



PATIENT

Zoey Ombreski

PRESENTING CLINICAL SIGNS

History: 5.0 cm bleeding mass in left inguinal region screening for metastasis

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based urinary bladder mass was present in the dorsal trigone, measuring approximately 2.1 cm x 2.2 cm. Concurrent minor particulate nondependent sediment was present. Mild nonhomogeneous parenchyma yet without evidence of parenchymal mineralization noted. The remainder of the urinary bladder was sonographically unremarkable. The urethra was normal to a depth of 2.0 cm.

BREED

Pit Bull Mix

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 7.2 cm in length. The right kidney measured 7.7 cm in length.

SEX

Spayed Female

AGE

13 Years

Adrenal Glands

Both adrenal glands were mildly prominent in size yet maintained symmetrical capsule contour. Mild nonhomogeneous to nonmineralized adrenal parenchyma. The left adrenal gland measured 1.0 cm at the caudal pole. The right adrenal gland measured 1.1 cm at the cranial pole and 1.2 cm at the caudal pole.

WEIGHT

88 Pounds

Spleen

The spleen was normal. in size and contour. Multiple areas of ill-defined homogeneous hyperechoic parenchyma to coalescing nodules noted throughout the spleen, primarily in the lateral parenchyma and adjacent to the lateral capsule. Splenic vascularity was normal.

INTERPRETED BY

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

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.

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Ukachi Ugorji, DVM

HOSPITAL NAME

Craig Road AH

The gallbladder was non-distended in size with moderate nondependent yet nonorganized nonmineralized luminal debris. Mild hyperechoic areas between the nondependent debris and the inner luminal wall, suggestive of concurrent mucus. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

REFERRING VET

Ukachi Ugorji, DVM

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of progressively shadowing ingesta/chyme.

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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.

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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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Pit Bull Mix

ULTRASONOGRAPHIC FINDINGS

SEX

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- Urinary bladder mass in the dorsal trigone- strongly suggestive of neoplastic criteria (i.e., transitional cell carcinoma). Potential for metastatic disease possible yet thought less likely.
- Mild chronic renal changes
- Hepatic parenchymal remodeling
- Moderate nonorganized gallbladder debris and suspect concurrent luminal mucus (non-mucocele)
- Bilateral prominent adrenal glands- nonspecific
- Multifocal homogeneous to hyperechoic subjective coalescing splenic nodules- probable coalescing benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of definitive intraabdominal metastatic disease, although potential for metastatic urinary bladder mass cannot be definitively excluded.

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Screening BRAF assay and cytospin cytology of free catch urine sample to assess for evidence of atypical transitional cells could be considered. Full CBC chemistry panel and urinalysis recommended. If evidence of hepatic enzyme elevation and assuming normal clotting status, hepatic FNA could be considered for screening cytology.

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Ukachi Ugorji, DVM

The bilateral prominent adrenal glands are of unclear clinical significance given the lack of reported clinical signs (i.e., PU/PD, polyphagia, etc.). The bilateral prominent adrenal glands may be a normal patient variant. Screening blood pressure is recommended to assess for evidence of hypertension.

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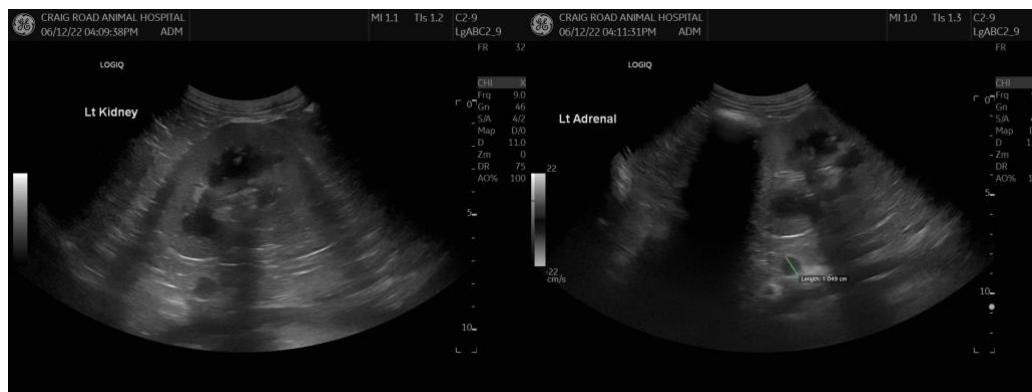
Zoey Ombreski

SPECIES

Canine

BREED

Pit Bull Mix



SEX

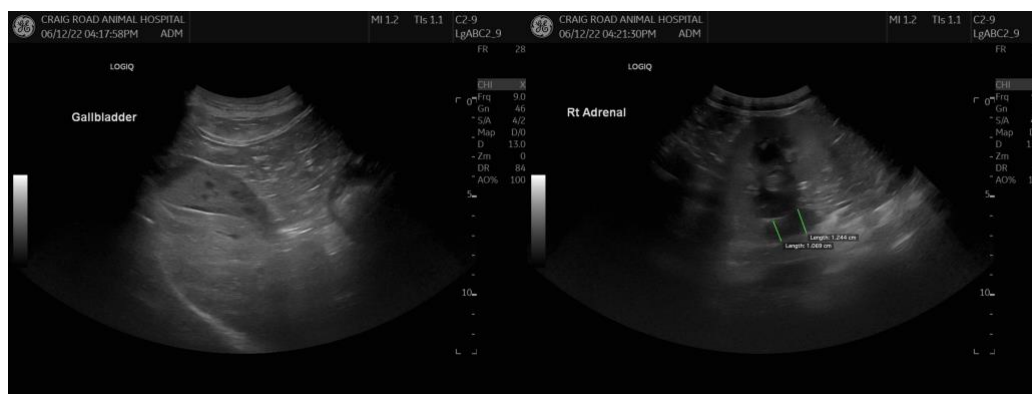
Spayed Female

AGE

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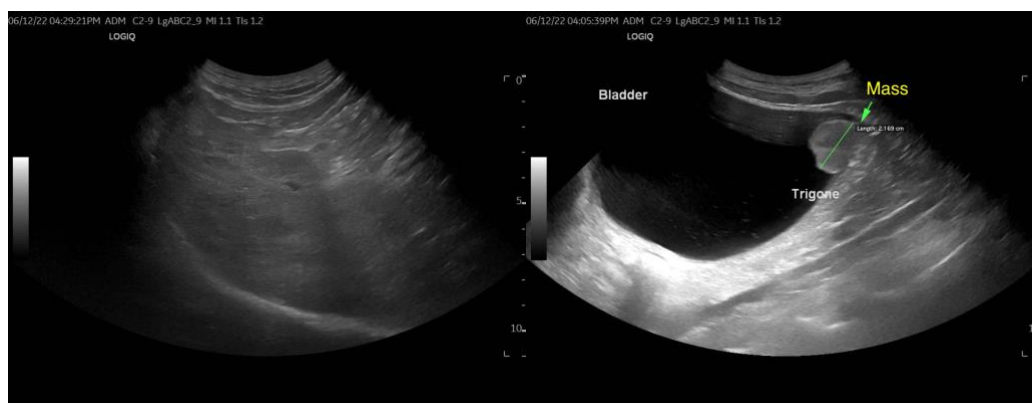
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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