



PATIENT

Badger Sebastian

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

16 yrs 6 mos

WEIGHT

57.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14861

DATE

9/14/22

PRESENTING CLINICAL SIGNS

Subjective blood in his urine this weekend very red would try to go and then he couldn't strain to urinate hates going outside, makes him go out two or three times to make him go outside and go potty or has to shove him out the door wants right back in right away this weekend were at a roping lays around no previous history of anything like this no idea of any triggers e/d- good v/d- none c/s- none l/b- one under his chest, has been here for a long time medications- carprofen travels- none concerns- none jk Objective BAR, Friendly but very anxious. Eyes lenticular sclerosis. Focal mass at 10 o'clock position of the OD. Teeth G3 tartar, halitosis, injected mm. H/L WNL. BCS 6/9. Focal lipoma like mass ~3" diameter on ventrum US of bladder shows mass effect. No cysto performed. Hope to collect free catch. Pending US review Assessment Geriatric RO bladder mass as cause of hematuria Plan Pending review JME

The submitted study contained 10 videos primarily of the urinary bladder, residual prostate, proximal urethra, and surrounding structures.

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

The urinary bladder was normal in size and tone. Nonhomogeneous to pinpoint hyperechoic mass appearing to originate from the dorsal urinary bladder wall occupying the majority of the urinary bladder lumen measuring approximately 4.6 cm x 3.0 cm was present. Color doppler assessment of the mass revealed evidence of blood flow. Minimal primarily anechoic urine was present exhibiting mild particulate sediment, which may indicate concurrent mild cellular debris / protein, crystalline debris or mucus. The urinary bladder walls not involved with the mass appear to be sonographically unremarkable exhibiting homogeneous mural echogenicity. No evidence of peripheral urinary bladder inflammation or effusion was noted. The visualized proximal urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

The residual prostate was normal in size, contour, and echogenicity measuring 1.0 cm in diameter.

No obvious evidence of medial iliac or sublumbar lymphadenopathy/ masses was noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass
- Overtly normal residual prostate and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a solitary urinary bladder mass. Although sampling of biopsy is required for further definition, the mass sonographically is most consistent with neoplastic criteria i.e., transitional cell carcinoma or other. The presence of visualized blood flow within the mass on doppler assessment indicates blood clot is an unlikely differential diagnosis.

Cytospin cytology of free catch urine sample and/or screening BRAF Assay could be considered. Traumatic catheterization is also warranted for cytology. Although the definitive extent of urinary bladder involvement with the mass was difficult to ascertain, surgical options are most likely precluded given this presentation. No overt evidence of regional metastasis was noted.



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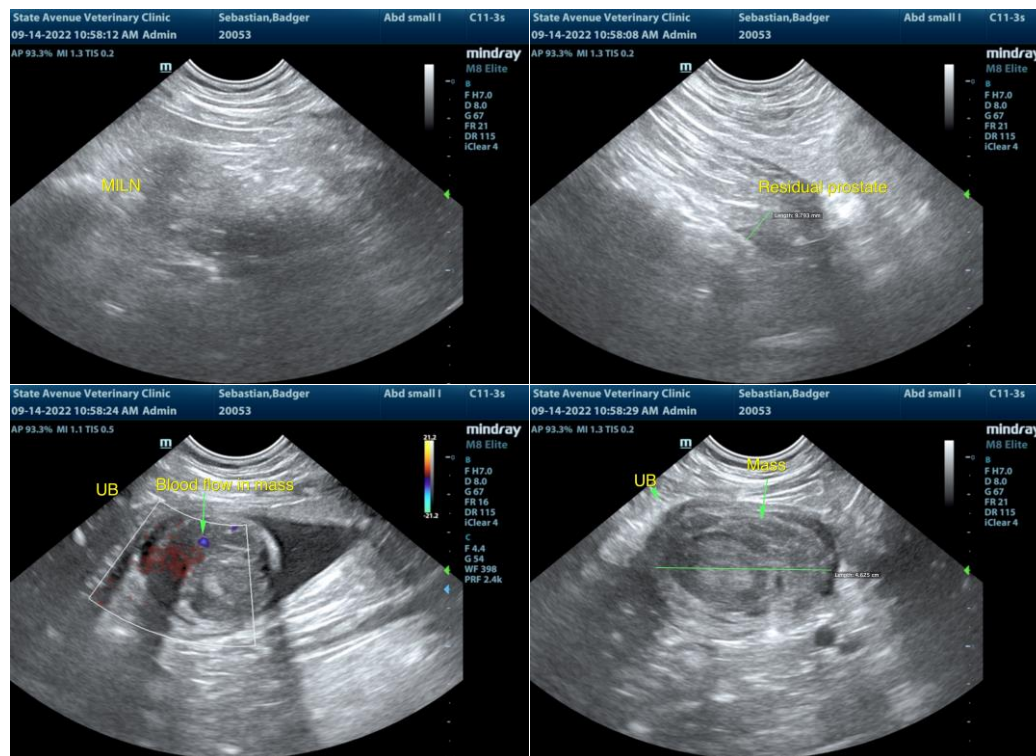
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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