IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Daisy Matje

SPECIES

Canine

BREED

Schnoodle

SEX

SF

AGE

13 Years

WEIGHT

8.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

47088

DATE

8-23-21

PRESENTING CLINICAL SIGNS

7/15/21 presented for inappetence, straining to urinate, and lethargy. Treated for pancreatitis. 8/12/21 inappetence better but straining to urinate has worsened and now PU/PD 8/21/21 Blood in urine, straining to go, O says the urine is dripping when she is trying to urinate. No improvement on antibiotics. Abnormal PE/Chem/CBC/UA Results: 7/15/21 CBC WNL, Chem: BUN elevated at 76, Creat normal at 1.3, Amyl >2500, CPL strong abnormal 8/12/21 UA - WBC, RBC, bacteria present. Started on Clavamox 8/21/21 UA - not improved, Blood 250, Sediment analysis - Large amount of WBC and RBC, no crystals. Started Enroquin Tabs 68mg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended containing a moderate amount of non-dependent to dependent congealed echogenic sediment and potential pyuria. A moderately sized nonhomogeneous pinpoint to focally mineralized mass occupying the area of the urinary bladder neck and extending into the proximal urethra, to a depth of 2.0-3.0 cm, was present. The mass measured approximately 5.0 cm in length and 1.2 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation including no evidence of medial iliac or sublumbar lymphadenopathy.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor pyelectasia was present in the left kidney. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

An indistinct uniformly mildly echogenic nodule was present in the cranial left adrenal gland with mild associated capsule distortion yet without evidence of parenchymal escape or vascular invasion. No evidence of mineralization associated with the left adrenal nodule. The left adrenal gland measured 1.8 cm length x 0.92 cm width cranial pole and 0.55 cm width at the caudal pole. The nodule measured 1.0 x 0.72 cm.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.2 cm length x 0.41 cm width in the caudal pole.

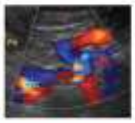
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver / Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to





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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact 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 gastric body wall width measured 0.35 cm.

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. The duodenum wall width measured 0.41 cm.

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

Pancreas

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mineralized urinary bladder neck and proximal urethral mass - consistent with neoplasia (transitional cell carcinoma likely).
- Concurrent moderate non-dependent to dependent congealed urinary bladder debris, potential pyuria.
- Mild to moderate chronic renal changes with minor left kidney pyelectasia.
- Left adrenal nodule - suspect adenoma.
- Heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the left kidney is nonspecific and may be owing to chronic renal changes or potential pelvic scarring. No evidence of left ureter dilation.

Minor potential for emerging primary or metastatic left adrenal neoplasia exhibited by the nodule such as adenocarcinoma, pheochromocytoma, or other.

The heterogeneous pancreas may indicate age related pancreatic changes, minor remodeling owing to previous inflammation, or persistent low grade inflammation given the elevated amylase and abnormal CPL.
Screening BRAF assay may be considered. If negative, biopsy of the urinary bladder neck and proximal urethra mass would be required for a definitive diagnosis. However, this mass does not appear to be surgical. Potential stent placement may be indicated.

Empirically, and with monitoring of renal parameters, NSAID therapy and as needed analgesia may be considered. No overt evidence of regional metastasis.

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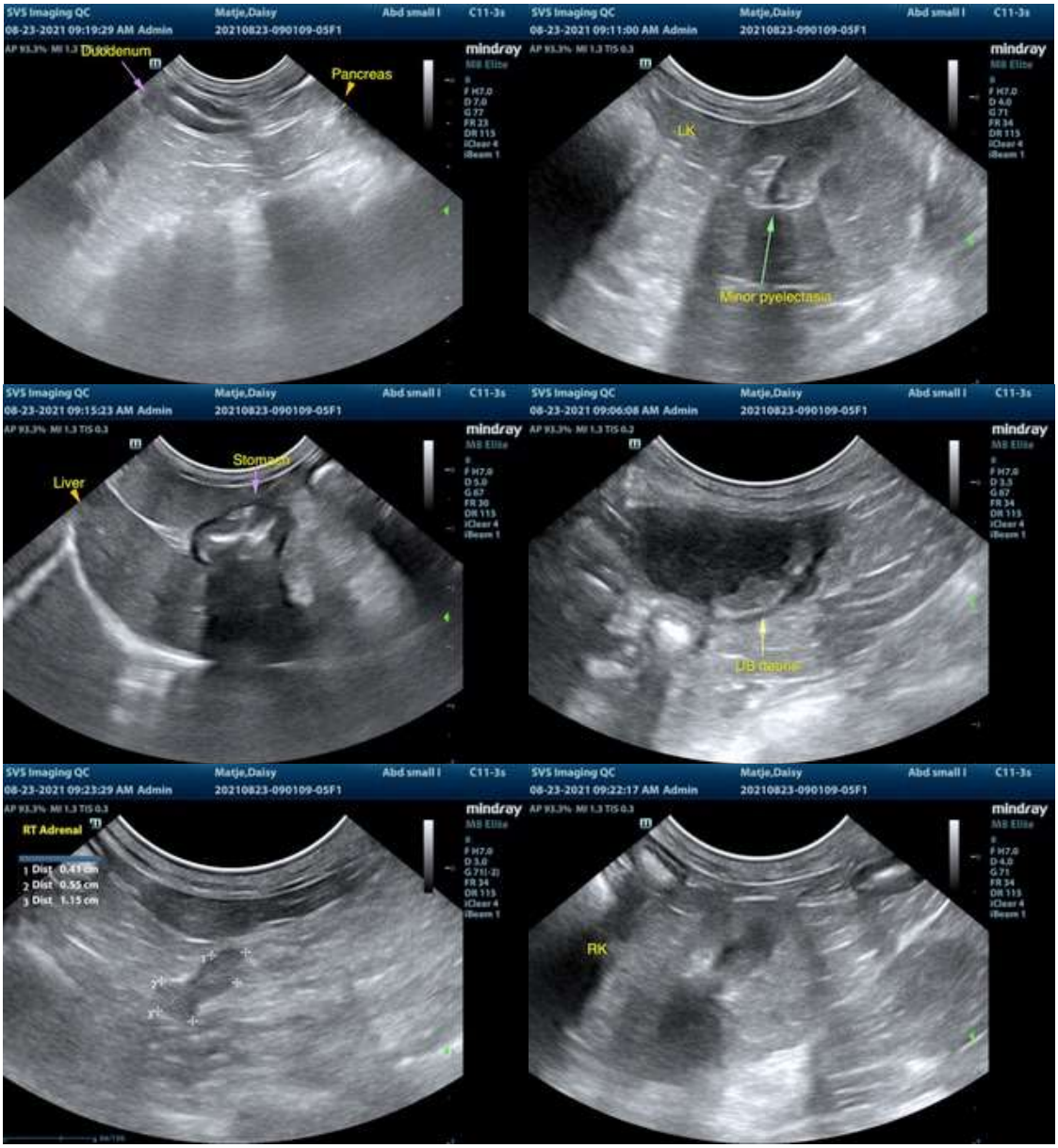

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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