



**PATIENT**

Gracie Sipsas

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Female

**AGE**

13 Years

**WEIGHT**

13.6

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Garden AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

25706

**DATE**

9/21/21

**PRESENTING CLINICAL SIGNS**

INTACT FEMALE MILD VULVAR DISCHARGE WITH BLOOD  
Abnormal PE/Chem/CBC/UA Results: -ELEVATED ALPK 269 (23-212) -1 BIG CRANIAL MAMMARY GLAND TUMOR ( BEEN THERE FOR 4 YS) 15CM DIAMETER

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in overall size and tone. Multiple ovoid to polypoid like masses primarily appearing to originate from the ventral apical to dorsal apical urinary bladder wall. Example measured 1.4 cm x 1.4 cm and 0.9 cm in diameter. Anechoic urine primarily was present with mild concurrent non-dependent particulate sediment. The area of the trigone and cystourethral junction were without overt concurrent masses or mural pathology extending into the urethra. The urethra exhibited normal structure and tone to a depth of 1.0 cm. Overt evidence of mineralization associated with the ovoid to polypoid like masses was not definitively evident, exhibiting mildly non-homogeneous parenchyma.

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 left kidney measured 4.3 cm. The right kidney measured 4.5 cm.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were not definitively visualized, no overt pathology.

**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.

**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

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.

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**

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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 was evident.

**SPECIES**

**Free Abdomen**

Canine

The uterus was indistinctly visualized, yet without overt pathology, including no overt evidence of uterine fluid dilation or pyometra.

**BREED**

Miniature Pinscher

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Ventral apical to dorsal apical ovoid to polypoid like bladder masses – transitional cell carcinoma versus polypoid hyperplasia possible.
- Bilateral mild chronic renal changes, no overt pyelectasia or pyelonephritis
- Vacuolar hepatopathy pattern with mild incidental gallbladder debris

Female

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

13 Years

Although further diagnostics are required for clarification, strong potential for transitional cell carcinoma is warranted. Screening BRAF assay may be considered. However, if negative, biopsy of the urinary bladder polypoid-like masses would be required for definitive diagnosis. No overt evidence of concurrent or primary pyometra. If possible, cystocentesis with avoidance of the polypoid like masses for sterile urine sample and culture and sensitivity suggested to rule out underlying infection. Empirically, assuming normal renal parameters, NSAID trial such as Piroxicam may be considered with sonographic monitoring of the urinary bladder.

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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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