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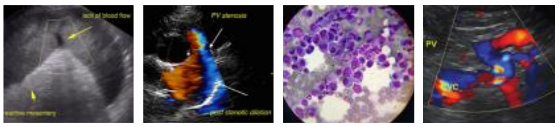


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Cheyenne Wilson

SPECIES

Canine

BREED

Beagle

SEX

SF

AGE

10 years

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

14659

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Possibly mass associated with bladder seen on ultrasound at local emergency hospital. PU/PD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. No evidence of luminal urine was noted at the beginning of the ultrasound study with minimal anechoic urine present at the end of the ultrasound study. Possible generalized thickened urinary bladder walls exhibiting mild asymmetrical luminal surface contour and evidence of luminal to possible luminal surface or mural mineralization. However, a full evaluation of the urinary bladder walls was limited owing to the lack of urine distention. A possible nonhomogeneous luminal mass lesion was present at the end of the ultrasound study measuring approximately 1.7 cm in diameter. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy was noted in the area of the iliac trifurcation or dorsal to the urinary bladder.

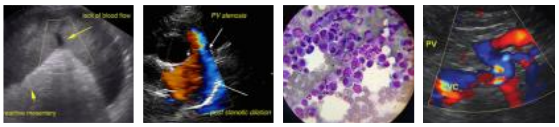
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.52 cm width at the caudal pole. The right adrenal gland was enlarged in size with asymmetrical capsule contour yet maintained capsule integrity with nonhomogeneous nonmineralized right adrenal parenchyma. The right adrenal gland measured 3.6 cm length x 2.0 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.



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Liver/ Gallbladder

The liver was mildly enlarged with mild generalized nonhomogeneous hepatic parenchyma exhibiting evidence of parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 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 overt lymphadenopathy or peritoneal effusion was present.

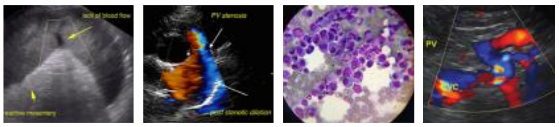
ULTRASONOGRAPHIC FINDINGS

- Nondistended subnormal urinary bladder size exhibiting possible generalized wall thickening, luminal vs. adhered or intramural mineral, possible small nonhomogeneous luminal mass lesion
- Mild chronic renal changes with mild left kidney pyelectasia
- Mildly enlarged to heterogeneous liver
- Right adrenomegaly to possible right adrenal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, sonographic reassessment of a full urinary bladder Is recommended for further clarification. Neoplastic urinary bladder criteria is certainly of concern, although the possibility of non-neoplastic etiologies such as cystitis, urinary bladder luminal polyp, urinary bladder luminal mineral, or if evidence of hematuria, potential luminal blood clot is possible. Screening BRAF Assay, as well as cytospin cytology of a free catch urine sample for further assessment, could be considered. Urine C/S is recommended if not done.

The right adrenal gland was abnormally enlarged with potential considerations including adenomatous change, benign hyperplasia, with concern for emerging neoplastic criteria. Screening



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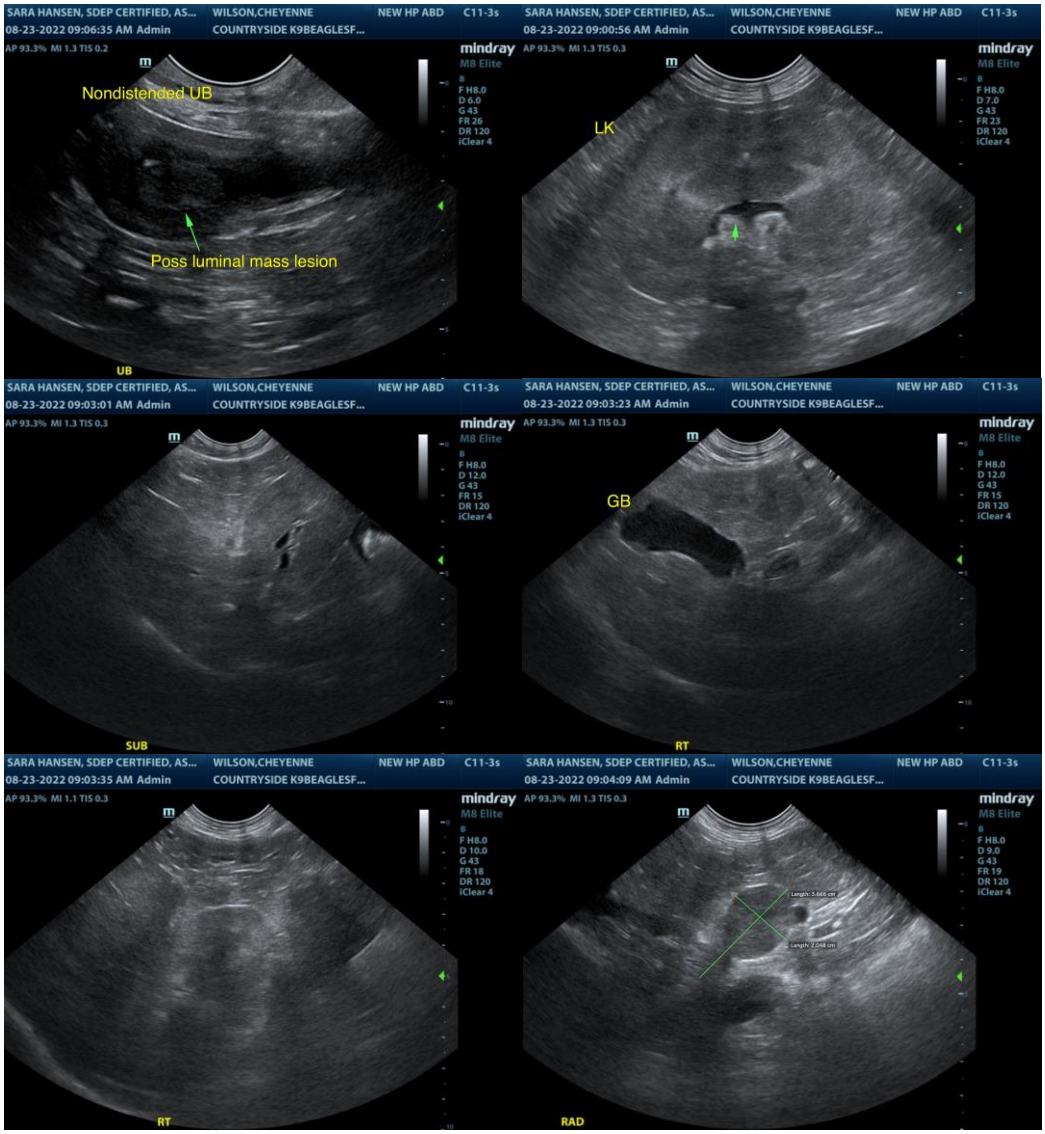
blood pressure Is recommended to assess for evidence of hypertension which may allude to a right pheochromocytoma. Given the presence of PU/PD, full adrenal work up with LDDST Is warranted.

Correlation with hepatic enzyme assessment, If not done, is suggested.



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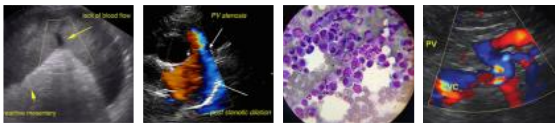

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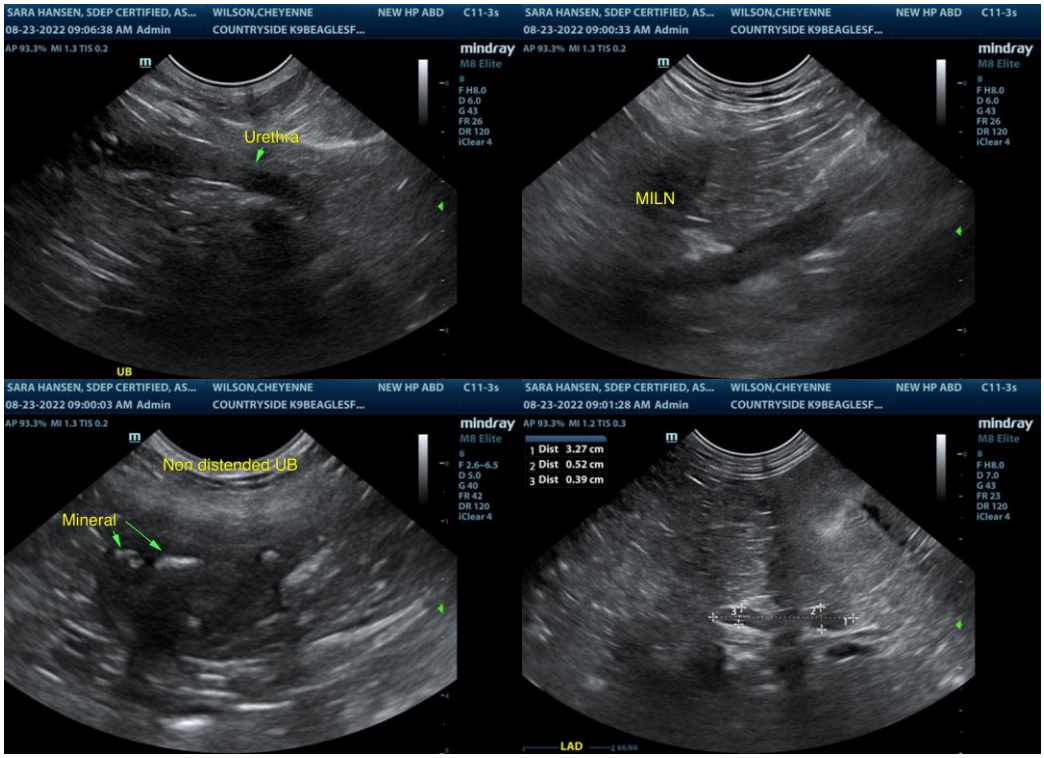

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com