

PATIENT PRESENTING CLINICAL SIGNS

Brownie Latzer

SPECIES

Recheck bladder Current meds: thyroxine, theophylline, amlodipine, clopidogel, and renal diet. Abnormal PE/Chem/CBC/UA Results: ALT 186, ALP 1071, BUN 36, Cre 1.6, SDMA 19.1, BRAF +

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Pitbull

SEX

The urinary bladder was normal in size and tone. Previously noted mildly progressive thicken dorsal trigone potentially extending into the area of the urinary bladder neck. Thicken dorsal trigone wall measured up to 0.60 cm wall width. Mild non homogenous mural echogenicity without evidence of mural mineralization in the area of dorsal trigone thicken wall. The bladder contained anechoic urine with no evidence of mineral, sediment, or calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

Spayed Female

AGE

11y

The area of the aortic trifurcation was free of pathology.

WEIGHT

52.6

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight exhibiting mild capsule symmetry and mildly non-homogenous hypoechoic parenchyma. No overt adrenal tumors. The left adrenal gland measured 2.6 cm in length x 0.80 cm in width at the caudal pole width. The right adrenal gland measured 2.9 cm in length x 0.94 cm at the caudal pole width,

IMAGING PERFORMED BY

Val Shumskaya

Spleen

HOSPITAL NAME

Animal General
Edgewater

The spleen was not definitively visualized owing to previous splenectomy. No evidence of pathology in the area of the previous spleen.

REFERRING VET

Liver/ Gallbladder

Dr. Ng

The liver exhibiting subjective mild enlargement 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 echogenic, mild non organized echogenic gallbladder sediment. No evidence of the inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

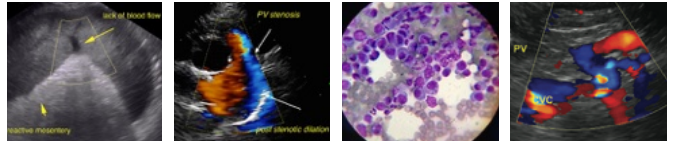
10354

DATE

7/19/2023

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, exhibiting progressive to strong distal acoustic shadowing moderate ingesta suggestive of food echogenicity without signs of ileus, obstruction, or foreign material.



PATIENT

Brownie Latzer

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.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

Pitbull

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

Spayed Female

No evidence of medial, iliac, or sub-lumbar lymphadenopathy or masses.

AGE

11y

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

52.6

Primary Findings

INTERPRETED BY

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

- Previously noted mildly progressive thicken dorsal trigone wall, potentially extending into the urinary bladder neck.
- Static mild to moderate chronic renal changes – no evidence of pyelectasia or left or right hydroureter.
- No specific hepatopathy – subjectively benign
- Mild gallbladder sediment (non-mucocele)
- Bilateral mildly prominent irregular adrenal gland – nonspecific
- Gastric ingesta
- Pancreatic remodeling

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal General
Edgewater

REFERRING VET

Dr. Ng

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

10354

DATE

7/19/2023

Given persistent to mildly progressive thicken dorsal trigone wall in conjunction with positive BRAF assay, neoplastic criteria are probable. Curative surgical options are suspected to be precluded given location of the urinary bladder mural pathology. Oncology and/or surgical consult could be considered if clinically indicated. No overt evidence of regional metastasis. If the patient is PUPD or polyphasic full adrenal work up with LLDST could be considered. Concurrent screening of blood pressure to assess for evidence of hypertension is recommended. Continued as-needed hepatic and renal support with monitoring of renal perimeters and hepatic perimeters would be reasonable.



PATIENT

Brownie Latzer

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

11y

WEIGHT

52.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Val Shumskaya

HOSPITAL NAME

Animal General
Edgewater

REFERRING VET

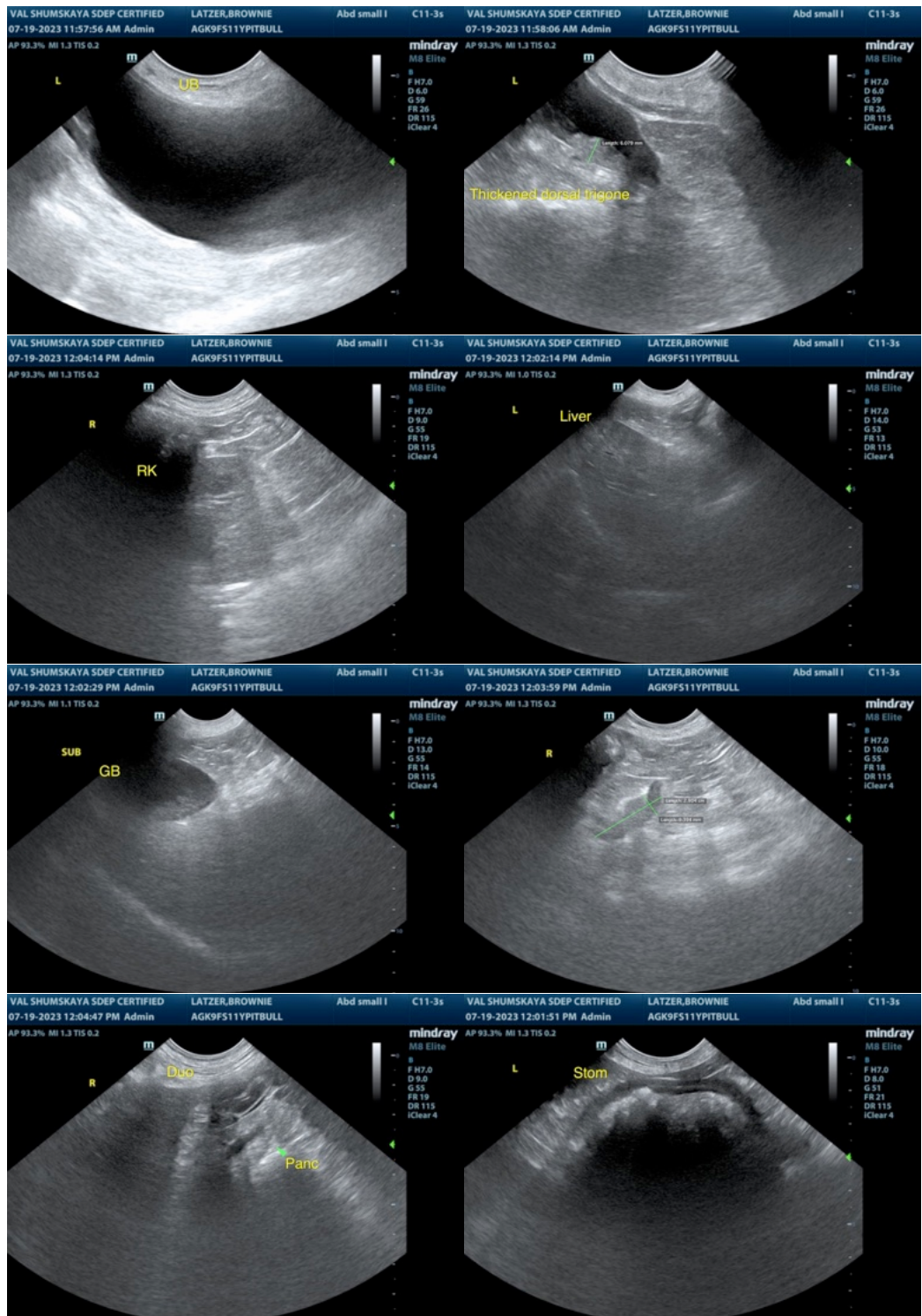
Dr. Ng

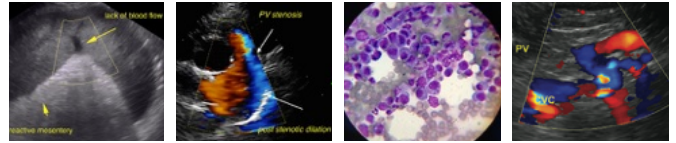
INVOICE

10354

DATE

7/19/2023





PATIENT

Brownie Latzer

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

11y

WEIGHT

52.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Val Shumskaya

HOSPITAL NAME

Animal General
Edgewater

REFERRING VET

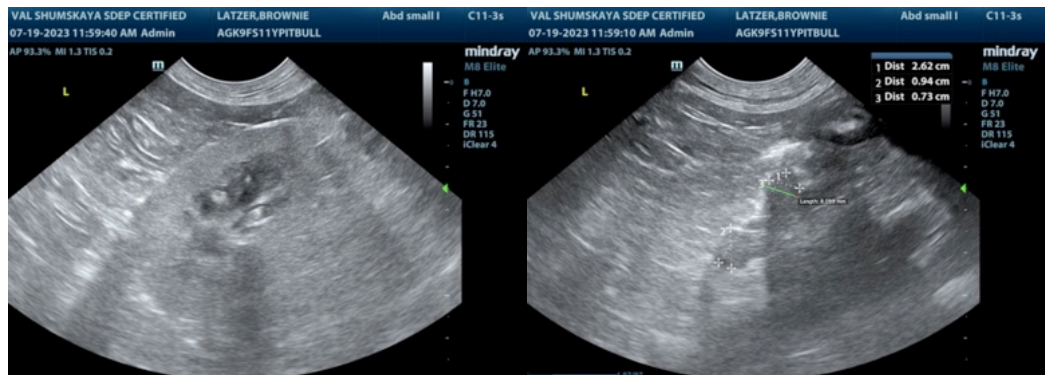
Dr. Ng

INVOICE

10354

DATE

7/19/2023



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)
info@SonoPath.com