



**PATIENT**

Porche Gray

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

26.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Allen

**INVOICE**

12149

**DATE**

9/1/21

**PRESENTING CLINICAL SIGNS**

Persistent hematuria, UTI, and accidents in the house. Presented 6/30/21, unable to get urine sample and started on Clavamox. Some improvement while on Clavamox, but recurred after stopped. Rads, BW and UA done, started on Ciprofloxacin. No improvement in symptoms or UA.

Abnormal PE/Chem/CBC/UA Results: RADS: NSF BW: ALT 217, rest WNL UA (8/10/21) SG 1.035, pH 6.0, Prot 2+, Blood 3+, Ketones Trace. Sed: RBC 30-50/HPF, WBC 6-10/HPF, Rod bacteria >40/HPF, Epi cells 2+. Urine C&S: E. Coli, sensitive to everything.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

A nonhomogeneous to pinpoint hyperechoic urinary bladder mass occupying the majority of the ventral urinary bladder wall was present. The mass appeared to extend caudally into the area of the cystourethral junction and potentially within the area of the dorsal trigone. The majority of the mass measured approximately 2.7 cm x 1.1 cm. The cystourethral junction width measured 0.93 cm. The urethra exhibited primarily normal structure and tone to a depth of 4.0 cm. Anechoic urine was present. No sediment or calculi were noted.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.72 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length x 0.86 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mildly expansive, nonhomogeneous mass was noted in the splenic tail, measuring approximately 3.0 cm x 2.0 cm. A concurrent, subtly expansive, uniform, hypoechoic nodule was noted in the mid-splenic parenchyma not associated with the caudal splenic mass, measuring 1.0 cm in diameter. 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.



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***Liver/ Gallbladder***

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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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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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.

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

***Pancreas***

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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.

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Rapid view of the heart revealed no overt evidence of pericardial tumors. Suspect mild hypoechoic tissue noted around the pericardial space adjacent to the right ventricle which may indicate lung tissue or potential pericardial fat. A minor potential for subtle pericardial to pleural effusion cannot be definitively excluded. Correlation with three view chest radiographs is recommended.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

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- Ventral urinary bladder mass likely extending into the area of the cystourethral junction and potentially dorsal trigone
- Nonhomogeneous caudal splenic mass with concurrent hypoechoic mid splenic nodule
- Gastric ingesta - likely post prandial presentation
- Mild hepatic parenchymal remodeling

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder mass is most consistent with neoplasia with transitional cell carcinoma vs. other neoplasia considered the primary differential diagnosis. Unfortunately, this mass appears to be nonsurgical given the suspected extension into the area of the cystourethral junction and potential



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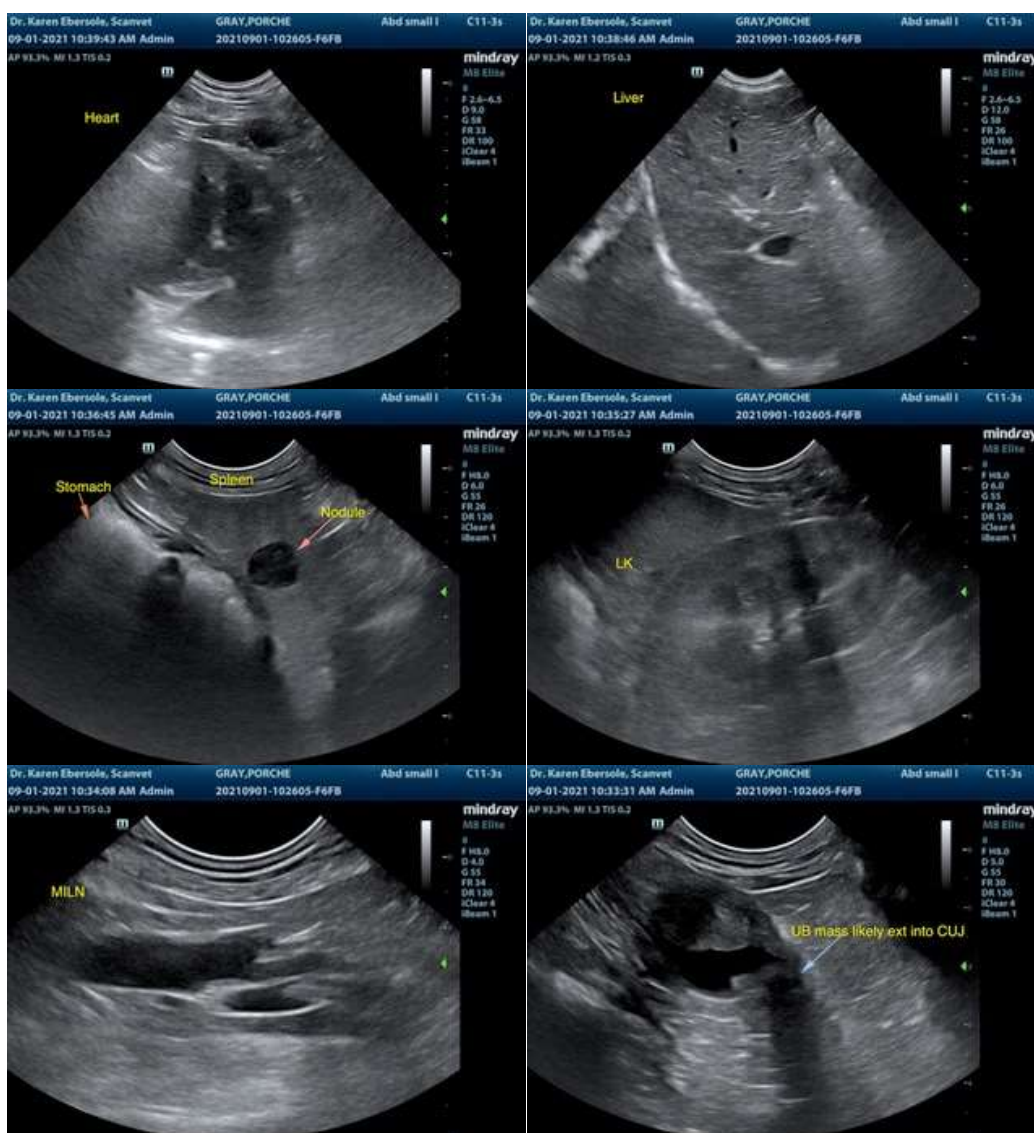
## DATE

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dorsal trigone. Screening BRAF Assay may be considered for further assessment. However, if negative, biopsy of the urinary bladder mass would be required for a definitive diagnosis.

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). The concurrent hypoechoic nodule may also indicate focal benign nodular change such as concurrent hyperplasia, hematopoiesis, while the possibility of additional primary vs. metastatic splenic neoplasia cannot be excluded.

Oncology consultation may be considered.





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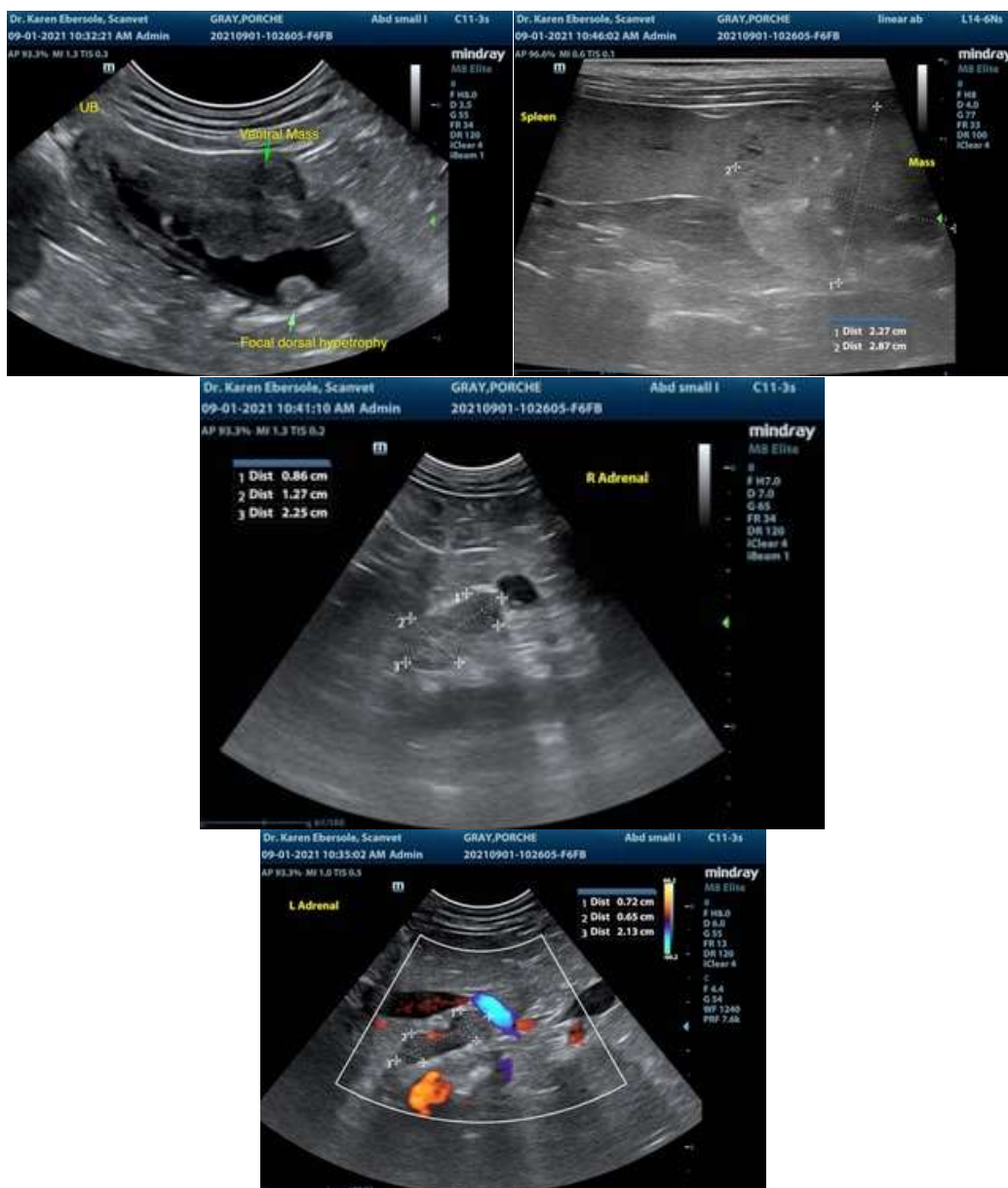
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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