

PATIENT

Charis NYBC 48 Bully
Crew/ Ivelise Perez

SPECIES

Canine

BREED

Plott Hound Mix

SEX

Female Spayed

AGE

9 Months

WEIGHT

64 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Dr. Ferrer DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dra. Maria Martes

INVOICE

49187

DATE

12-22-21

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate hematuria. Presented on 12-2-21 as O noticed hematuria and decrease appetite. Started Clavamox for suspected UTI. Abnormal PE/Chem/CBC/UA Results: U/A: RBCs >500 WBC 126 Chem: increase TP 8.4, ALP 538 and increase globulin SDMA: 17 (0-14)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder presents marked thickening of the ventral and cranial wall with transverse diameters up to 0.45 cm. Wall layering in this area is lost. There are multiple polyp-like areas detected each attached to the bladder wall. The biggest being mass-like measures 1.58 x 1.03 cm having a broad connection to the bladder wall. The dorsal and caudal wall, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Small amounts of hyperechoic debris are recognized.

Left kidney measures 6.79 cm length, right kidney 6.63 cm. A small cortical cyst is detected on the right with a maximum size of 0.35 cm. Both kidneys show a fuzzy corticomedullary transition with a hyperechoic corticomedullary rim. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.65 cm. Indicated hyperechoic, perihilar/-vascular infiltrates are recognized. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture is mildly hyperechoic; size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder shows a small amount of sludge which is considered as normal. The gallbladder wall is unremarkable.

Gastrointestinal

The stomach is empty and presents a thickened wall with maximum diameters of 0.53. The gastric periphery is inconspicuous. 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 show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

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



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ULTRASONOGRAPHIC FINDINGS

Primary

- Mass-like lesions of the urinary bladder wall with loss of the wall layering

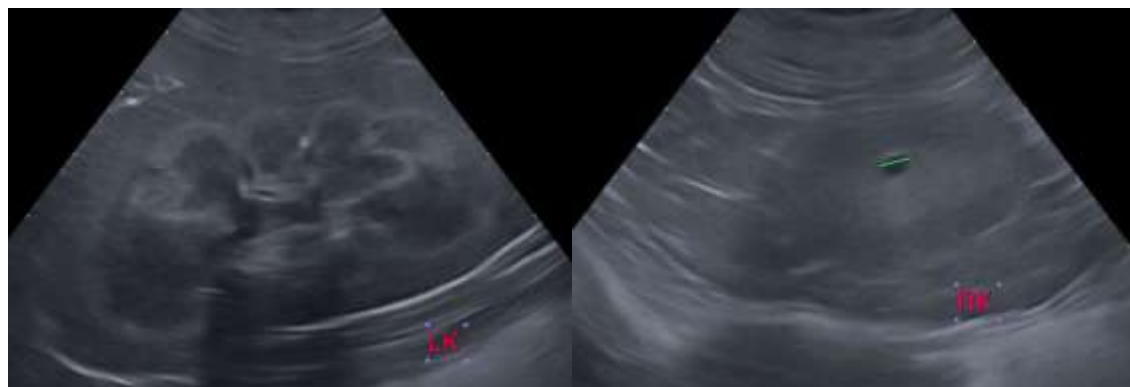
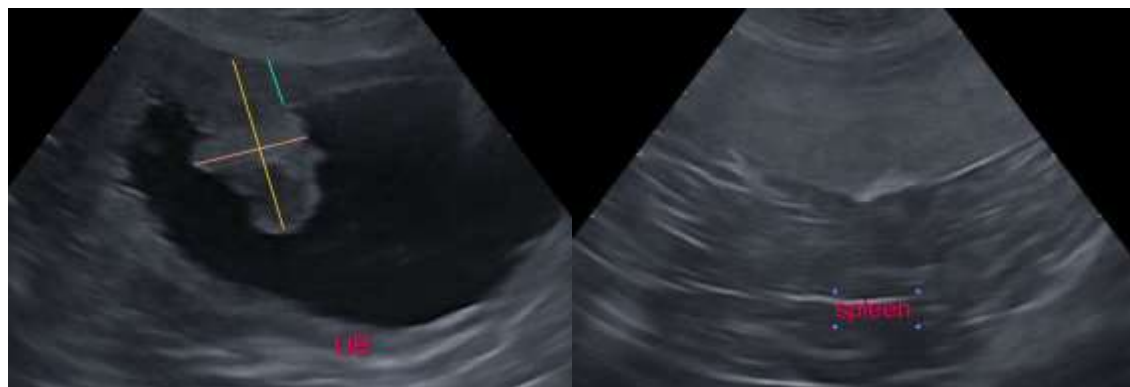
Secondary

- Mildly hyperechoic liver
- Signs of a bilateral and chronic nephropathy, small renal cyst on the right
- Perihilar, hyperechoic hemangiomas/infarcts spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the bladder do reflect the reported hematuria. The significant and irregular thickening of the wall and the mass lesions with loss of the layering are highly suspicious for transitional cell carcinoma which I would favor. Polypoid cystitis due to chronic inflammation/Infection is a differential diagnosis but very unlikely. Cytology/biopsy are needed for further evaluation (urine culture/cytology, please no cystocentesis). Therapy with COX II inhibitors and a follow up ultrasound in 6 weeks could be performed alternatively.

Findings of the liver, spleen and both kidneys are usually found in older patients and represent degenerative changes commonly without further relevance.





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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
info@sonopath.com