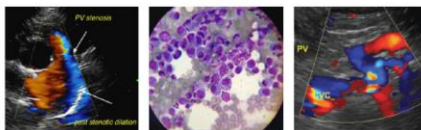


IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Painter Bakke
(249620)

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

13 Years

WEIGHT

61 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Schulz

INVOICE

50001

DATE

2-1-22

PRESENTING CLINICAL SIGNS

Recheck bladder mass and left ureter dilation. Patient also had left renal cyst. Patient never confirmed with tcc but suspect it.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder presents diffuse thickening of the bladder wall with transverse diameters of up to 0.44 cm. The caudal section of the bladder, the cysto-urethral junction and pelvic urethra impress with an amorphous, highly irregular mass with multiple spot-like calcifications. The dorsal and ventral bladder wall are included showing a loss of wall layering. Maximum thickness of the mass measures approximately 2.25 cm. There is a small amount of hyperechoic sediment recognized causing distal acoustic shadowing.

Left kidney presents a cortical cyst of 1.21 cm. Mild hydronephrosis is recognized with a distended renal pelvis and ureter (1.04 cm).

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The abdominal fat shows no pathological findings.

ULTRASONOGRAPHIC FINDINGS

- Neoplastic lesion of the bladder, cysto-urethral junction and urethra
- Secondary hydronephrosis and -ureter
- Diffusely and mildly thickened bladder wall with hyperechoic sediment and left renal cortical cyst as an incidental finding

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

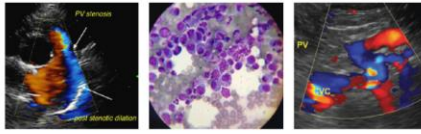
Ultrasonographic findings of the bladder und urethra are highly suspicious for a malignant and neoplastic process as typically seen with transitional cell carcinoma. The mildly thickened bladder wall and presence of sediment are likely due to chronic increased resistance/obstruction and could represent mild cystitis.

The distended left renal pelvis and left ureter are due to mass in the trigone area causing obstruction of the urine inflow.

Sonographic findings represent an advanced grade of neoplasia. Palliative therapy with COX II inhibitors, stenting of the urethra and/or instillation of a prepubic catheter could be performed next.

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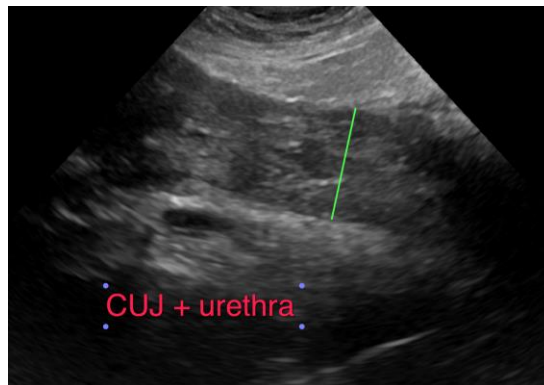
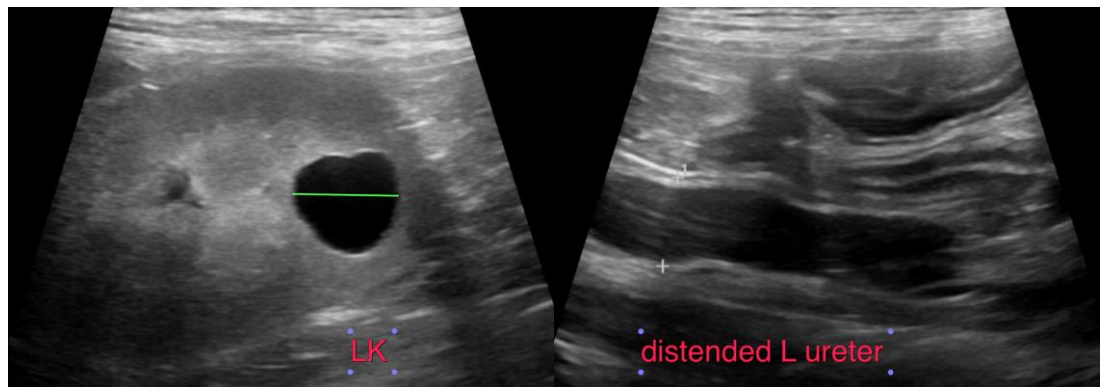
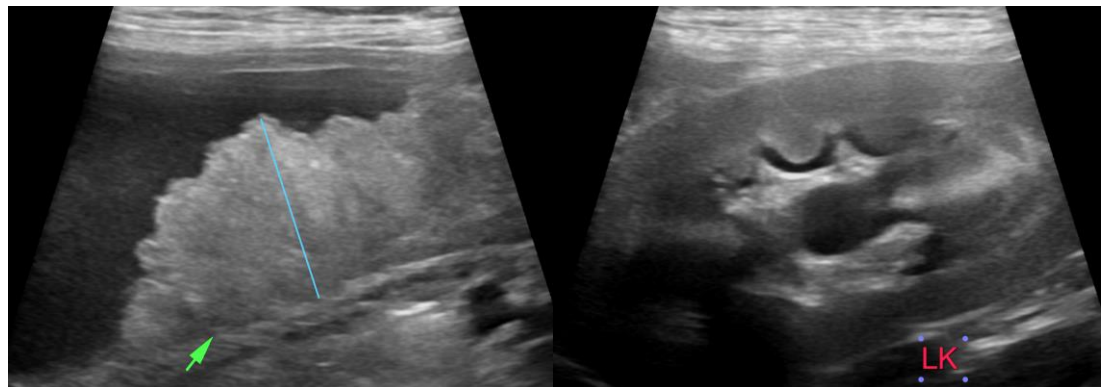
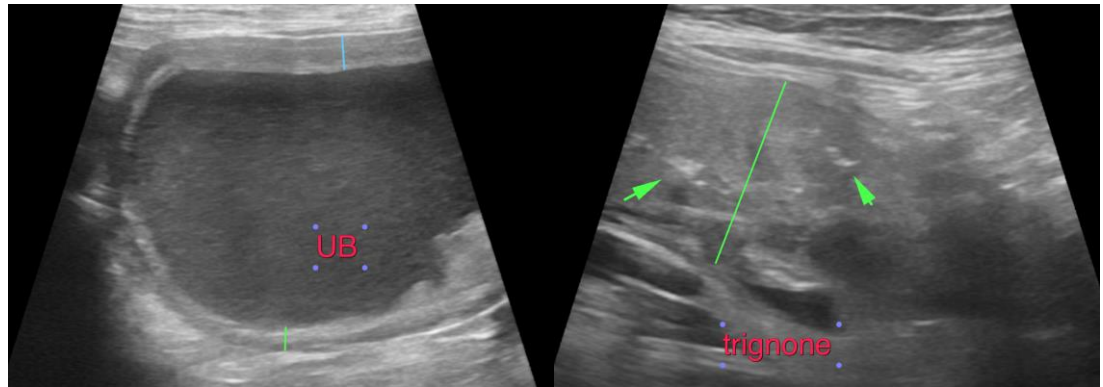
Dr. Schulz

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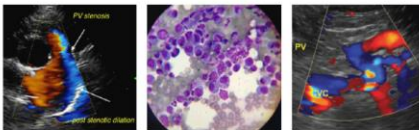
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com