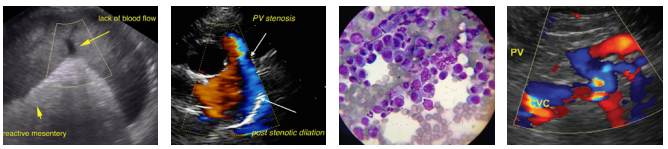
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Kelly

SPECIES
Canine

BREED
Wheaten

SEX
Spayed Female

AGE
10.5 years

WEIGHT
38 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Bergen County VC

REFERRING VET
Dr. Lewis

INVOICE
13007

DATE
9/13/21

PRESENTING CLINICAL SIGNS

Blood in urine, possible bladder stone on x-ray by VEG- see attached records. Current meds: Rimadyl, clavamox, baba, apoquel
Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem= UA (free catch): 4+ epithelial cells/rafts of cells. >100 RBC, protein 2+, WBC 6-10, no bacteria, blood 3+ SG: 1.026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size in tone. A moderately sized mass arising from the dorsal urinary bladder wall, extending into the lumen was present, measuring 2.6 cm x 1.4 cm. Additional multiple areas of ventral apical and cystic urethral junction mural hypertrophy, exhibiting similar echogenicity to the dorsal mass were present. An example of ventral apical mural hypertrophy measured 1.0 cm x 0.76 cm. The proximal urethra exhibited mild prominent size and subjective mural hypertrophy, measuring approximately 0.84 cm in width. Normal urethral tone was present. No overt evidence of associated mineralization noted in the urinary bladder mass to masses as well as the proximal urethra. Aortic trifurcation was normal.

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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.8 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 2.0 cm length x 0.61 cm caudal pole width. The right adrenal gland measured 1.8 cm length x 0.44 cm caudal pole width.

Spleen

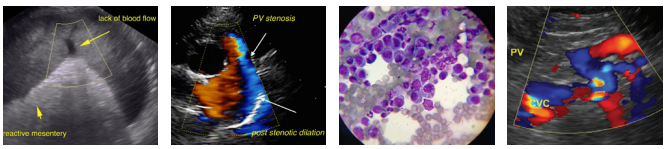
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic focally shadowing ingesta, likely consistent with recent meal ingestion.



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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.

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

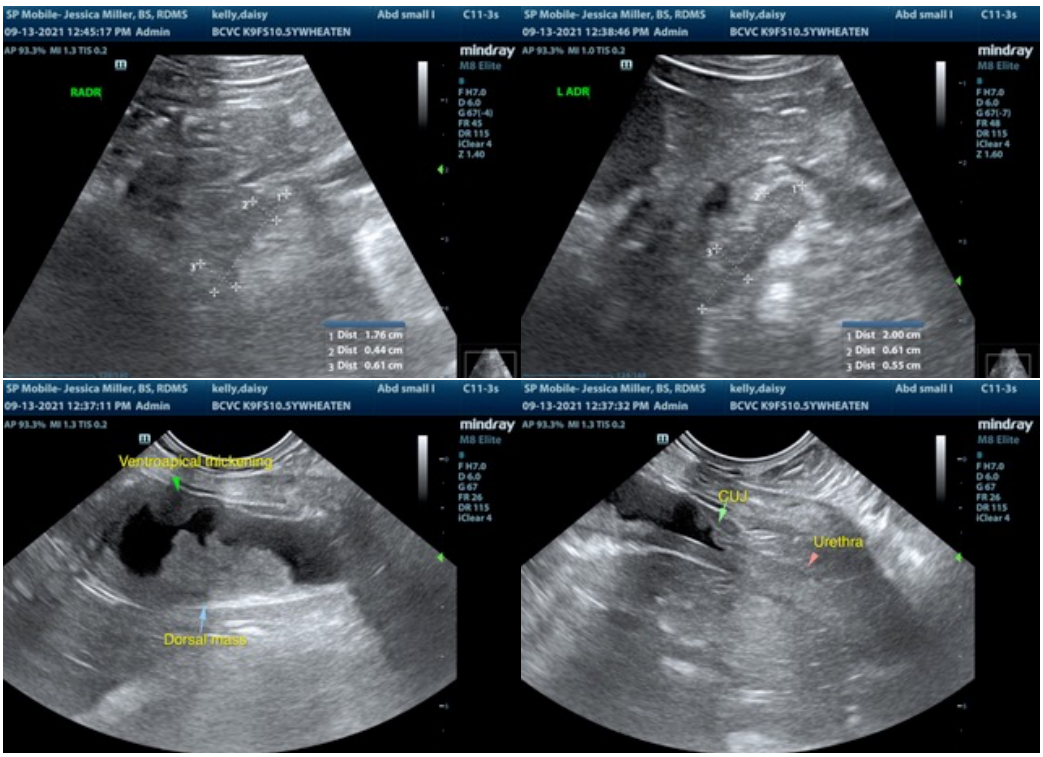
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Dorsal urinary bladder mass with multiple areas of ventral, ventral apical and cystourethral junction mural hypertrophy, potential extension into proximal urethra
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass to masses as well as extension into the proximal urethra consistent with neoplasia and primary concern for transitional cell carcinoma. Screening BRAF assay may be considered. Biopsy of the urinary bladder to proximal urethra masses may be required for a definitive diagnosis, however, this case does not appear to be surgical. Oncology consult and/or empirical n-said therapy such as piroxicam +/- as need analgesia may be considered. No overt evidence of metastasis.



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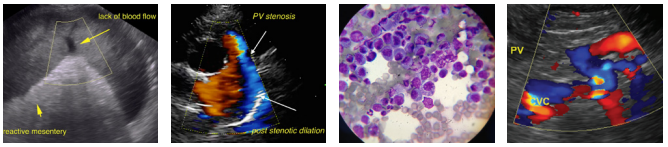

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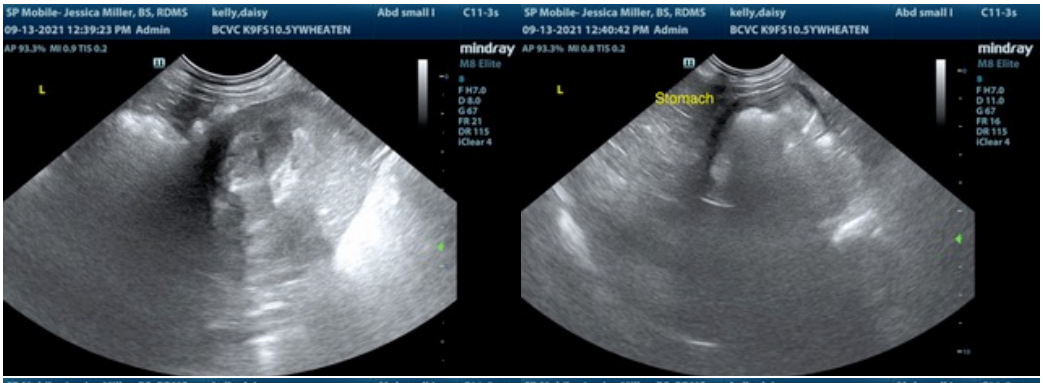

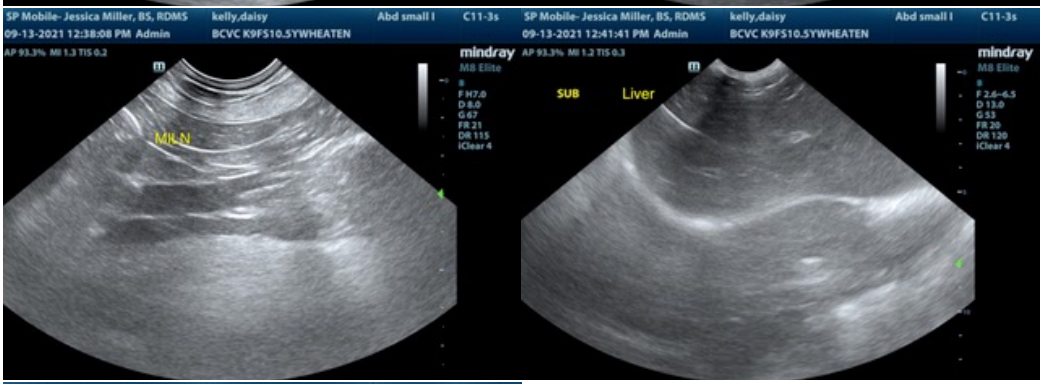

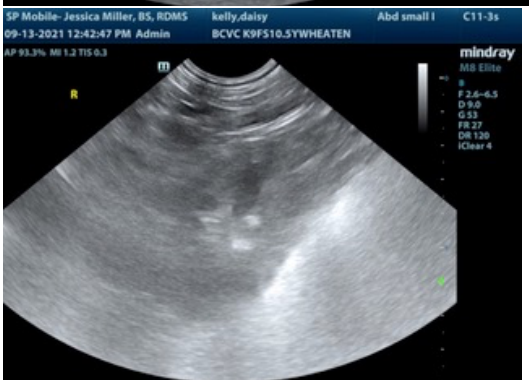

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com