**PATIENT**

Phoebe Brown

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

13yr

WEIGHT

52lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Youngren

INVOICE

11360ag

DATE

08/15/2022

PRESENTING CLINICAL SIGNS

History of some UTI's since January. Cultured many times but P continues to squat and urinate frequently in small and large amounts. Having accidents in house. Lyme + in January of 2022.

Abnormal PE/Chem/CBC/UA Results: UA: proteinuria, hematuria, WBCS, non squamous epithelia cells. Cultured many times: If grows anything then susceptible. Last CBC/Chem run in July 2022- chol/lipase - mildly elevated, SDMA-11, rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone. A mass appearing to originate and occupy the majority of the ventral wall extending into the bladder lumen measuring 4.3 cm x 1.6 cm was present. The mass exhibited non-homogeneous echogenicity without overt evidence of mineralization. Concurrent thickening of the mid to craniodorsal bladder wall was present measuring 0.62 cm in width. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment which may indicate cellular debris, protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal.

The right kidney was subnormal in size compared to the left kidney. A normal 1:3 cortex / medulla ratio and mild loss of normal corticomedullary definition along with mild to moderate bilateral pyelectasia was present. No evidence of hydroureter. The left kidney measured 5.4 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 2.1 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 thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mildly 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 and mild non-dependent debris. 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 moderate retained ingesta exhibiting progressive distal acoustic shadowing 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

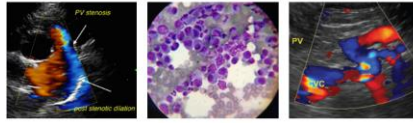
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass
- Bilateral chronic renal changes with pyelectasia
- Secondary-gastric ingesta, probable post prandial presentation
- Secondary-mild vacuolar hepatopathy pattern-benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria such as transitional cell carcinoma. Non-neoplastic etiologies are considered less likely. Cytospin cytology of free catch urine sample to assess for atypical epithelial cells and/or screening BRAF assay could be considered. A biopsy would be required for definitive diagnosis. No evidence of regional metastasis was noted. A piroxicam trial as well as monitoring of urine C/S could be considered empirically. Oncology consult could be considered.



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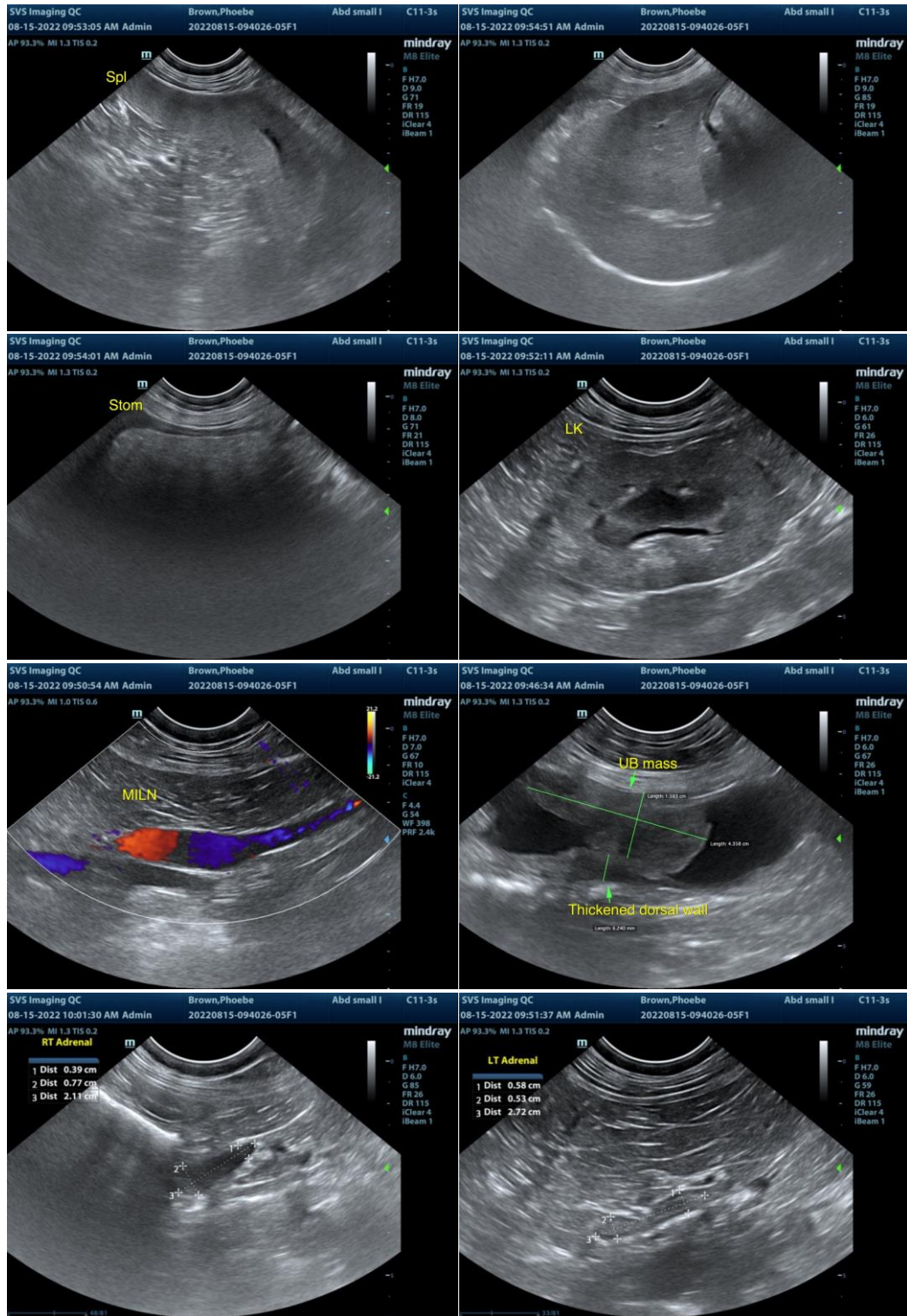
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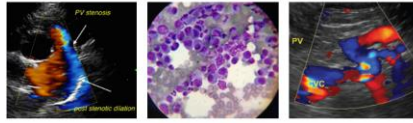


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

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can be of any further assistance please contact me.

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info@SonoPath.com

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