**PATIENT**

Zoey Mason

PRESENTING CLINICAL SIGNS

Bloody urine, no stones seen on radiographs.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System*****BREED**

Boston Terrier

A sessile based mass occupying the majority of the dorsal urinary bladder wall extending mildly into the urinary bladder lumen, as well as caudally into the area of the urinary bladder neck with asymmetrical margination was present and measured approximately 3.8 cm x 1.6 cm. No evidence of obstruction to urinary outflow, or evidence of invasion of the proximal urethra. The parenchyma of the mass was nonhomogeneous exhibiting areas of hyperechoic foci suggestive of mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

SEX

FS

AGE

8 years

The area of the iliac trifurcation and sublumbar space was free of medial Iliac or sublumbar lymphadenopathy/masses.

WEIGHT

24.4 lbs.

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 5.4 cm in length. The right kidney measured 5.5 cm in length.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)***Adrenal Glands***

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.64 cm width at the cranial pole.

IMAGING PERFORMED BY

Rachel Runnells, RVT

Spleen

The spleen exhibited normal size and contour with a primarily finely textured and homogenous parenchyma. Intermittent nondisruptive discrete isoechoic to hypoechoic splenic nodules were present with an example measuring 1.1 cm in diameter.

HOSPITAL NAME

SVS Imaging KC

Liver/ Gallbladder**REFERRING VET**

Dr. Mary Hughes

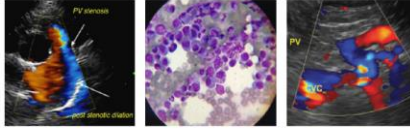
The liver exhibited subjective mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete isoechoic to nonhomogeneous intraparenchymal nodules were present with an example measuring 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild gallbladder debris. The cystic and common bile ducts were normal.

INVOICE

15018

DATE

9-28-22

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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 with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. Areas of asymmetrical pancreatic contour were noted. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass - consistent with neoplastic criteria i.e., transitional cell carcinoma
- Nonspecific discrete hepatosplenic intraparenchymal nodules
- Bilateral mild chronic renal changes
- Heterogeneous to mildly hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin cytology of a free catch urine sample to assess for evidence of atypical transitional cells +/- BRAF Assay could be considered. Subjectively, complete surgical resection of the urinary bladder mass is likely precluded given its location potentially in the area of the ureteral papilla and subjective extension into the area of the urinary bladder neck. Surgical and/or oncology consult is suggested.

The hepatosplenic nodules were nonspecific and may indicate benign nodular changes i.e., hyperplasia, hematopoiesis, lipogranulomas, or similar. Potential for early metastatic hepatosplenic nodules cannot be definitively excluded, yet is thought less likely. No evidence of regional medial iliac or sublumbar lymphatic metastasis was noted.

Potential for low-grade chronic active pancreatitis may be possible if clinically applicable.



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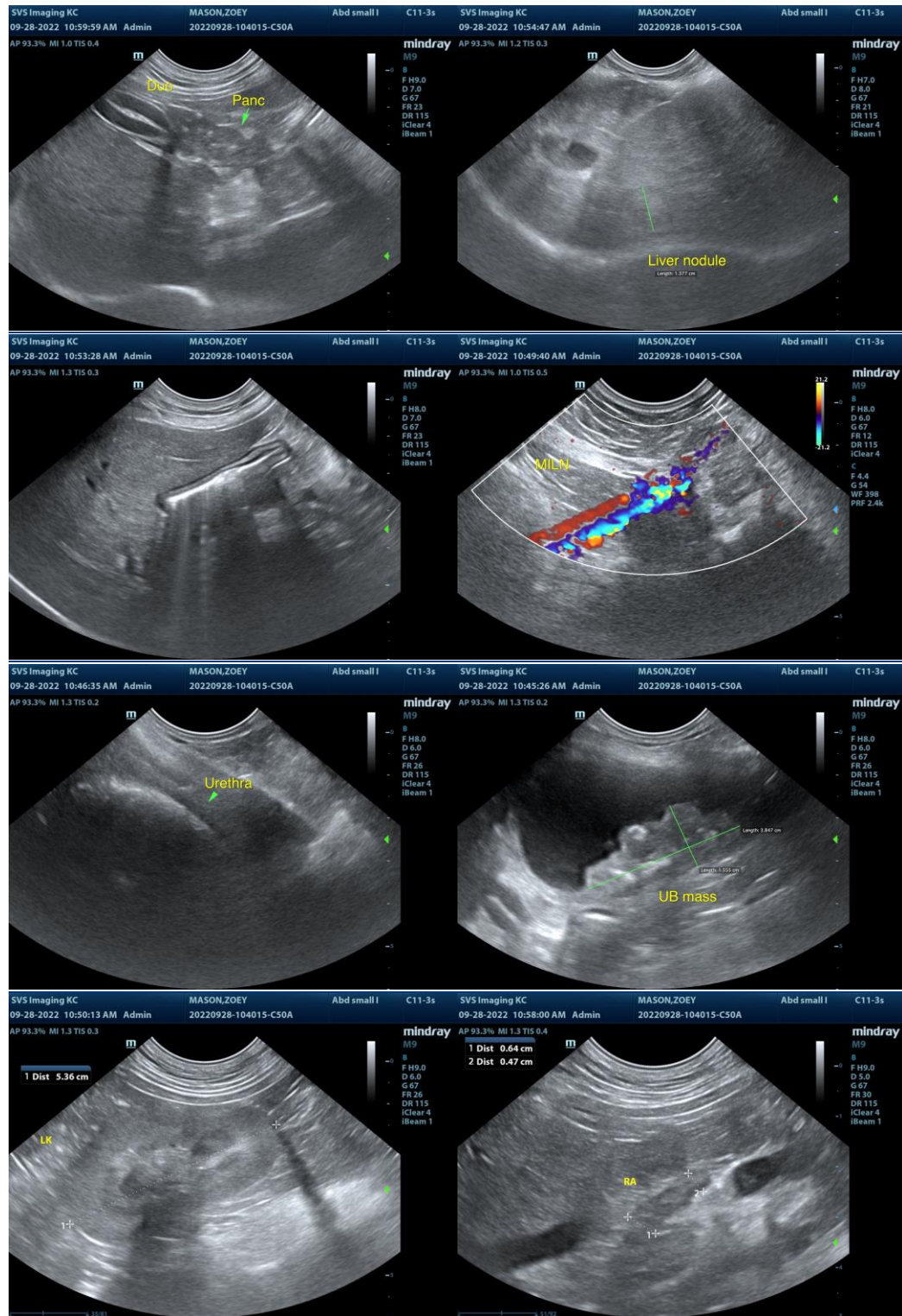
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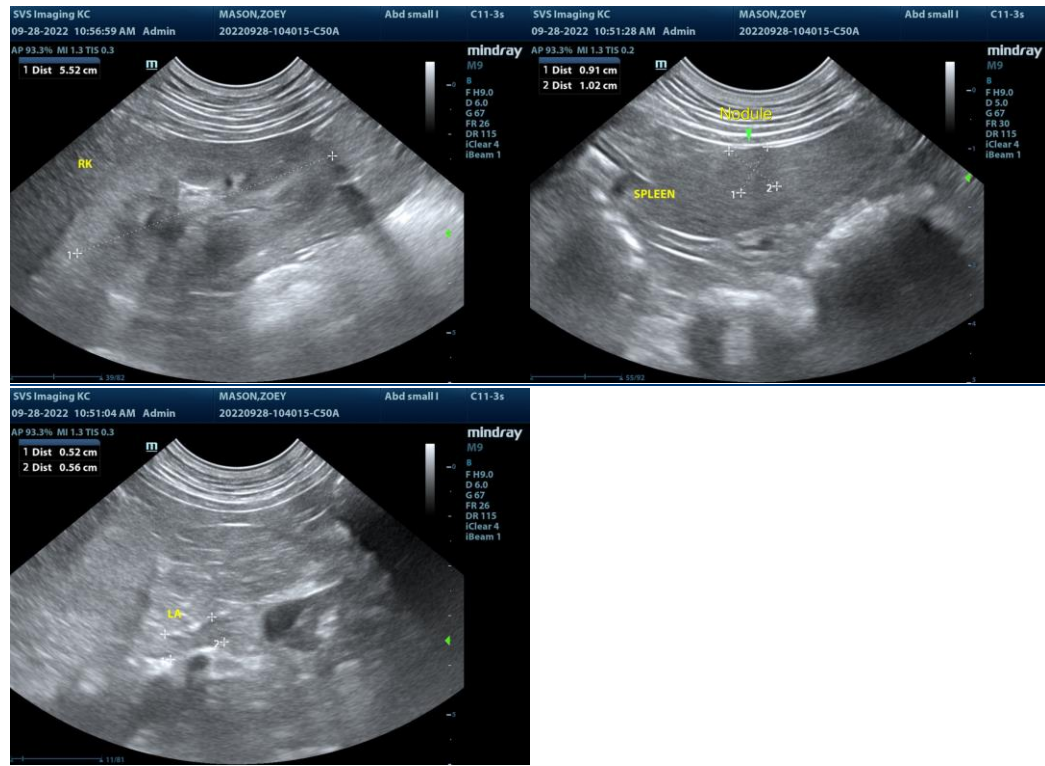
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com