



PATIENT

Dexy Swinnich

SPECIES

Canine

BREED

Plott Hound Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

75 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Bridget Kanelli, LVT

HOSPITAL NAME

Thorn Avenue AH

REFERRING VET

Dr. Tompkins

INVOICE

74003

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- Increased urinary frequency. Some blood noted in urine
- U/A: pH 8.0, SG 1.012, WBC TNTC, RBC TNTC, Epithelial cells TNTC- Transitional and sheets of abnormal cells, Bacteria ++ rods and cocci.
- Radiographs: negative 3 view thorax met check, round (5-8cm on RLAT) lesion to the cranial aspect of the bladder
- NSF- bw will be attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.9 cm, right measured 7.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.51 cm in length x 0.6 cm and 0.62 cm in width. The right adrenal gland measured 2.1 cm in length x 0.67 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Large, irregular, mottled echogenic mass in the caudal abdomen possibly associated with the urinary bladder. The mass measures 4.6 x 6.9 cm.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mass would be neoplasia and with the presence of abnormal cells in the urine, most likely associated with the urinary bladder.

Differential diagnosis is neoplasia of the uterine remnant. To fully define the mass, additional diagnostics that could be considered would either be a nuclear cystogram or positive contrast cystogram as well as a CT scan. The latter is highly recommended if surgery is being contemplated for the mass if the mass is not directly associated with the urinary bladder.

Specific therapy would be dependent on an etiological diagnosis.



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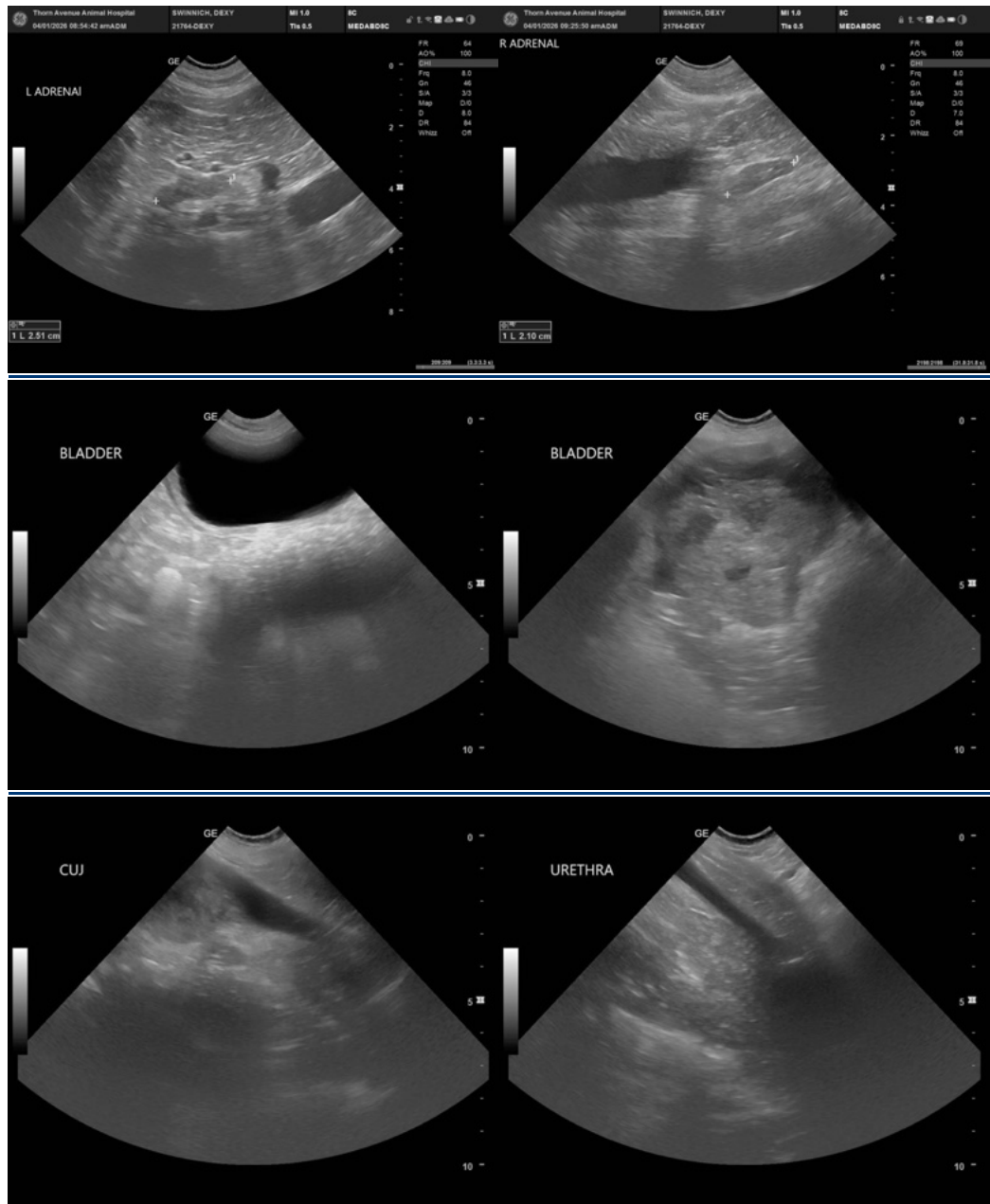
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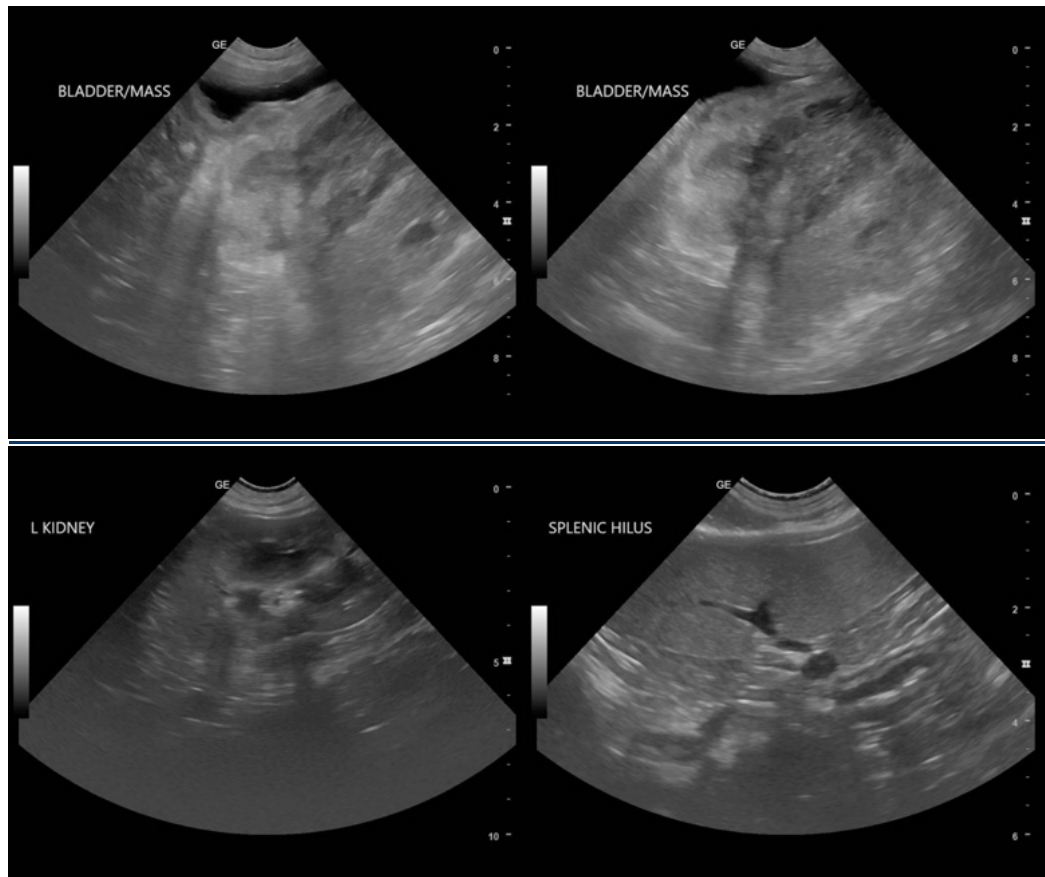
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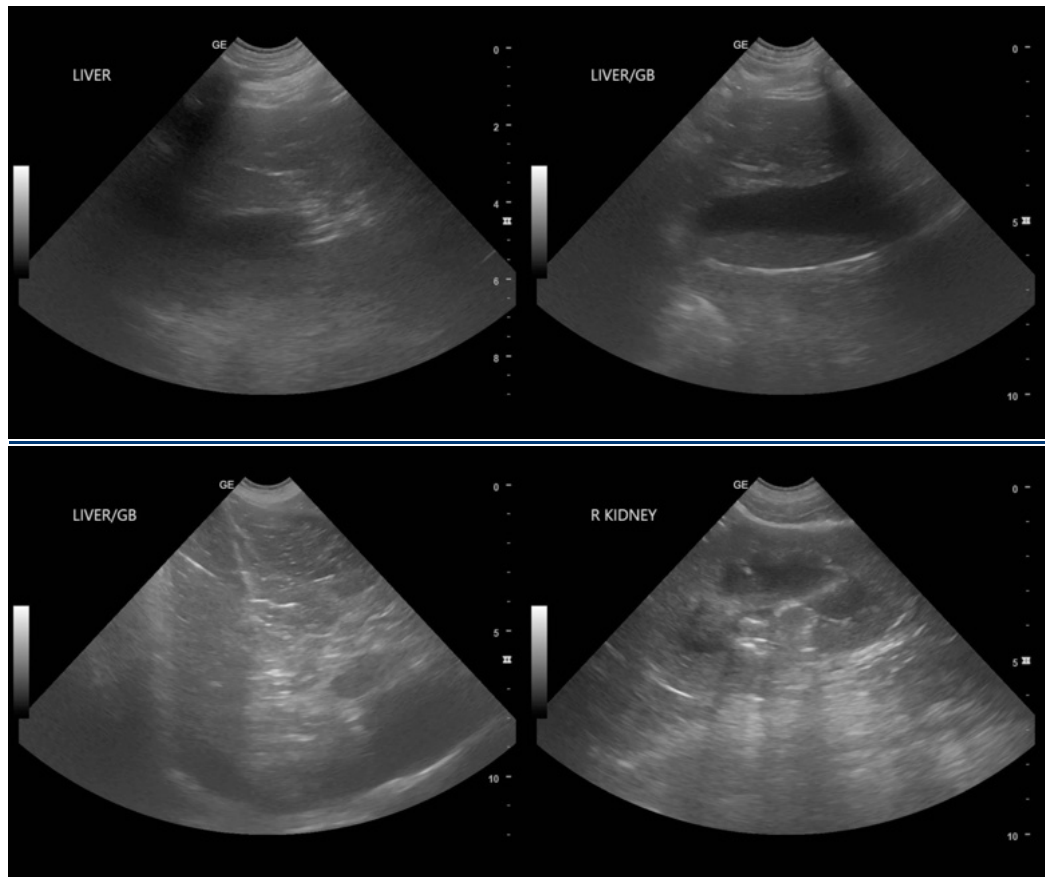
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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