**PATIENT**

Kymber Kluge

SPECIES

Canine

BREED

Lab Retriever

SEX

FS

AGE

13 Years

WEIGHT

33.6 kg

INTERPRETED BYSebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging**IMAGING PERFORMED BY**

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Custead

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DATE

1-11-22

PRESENTING CLINICAL SIGNS

History of tcc. Last ultrasound exam. Lobular, heterogenous mass arising from the right aspect of the bladder apex is mildly increased in length (2.6 cm in length) 2.5 cm in width, and maximal transverse diameter 2.8 cm. A novel, 4 mm by 12 mm lobular, focally mineralized mass is at the right dorsal aspect of the urinary bladder wall slightly caudal to the larger mass. The plaque likely thickening in the region of the left ureteral papilla trigone is similar thickness compared to prior (4.7 mm) The distal aspect of the left ureter is transiently mildly distended. The left ureteral wall is mildly thickened 2-3 mm. There was also mass present in the right aspect of the liver adjacent to right kidney. 3.5 cm maximal transverse width.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder wall presents multiple, irregular masses partially with mild, spot-like mineralization and loss of the wall layering. The cranial and dorsal wall is affected (mass 2.96 x 2.88 cm) as well as the trigone region and the cysto-urethral junction. The latter shows multiple small nodules (-1.67 cm, affected wall estimated > 3.12 cm) including the proximal urethra which appears significantly hypoechoic and thickened with maximum diameters of 0.35 cm.

The left ureter is traceable in its complete course with moderate distension (0.45 cm) including the left renal pelvis.

The left kidney shows mild hydronephrosis. Both kidneys demonstrate multiple hyperechoic, wedge-shaped striations with withdrawals of the renal surface. Both show a fuzzy corticomedullary transition.

Adrenal glands

Both adrenals are highly enlarged, the left being still symmetric with maximum diameters of 3.30 x 1.13 x 0.98 cm. The echotexture is markedly inhomogeneous and hypoechoic revealing small cyst like areas.

The right adrenal gland presents a hyperechoic nodule in its cranial pole of 1.76 x 1.45 cm.

The corticomedullary detail is lost on both sides.

Spleen

The intercostal views show multiple, spot-like calcifications of the spleen.

Liver/Gallbladder

Liver echogenic texture appears highly and diffusely inhomogeneous. An irregular nodule-like lesion is seen in the right caudate lobe (3.6 cm). The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

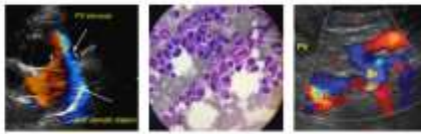
Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance.

The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed are mildly inhomogeneous. Signs of inflammatory changes or focal lesions are missing.

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Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal. The abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS**Primary**

- Advanced neoplastic process urinary bladder with inclusion of the cysto-urethral junction, urethra and at least the left trigone
- Consecutive left hydronephrosis and -ureter
- Highly inhomogeneous liver with mass formation right caudate lobe
- Significant bilateral adrenal enlargement with suspected neoplasia of the right cranial pole

Secondary

- Signs of a bilateral, chronic nephropathy with multiple chronic infarcts
- Splenic calcifications

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the bladder represent advanced, progressive and aggressive neoplasia with multifocal mass formation, loss of wall layering and invasion of the left trigone, the cysto-urethral junction and the urethra. Changes are typical for transitional cell carcinoma.

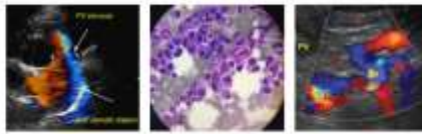
The regional lymph nodes are considered to be normal. Regional metastatic spread therefore is unlikely. The multiple splenic calcifications, the highly inhomogeneous adrenal glands, the right adrenal mass and the right liver mass/inhomogeneous liver however could represent distant metastases matching with mass formations and/or diffuse infiltration/paraneoplastic lesions.

Ultrasonographic findings of the liver additionally could speak for a chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration. Diameters > 3 cm of the right liver mass indicates malignancy. Benign differentials such degenerative/regenerative changes, nodular hyperplasia and adenoma are still possible. Biopsy would be needed for further evaluation.

Changes of the kidneys are bilateral. I suggest they are age appropriate.

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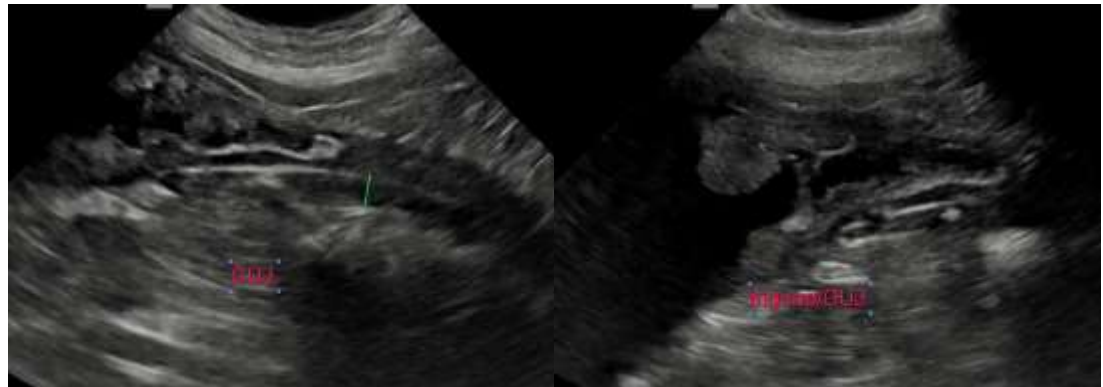
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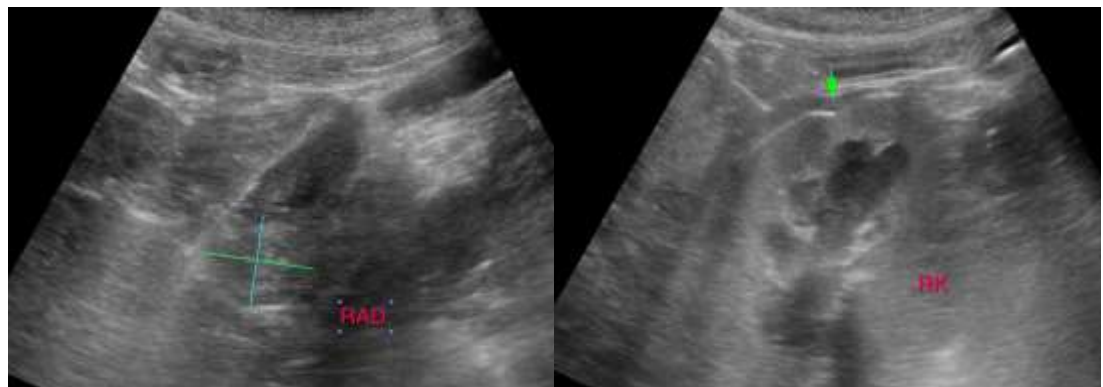
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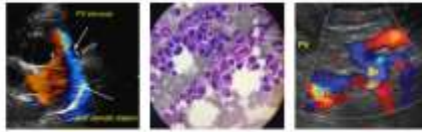
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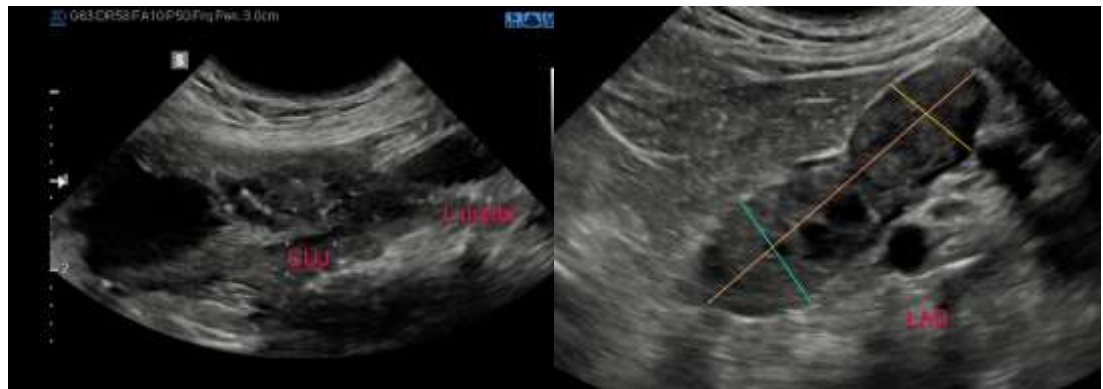
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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