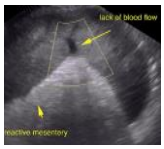

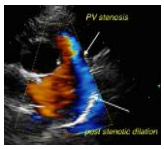

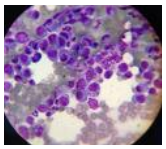
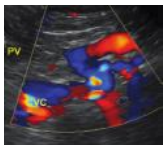

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1-800-838-4268 info@sonopath.com

PATIENT

Bruce Piescik

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

11 yr

WEIGHT

24.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

Dr. Naomi Kitagaki

INVOICE

10889ag

DATE

06/21/2022

PRESENTING CLINICAL SIGNS

History: Bruce presented to BAESC on 6/21/22 for referral abdominal ultrasound due to concerns for possible urinary bladder neoplasia. Bruce presented to BAESC Emergency on 6/20/22 with a history of vomiting and recent ingestion of a baby diaper. He also has Hx of urinary incontinence with hematuria. The following services were provided last night (6/20/22): ***Therapeutic plan:*** Apomorphine 0.723g IV - successful emesis. Patient vomited cloth/baby diaper. SQ LRS 600ml Maropitant 25mg IV Metronidazole 250mg PO q12h x 7 days Amoxi/clav 375mg PO q12h x 7 days Bland diet x 2-3 days 6/21/22: Following AUS, and because of persistent urinary incontinence and appreciated pain, dispensed the following Rx Carprofen 100 mg: 1/2 tab PO BID x 10 days (#10)

Abnormal PE/Chem/CBC/UA Results: PE: Lenticular sclerosis OU, Severe POD, Thickened and painful urinary bladder on palpation. Patient is dripping hematuria. Area of recent clipping/healed scar on the R lateral flank (from mass removal). Several raised, dermal, alopecic masses < 0.5 cm3 (lateral canthus OS and dorsal L manus). Stiff on rising, reduced ROM of the hips/stifles and mild paralumbar pain. 6/20/22: CBC: -- NSF CHEM-17/LYTES: -- ALP: 588 U/L (23-212) T4: 0.8 ug/dL (1-4) UA: -- bacteria present and abnormal transitional cells present (multiple nuclei), concern for neoplastic process Radiographs abdomen lat/vd: -- There is foreign material within the gastric lumen. The small intestines and large intestine are wnl. The liver and spleen are normal in size and shape. The kidneys and urinary bladder silhouettes are wnl. There is bridging spondylosis of L1-2 and L 2-3. Urinalysis and urine cytology sent to Idexx - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with overtly normal tone. A large nonhomogeneous mass exhibiting blood flow on color Doppler assessment was present occupying the majority of the bladder lumen measuring approximately 6.4 cm x 3.3 cm. Mild thickening of the ventral and dorsal cystourethral junction walls extending into the proximal urethra was present. The proximal urethra measured 0.79 cm in diameter. Mild hyperechoic tissue and omentum noted around the urinary bladder.

Normal size and margination was 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 5.8 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

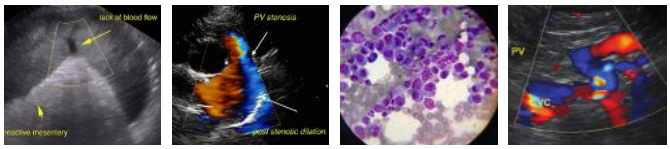
No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.83 cm width at the caudal pole and 2.9 cm length.

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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content containing mild nondependent hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent 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.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Extensive urinary bladder mass occupying the majority of the bladder lumen, mild peri cystic inflammation
- Nonspecific mildly thickened cystourethral junction and visible proximal urethra, no overt residual prostatic pathology
- Mild age-related kidneys
- Vacuolar hepatopathy pattern-subjectively benign
- Mild gall bladder debris-non mucocele
- Overtly normal GI tract, suspect minor residual gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extensive luminal bladder mass is strongly suggestive of neoplastic criteria i.e. transitional cell carcinoma, smooth muscle tumor or other neoplasia. Pathology submission of cytospin cytology urine sample for interpretation as well as a screening BRAF assay is recommended. A biopsy would be required for definitive diagnosis yet subjectively the mass does not appear to be amendable to complete surgical resection. No overt evidence of regional metastasis.

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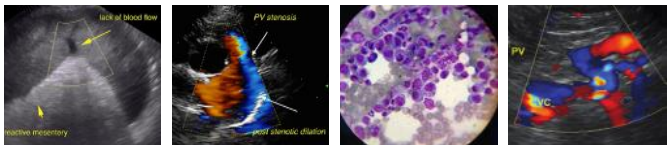

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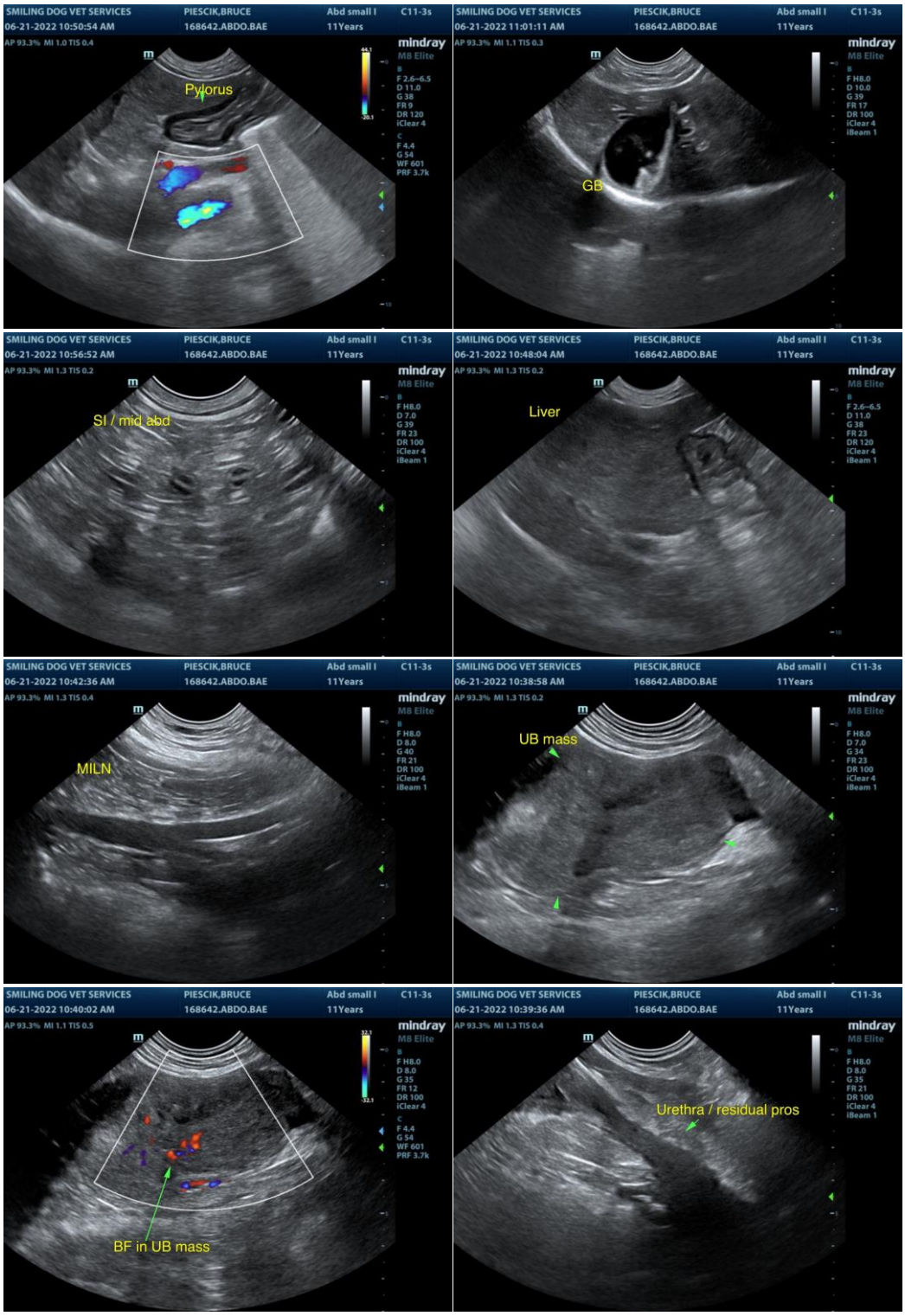

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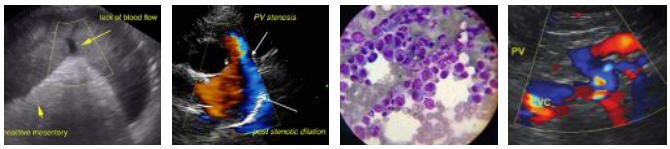

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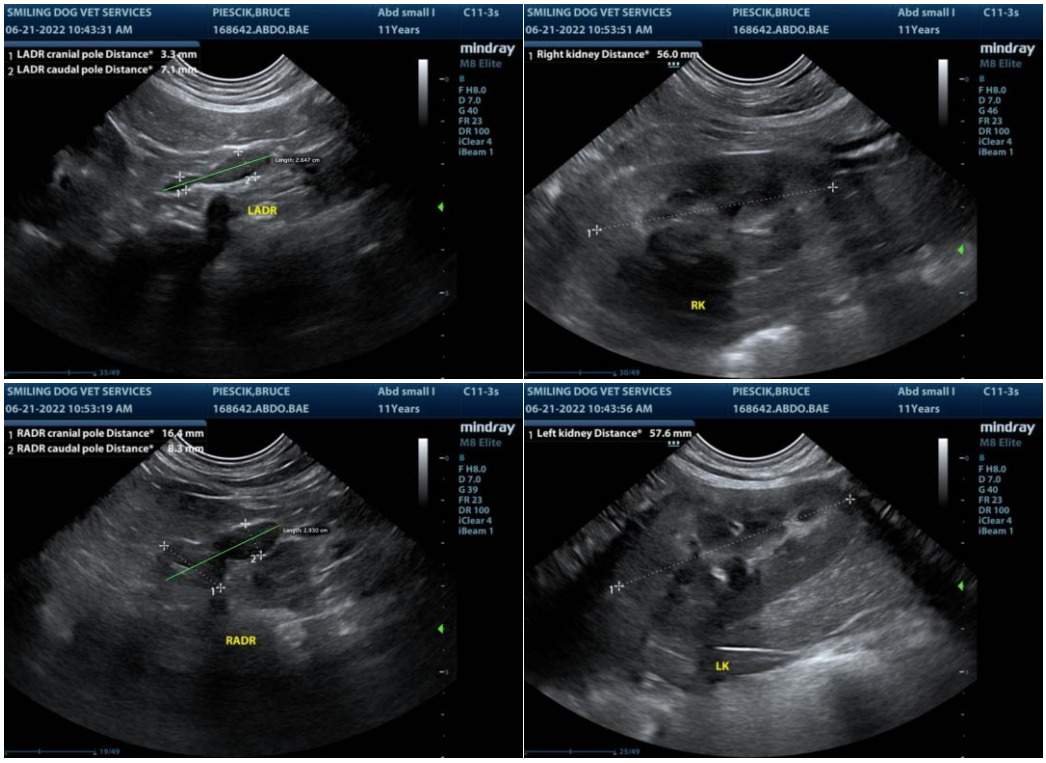

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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