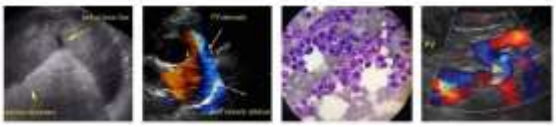


PATIENT

Mia Futino

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

11 years

WEIGHT

17 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Dr. Egbers

INVOICE

12276

DATE

9/22/21

PRESENTING CLINICAL SIGNS

–hematuria follow up to US May 25/20, bladder mass identified then, subsequently diagnosed as TCC by referral currently on meloxicam, proin, ursodiol
Abnormal PE/Chem/CBC/UA Results: ALP 1130(chronic & stable) UA: Bld 4+, prot 3+, non squam 3-5/hpf, USG 1.033

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination was present in the apical urinary bladder wall exhibiting progressive increased size compared to the previous ultrasound, measuring approximately 1.9 x 1.9 cm. The parenchyma of the mass was nonhomogeneous with pinpoint hyperechoic foci, Indicative of pinpoint mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Minor concurrent particulate urinary bladder sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. The trigone and cystourethral junction were normal extending into the proximal urethra, which exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology. No evidence of regional metastasis was noted.

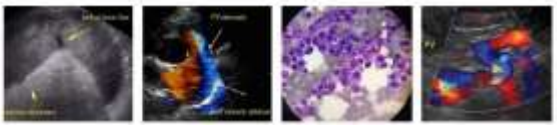
Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small cortical cysts were present in both kidneys with mild right kidney pyelectasia. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 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 2.2 cm length x 0.53 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length x 0.83 cm width in the caudal pole.

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.



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Liver/ Gallbladder

The liver exhibited subjective generalized enlargement with subjectively normal 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. Mild static gallbladder debris primarily around the inner luminal wall was present. The common bile duct was normal.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Progressive apical urinary bladder mass - consistent with previous transitional cell carcinoma diagnosis
- Bilateral chronic renal changes with cortical cysts and mild right kidney pyelectasia
- Hepatomegaly with parenchymal remodeling - subjectively benign
- Static mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the right kidney Is likely owing to chronic renal changes or potential pelvic scarring.

Potentially based on location, the urinary bladder mass may still be amendable to surgical resection. Surgical consultation is suggested if surgery is a consideration. Otherwise, oncology consultation is suggested.

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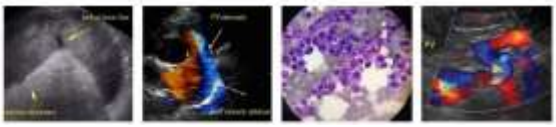

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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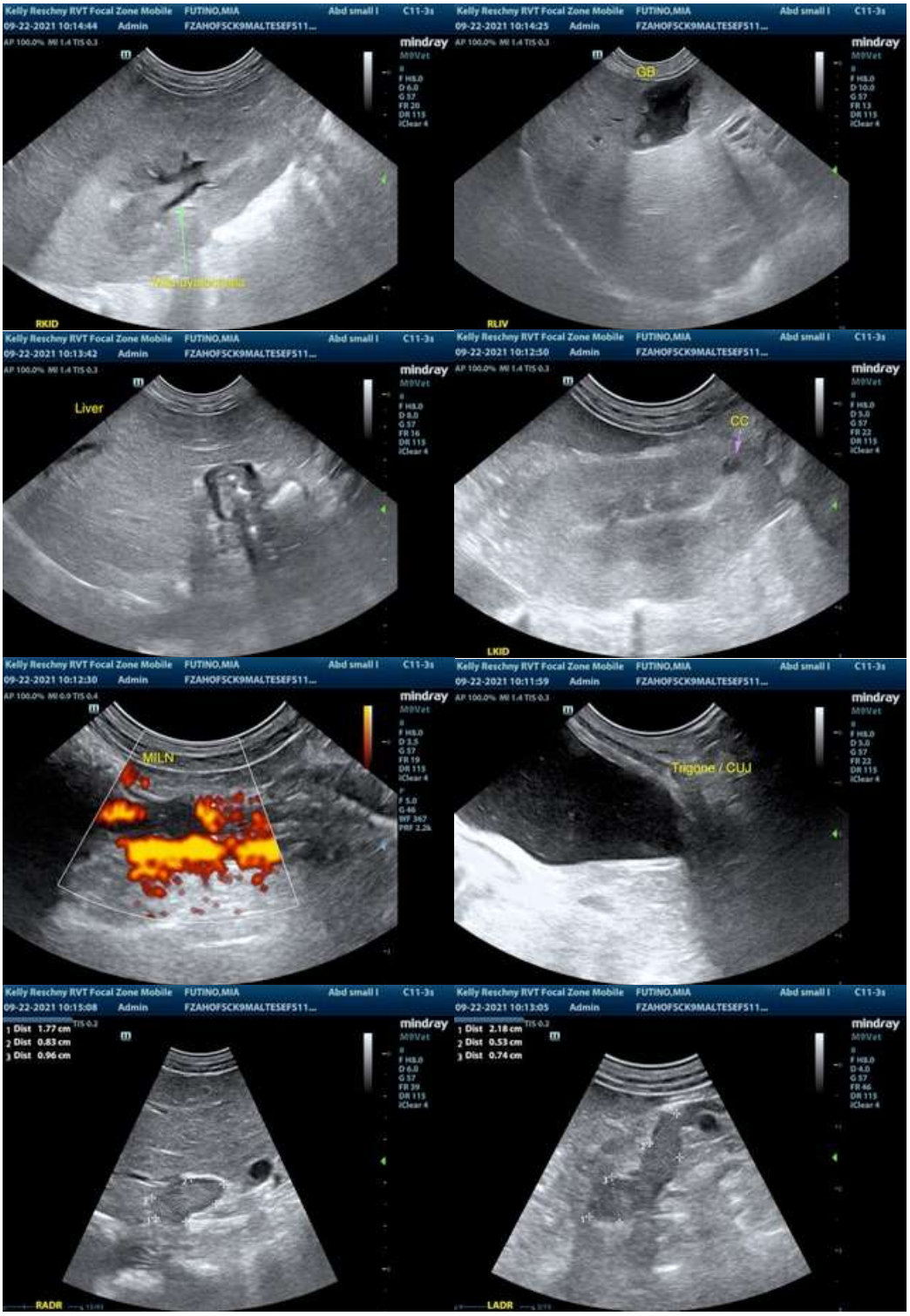

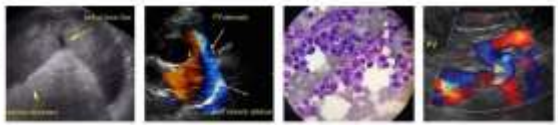

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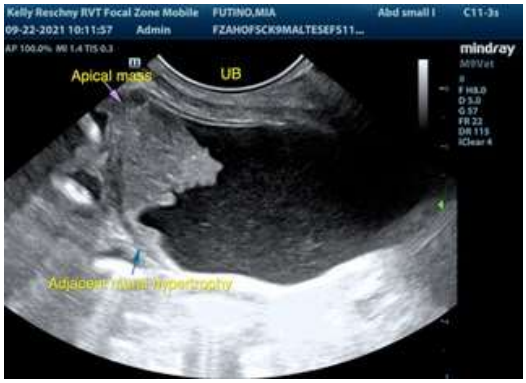

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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