



PATIENT

Rogue Erdman

SPECIES

Canine

BREED

Aussie

SEX

Spayed Female

AGE

14 Years

WEIGHT

56 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Crow

INVOICE

15112

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: See previous US for reference. Diagnosed with bladder cancer via BRAF testing. Now leaking urine and has inappetence
Abnormal PE/Chem/CBC/UA Results: Sending out labs today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Potential for mild decreased urethral tone or retained urethral urine to a depth of 2.0 cm possible. A definitive urinary bladder or proximal urethral lesion was not visualized.

The area of the iliac trifurcation was free of 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 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. The left kidney measured 5.7 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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

The liver was subjectively normal in size, 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.

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 was empty with no signs of ileus, obstruction or foreign material.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Aussie

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Persistent overtly normal urinary bladder, potential decreased proximal urethral tone with minor retained urethral urine.
- Static mild chronic renal changes

AGE

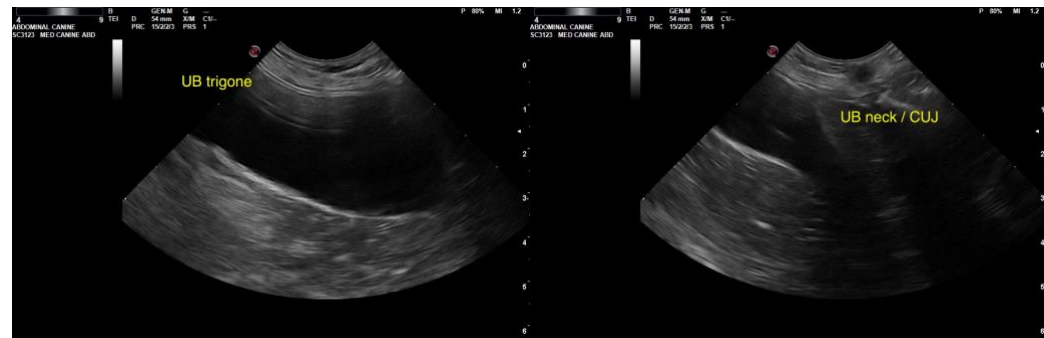
14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As in the previous ultrasound, a definitive urinary bladder or proximal urethral lesion was not visualized. This may indicate a small or non-visualized lesion, potentially in the urethra, past a depth of 2.0 cm given previous positive BRAF assay test. No overt evidence of obstruction to urethral outflow given the normal urinary bladder size and tone. No evidence of regional metastasis. Cystoscopy in this cause is likely ideal if possible.

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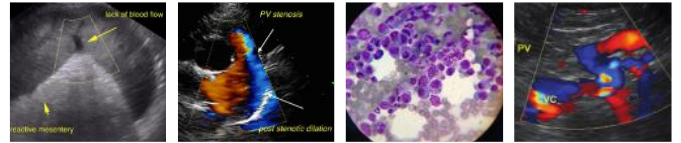
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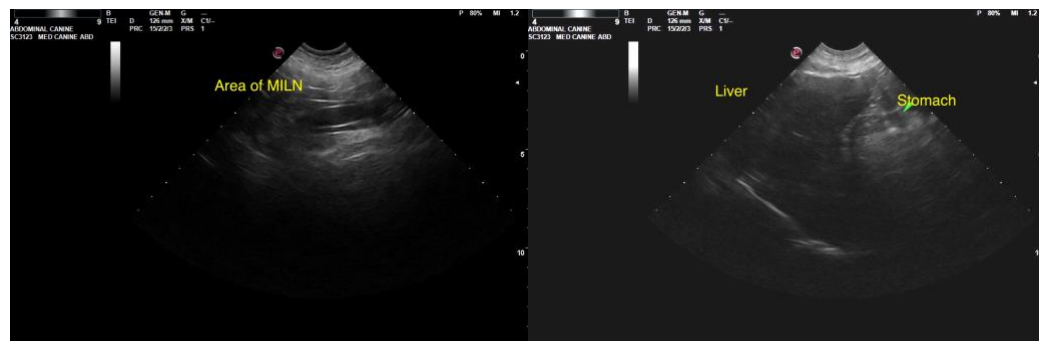
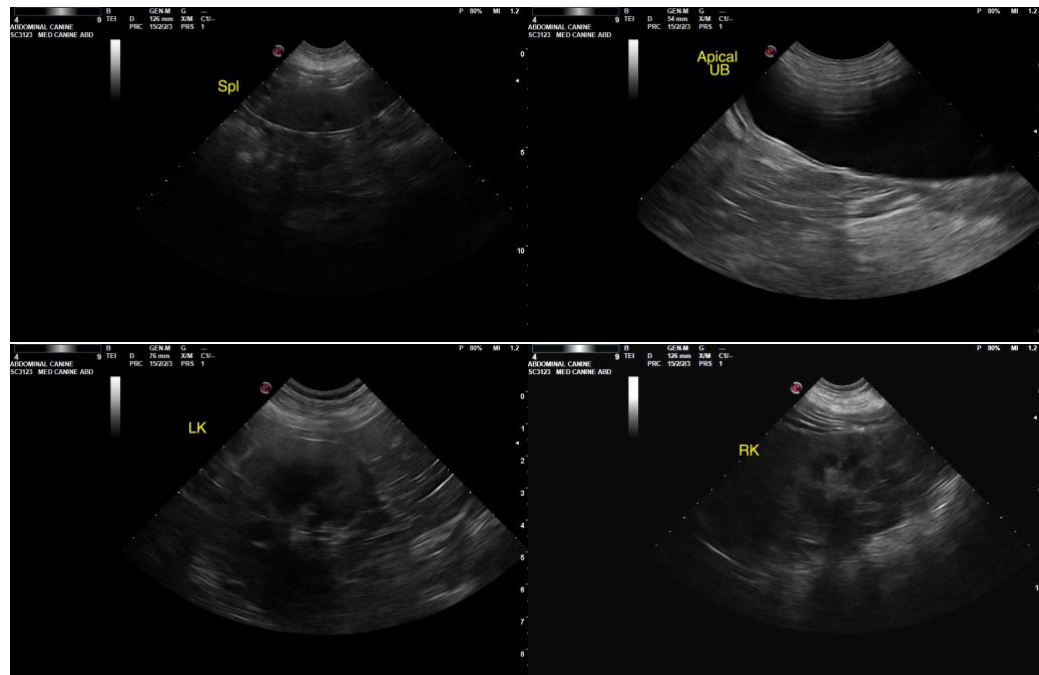
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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