



**PATIENT PRESENTING CLINICAL SIGNS**

Lilly Windisch History: Chronic urinary issues

Urinalysis – USG 1.027, 1+ protein, 4+ blood, mild hypoglycemia and hypocalcemia. Unremarkable CBC.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder presented mildly subnormal in size owing to lack of urine distention. A non-homogeneous mass lesion was noted in the area of the urinary bladder neck/cystourethral junction, extending into the proximal urethra. The mass did not appear to be overtly obstructive given the mildly subnormal urinary bladder size. Anechoic urine was present with minor particulate sediment present within the urinary bladder. Full evaluation of the ventral, apical and dorsal urinary bladder wall not associated with the mass was somewhat limited owing to lack of urine distention, yet no overt evidence of additional masses with mild asymmetrical ventral and apical luminal surface contour. The mass measured approximately 3.3 cm x 1.3 cm.

**SEX** FS

**AGE** 12 years 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 5.8 cm. The left kidney measured 5.0 cm.

**WEIGHT** 25 Pounds The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.47 cm in width. The left adrenal gland measured 2.0 cm length x 0.51 cm in width.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Liver**

**HOSPITAL NAME**

Littlestown VH

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 benign parenchymal remodeling. Intermittent, subtly hypoechoic non-expansive parenchymal nodules were present. Example of nodule measured 0.84 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-dependent to mildly congealed yet non-organized gallbladder debris. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Wimer

**Gastrointestinal**

**INVOICE**

25062

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.

**DATE**

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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.



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

Lilly Windisch **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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Beagle

- Urinary bladder neck and proximal urethral mass – consistent with neoplasia with transitional cell carcinoma being most probable. Potential for other neoplastic etiology such as squamous cell carcinoma possible with unlikely potential for non-neoplastic etiology such as significant cystitis or urethritis.
- Mild age related kidneys
- Mild hepatic parenchymal remodeling with intermittent, non-specific yet non-expansive parenchymal nodules
- Mild gallbladder debris (non-mucocele)

**SEX**

FS

**AGE**

12 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatic parenchymal nodules, although non-specific, may indicate areas of nodular to regenerative hyperplasia or hematopoiesis. Potential for hepatic metastasis, although considered less likely, cannot be definitively excluded. Screening BRAF assay may be considered. However, if negative, biopsy of the urinary bladder neck and proximal urethral mass would be needed for definitive diagnosis. However, this mass did not appear to be surgical given its location. No overt evidence of regional lymphatic metastasis. Empirically, NSAID therapy (i.e., Piroxicam or similar) may be considered with sonographic monitoring of the urinary bladder and proximal urethral mass. 3-view chest radiographs may be considered.

**WEIGHT**

25 Pounds

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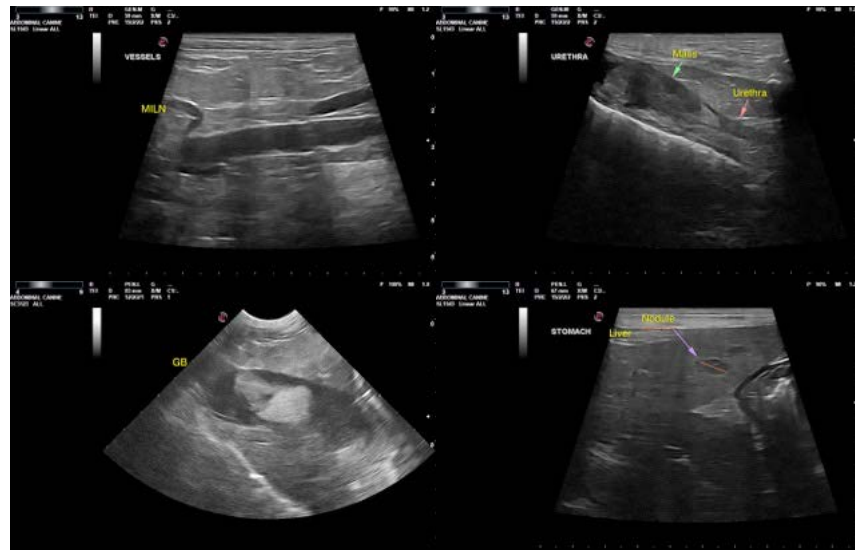
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**PATIENT**

Lilly Windisch

**SPECIES**

Canine

**BREED**

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**AGE**

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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.

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