



PATIENT PRESENTING CLINICAL SIGNS

Chula Maloney -Chronic UTI's

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Border Collie Mix

SEX

FS

AGE

2011

WEIGHT

70

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehighton AH

REFERRING VET

Dr. Mriss

INVOICE

14536

DATE

8/9/22

The urinary bladder was mildly distended in size with subjective normal tone containing anechoic urine with moderate to marked, non-dependent, particulate sediment. Pinpoint areas of mineral and mucus with potential for blood clot were noted. Extensive urinary bladder mass occupying primarily the midventral urinary bladder was present extending into the trigone and cystourethral junction with likely concurrent involvement of the dorsal trigone. The mass appeared to extend into the proximal urethra with evidence of minor mural mineralization. Ventral trigone urinary bladder wall width measured up to 1.8 cm in width.

The area of the iliac trifurcation was free of overt pathology including no evidence of significant medial Iliac or sublumbal lymphadenopathy.

The left kidney was normal in size with severe hydronephrosis exhibited by replacement of the majority of the left kidney medulla with anechoic fluid extending into the lateral diverticuli was present. The left kidney measured 7.8 cm length.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left and right adrenal glands were free of overt pathology.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, echogenic nodules were present primarily medial parenchyma and adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Chula Maloney

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.

SPECIES

Canine

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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Extensive urinary bladder mass involving the trigone, cystourethral junction, and extending into proximal urethra
- Moderate nondependent urinary bladder sediment, mineral, mucus, or potential blood clot
- Severe left kidney hydronephrosis
- Right kidney chronic renal changes with minor pyelectasia

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Secondary Findings

- Benign splenic nodules - consistent with benign myelolipomas
- Mild hepatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Lehighton AH

The extensive urinary bladder mass is sonographically suggestive of neoplastic criteria such as transitional cell carcinoma or other. Potential for non-neoplastic etiologies such as severe cystitis is considered a less likely differential diagnosis. This pathology is likely resulting in obstruction of the left ureter and secondary left kidney hydronephrosis. No obvious evidence of regional metastasis. However, given the extent of the mass, surgical options are likely precluded.

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Cytospin cytology of free catch urine sample to assess for atypical transitional cells +/- screening BRAF Assay could be considered.

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A likely long-term unfavorable prognosis is unfortunately indicated.

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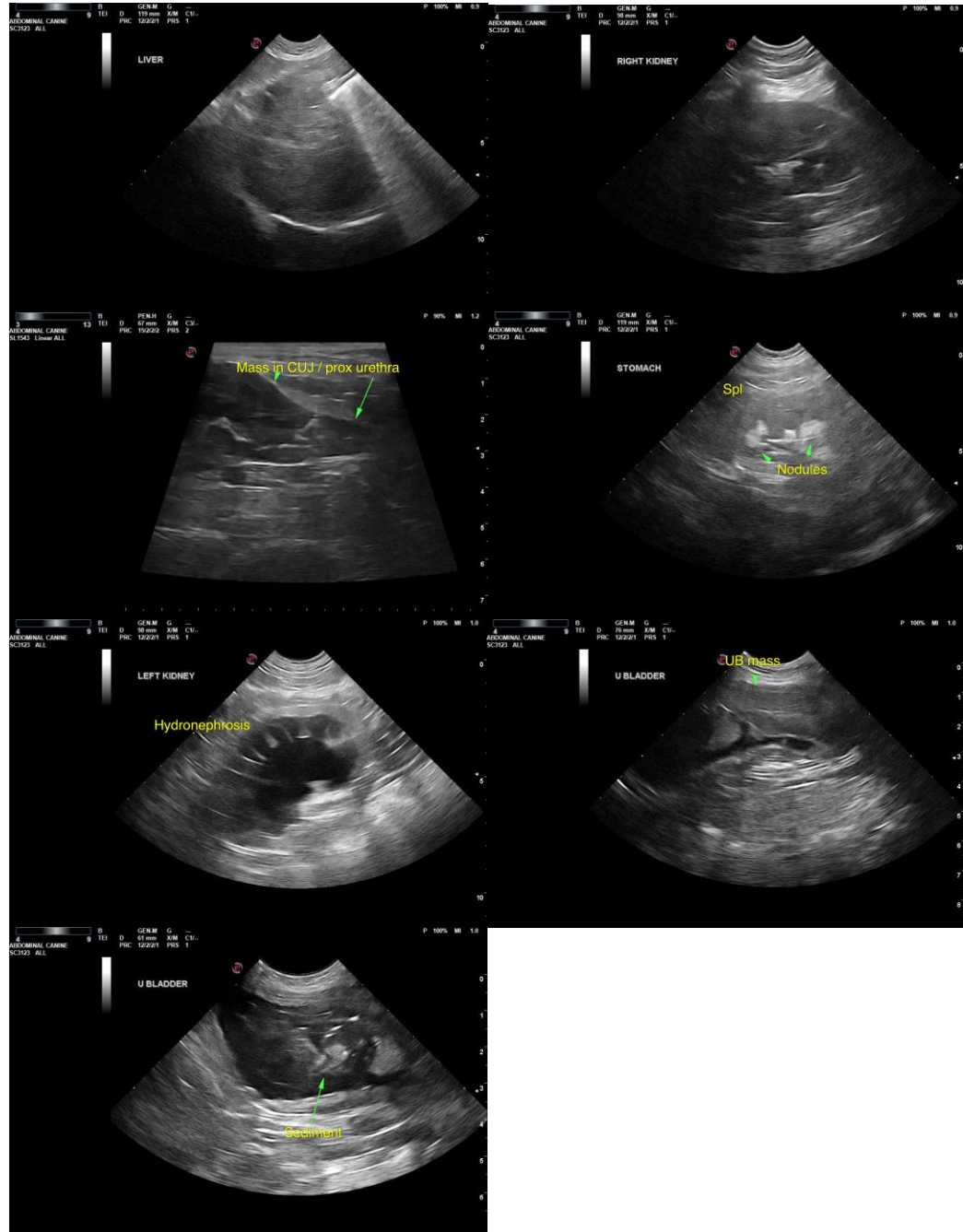
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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