



PATIENT

Jaeger Davis

SPECIES

Canine

BREED

Weimaraner

SEX

Male

AGE

9 years

WEIGHT

97.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Erwin

HOSPITAL NAME

Mt. Yonah AH

REFERRING VET

Courtney Erwin,
DVM

INVOICE

17162

DATE

6/27/23

PRESENTING CLINICAL SIGNS

Ddx: TCC/neoplasia vs. inflammation vs. other. patient presented for squatting multiple times to urinate but only urinating small amounts. owner noticed blood in the urine when he urinated outside the clinic to obtain a urine sample for urinalysis. full stream of urine outside the clinic. patient has a history of having valley fever (5 years) treated with fluconazole. his titers have been monitored every few months and his medication has been adjusted accordingly. owner stated his titers were almost "normal" at his last checkup. patient has soft stool occasionally from the antifungal. no previous bladder issues. he will sometimes cough when hes laying on his back.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone exhibiting variable to irregular thickening primarily in the area of the ventroapical to dorsoapical urinary bladder wall with mild asymmetrical luminal surface contour. Mild heterogeneous dorsoapical to ventroapical mural echogenicity was present without overt evidence of mural mineralization. No obvious visualized or definitive mass was noted. Anechoic urine was present with moderate nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. The apical urinary bladder wall potentially measured ~1.0 cm wall width. No overt evidence of mural pathology was noted in the area of the trigone or cystourethral junction. The normal urinary bladder size was not overtly consistent with urinary obstructive criteria. The prostate and proximal urethra were not visualized. No obvious evidence of peri cystic inflammation was noted.

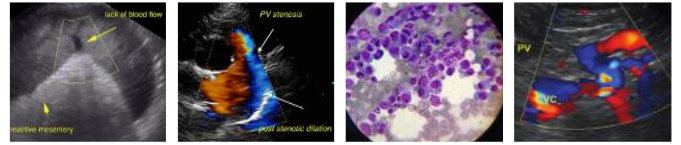
ULTRASONOGRAPHIC FINDINGS

- Variable to irregularly thickened dorsoapical to ventroapical urinary bladder wall
- Moderate particulate urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the pattern of thickened urinary bladder wall was suggestive of cystitis criteria. However, the possibility of infiltrative urinary bladder mural disease i.e., neoplasia, fungal disease given the patient's history, cannot be definitively excluded. Further assessment may include urine C/S on a sterile urine sample, as well as screening BRAF Assay.

The possibility of concurrent prostatic or proximal urethra pathology cannot be definitively excluded. If possible, rectal palpation for assessment of potential prostatic or proximal urethral disease is recommended. Urinary bladder biopsy for histopathology +/- tissue C/S may be required for a definitive diagnosis.



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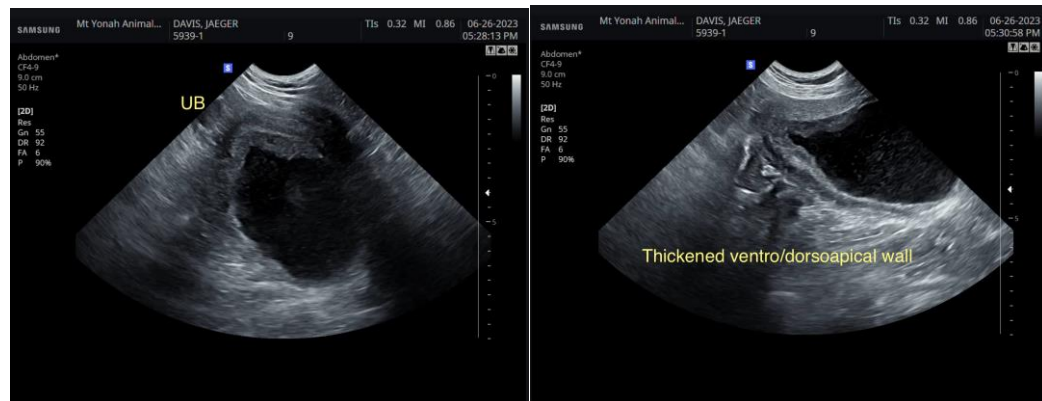
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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