



PATIENT

Randy Medina

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

13 years

WEIGHT

6.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Riedel

INVOICE

14734

DATE

8/1/23

PRESENTING CLINICAL SIGNS

chronic bloody urine, negative culture. not on any meds

Abnormal PE/Chem/CBC/UA Results: cbc/chem unremarkable UA: prot 2+, blood 3+, USPG 1.031

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. An extensive, mildly nonhomogeneous mass occupying the majority of the urinary bladder lumen extending into the area of the urinary bladder neck was present measuring approximately 5.0 cm x 2.2 cm. Color Doppler confirmed blood flow within the mass.

The residual prostate was indistinctly visualized yet subjectively normal in appearance measuring 0.6 cm in diameter.

A solitary, medial iliac lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A borderline abnormal width: length ratio was noted (~0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 1.7 cm diameter.

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. Pinpoint areas of medullary mineral were noted. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length. There was no evidence of pyelectasia or hydronephrosis.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm length x 0.44 cm width at the caudal pole.

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

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta, consistent with food without signs of 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 were evident.

Free Abdomen

No other overt evidence of intrabdominal lymphadenopathy or peritoneal effusion was present.

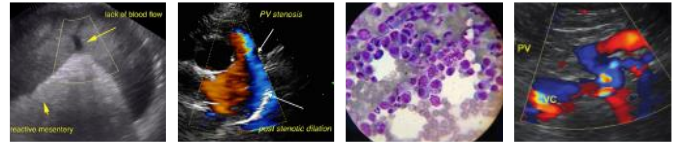
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass
- Overtly normal residual prostate
- Mild chronic renal changes
- Focal mildly prominent to hypoechoic medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the urinary bladder mass is consistent with neoplastic criteria, i.e., primary concern for transitional cell carcinoma or other. Screening BRAF Assay could be considered for further assessment. Concern for early medial iliac lymphatic metastasis is warranted.

Unfortunately, the urinary bladder mass does not appear to be amendable to curative surgical resection. There is no overt evidence of ureteral obstruction at this stage. An oncology consult could be considered.



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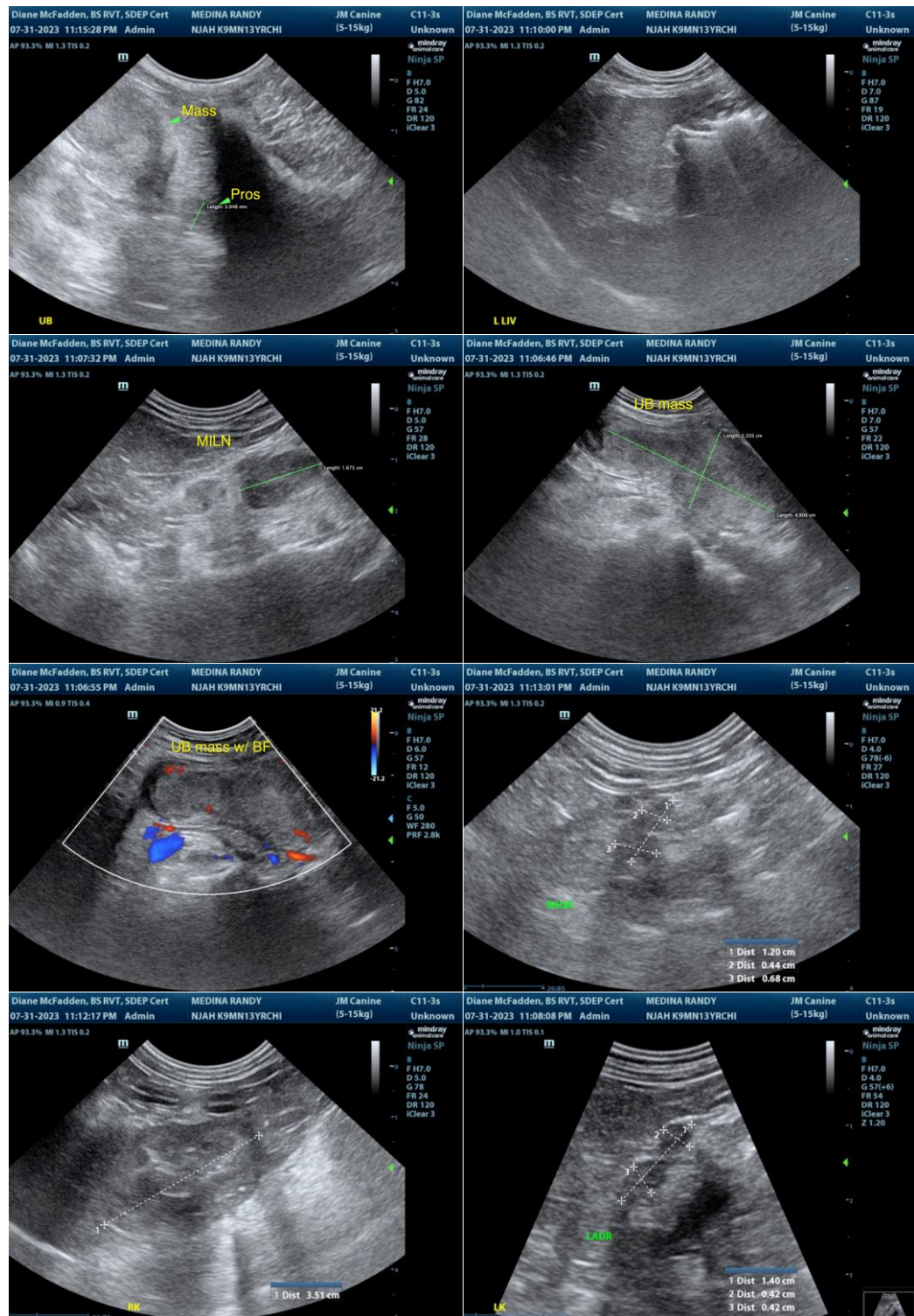
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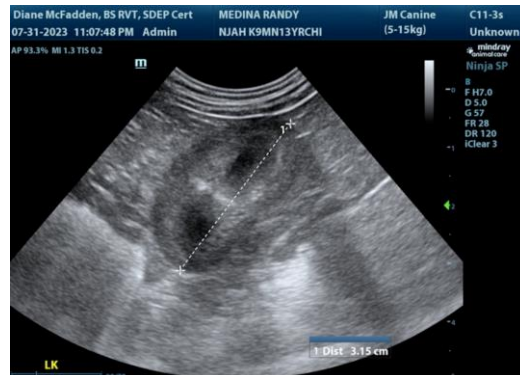
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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