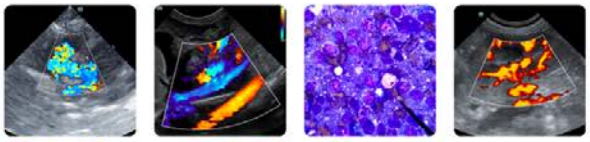

PATIENT

Masha Volynets

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

10 Years

WEIGHT

41.2 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

Animal Emergency Hospital of Volusia

REFERRING VET

Dr. Massett

INVOICE

72111

DATE

PRESENTING CLINICAL SIGNS

Patient presented for straining to urinate, she also vomited 2-3 hours ago. Her normal diet is chicken, rice, beans, veggies, broth. Her stool has been normal. O notes that she is concerned about a urinary blockage as she was treated for a UTI at an ER 2-3 months ago and she has continued to urinate small, frequent amounts since then. She is straining to urinate. O notes she urinated a small amount before coming in tonight. After exam, she was taken outside. She did urinate, but the stream was thin and slow. Radiographs were taken after she urinated. P does have a history of elevated liver enzymes after CCL surgery that has come down with a liver supplement SAMeL425.

Abnormal PE/Chem/CBC/UA Results: No signs of metastasis on chest radiographs on urinalysis there is a concern for transitional cell carcinoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There are cine loops of the bladder provided in which it is moderately distended with anechoic urine, with a urinary catheter in place, as well as images in which the bladder has been emptied and the catheter removed. Luminal sediment is not present. The bladder wall is diffusely mildly thickened with mucosal irregularity, and there is a soft tissue mass effect measuring 1.77 cm in diameter in the region of the trigone. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). No calculi are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The kidneys measure 7.1 cm each.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.8 mm at the cranial pole and 4.0 mm at the caudal pole. Right measures 6.7 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 3.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Mass in the region of the bladder trigone, with mild, diffuse thickening of the remaining bladder wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical history, cytology findings and ultrasound findings strongly support a diagnosis of urothelial carcinoma involving the bladder trigone region. Additional next steps might include:

- Urine BRAF testing. Information on performing this urine test is available from Antech Diagnostics: https://www.antechdiagnostics.com/cadet-braf-plus/
- Pathologist review of urine cytology
- Surgical interventions / stunting, and/ or chemotherapy is recommended if a definitive diagnosis is confirmed.
- If a palliative approach is desired, then NSAID therapy may provide temporary relief of symptoms as well as some anti-tumor effects.

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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com