepatopathy- subjectively benign. Chronic vacuolar hepatopathy, inflammatory/immune mediated disease, fibrosis, hematopoiesis, indistinct hyperplasia possible with neoplastic criteria considered less likely.
- Moderate gallbladder debris- possible very early non-inflamed gallbladder mucocele
- Pancreatic parenchymal remodeling- age-related changes likely, potential for low-grade chronic pancreatitis
- Benign splenic nodule- consistent with probable myelolipoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Cytospin cytology of free catch urine sample to assess the appearance of transitional cells +/- screening BRAF assay warranted. Subjectively, the urinary bladder mass does not appear to be amendable to complete surgical resection given its location. No overt evidence of regional metastasis secondary to the urinary bladder mass.

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Ultrasound guided FNA of the liver, assuming normal clotting status, could be considered for



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screening cytology. Continued hepatosupportive medications, including the addition of ursodiol, could be considered.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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