



PATIENT PRESENTING CLINICAL SIGNS

Nayla Folino
 History: Study limited to urinary system. Grade IV/VI systolic murmur. Urinary incontinence, hematuria, passing blood clots. Renal values WNL. UA: >50 RBC/HPF; WBC 12/HPF. BP: 130, 132 mmHg. Having echocardiogram and urinary system ultrasound exams. *Sedated with gabapentin, trazadone, butorphanol.

SPECIES

Canine

LIMITED ULTRASONOGRAPHIC EXAMINATION

BREED

Beagle

SEX

Spayed Female

AGE

11 Years

WEIGHT

26 Pounds

The urinary bladder was nondistended in size. The visualized urinary bladder walls appeared to exhibit overall to mildly increased thickness with maintained homogeneous mural echogenicity and without evidence of mural mineralization. The ventral urinary bladder wall measured 0.30 cm. Anechoic urine was present in the bladder, along with a large nonhomogeneous mass effect, occupying the majority of the urinary bladder lumen. The mass effect measured 4.9 cm x 1.9 cm. Potential for pinpoint hyperechoic areas within the luminal mass effect was possible. Color doppler assessment of the luminal mass effect did not pick up overt evidence of intramass vascularity. No overt pathology in the area of the caudal trigone or urinary bladder neck. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm. No evidence of periurinary bladder inflammation. Minor concurrent nondependent to swirling particulate sediment was present, which may indicate minor cellular debris/protein.

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. Mild pyelectasia was present in both kidneys. Pinpoint areas of medullary mineral were present. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Moderately sized urinary bladder luminal mass versus blood clot
- Bilateral chronic renal changes with mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia noted in both kidneys may be secondary to mild chronic renal changes, pelvic scarring, potentially owing to previous minor mineral passage, while the possibility of low-grade to chronic pyelonephritis cannot be excluded. The urinary bladder luminal mass effect, given the hematuria, may be consistent with luminal neoplastic mass, i.e., transitional cell carcinoma or large blood clot, both of which may present as sonographically similar.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Cytospin cytology of free catch urine sample to assess for evidence of atypical or neoplastic transitional cells +/- screening BRAF assay and urine culture and sensitivity, ideally on sterile urine sample, to rule out underlying infection, could be considered. Coagulation panel could also be considered, if clinical concern for coagulopathy. Sonographic reassessment of the urinary bladder luminal mass versus blood clot in 7-10 days, pending additional diagnostics, could be considered. Alternatively, cystoscopy (if possible), is likely ideal, given this presentation.

HOSPITAL NAME

Pine Banks AH

REFERRING VET

Sanaa Jabar, DVM

INVOICE

16198

DATE

6/20/22



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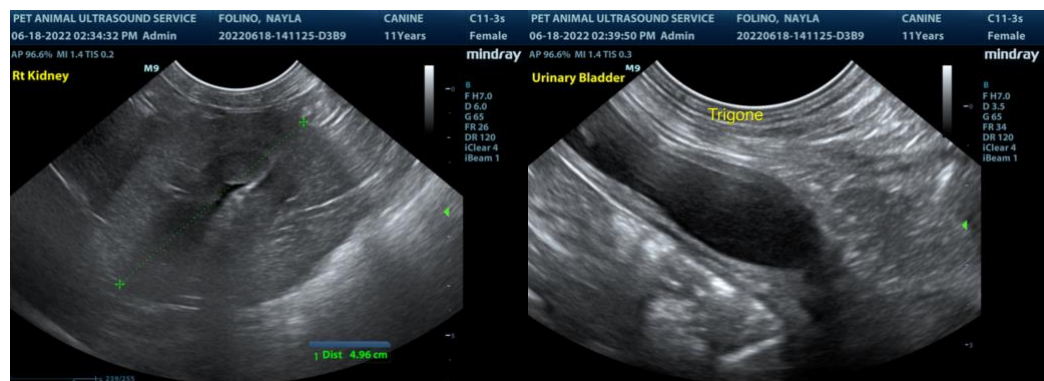
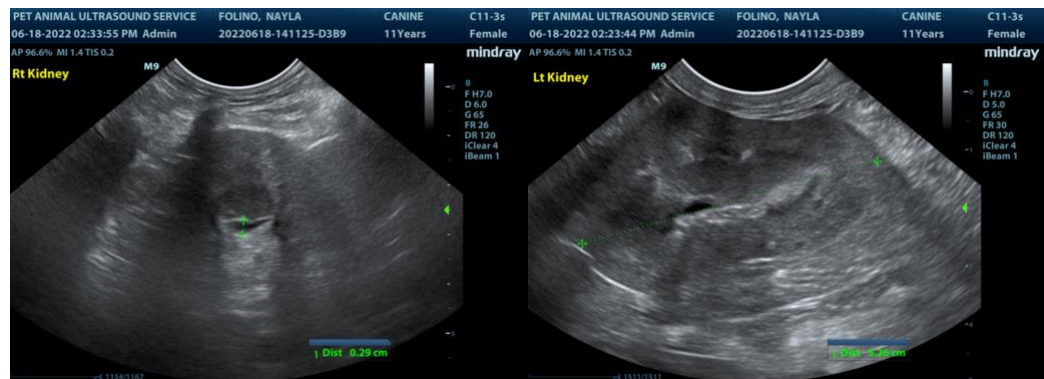
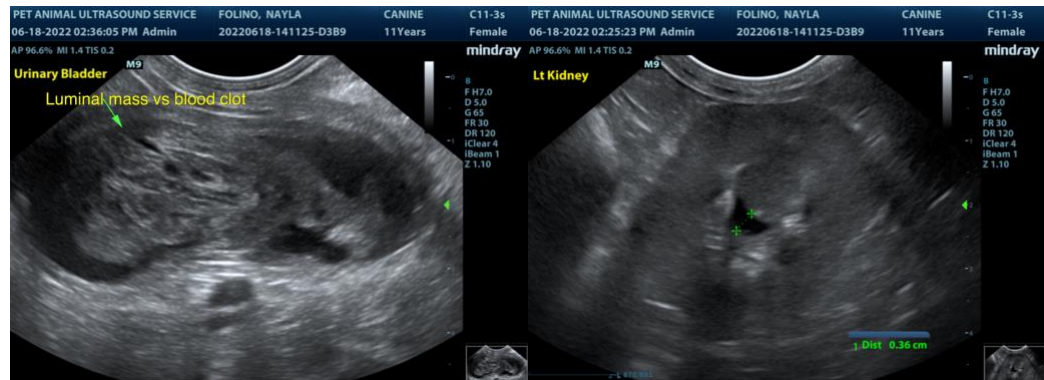
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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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info@SonoPath.com

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