

**PATIENT DATA**

<b>OWNER NAME</b>	C-----	<b>ANIMAL NAME</b>	L---
<b>BREED</b>	CKCS	<b>NEUTERED</b>	YES
<b>BIRTH DATE</b>		<b>AGE</b>	8 y
<b>GENDER</b>	F		
<b>IDENTIFICATION</b>		<b>EXAM DATE</b>	29 JUN 2017
<b>ACCESSION NUMBER</b>			
<b>OPERATOR</b>			
<b>EXAM DESCRIPTION</b>	ABDOMINAL		
<b>PERFORMING PHYSICIAN</b>	GEMMA O DONOGHUE	<b>REPORT DATE</b>	29 JUN 2017

**ABDOMINAL CANINE**

**OBSERVATIONS**

**Abdominal remarks** Severe thickening of bladder neck/trigone with heterogenous mass causing loss of layering and irregular lining, areas of mineralisation, 4.3cm thick ventral wall, 1.35cm thick dorsal bladder wall, close to causing urethral obstruction, no ureteral dilation. Dorsal apical bladder wall also thickened with attached blood clot. Sediment/cells/blood suspended in urine. Severe enlargement of sublumbar lymph nodes with criteria for malignancy (heterogenous, mineralised, round with loss of normal length/width ratio). Kidneys normal with no pelvic dilation/hydronephrosis. Hypochoic <1cm round hypochoic intraparenchymal nodule in body of spleen. Remainder of examination unremarkable.

**Conclusions** Highly suspicious of Transitional Cell Carcinoma of bladder with metastasis to regional lymph nodes. Biopsy or FNA needed to confirm. There is risk of seeding with FNA but irrelevant as not surgically treatable. Splenic nodule ddx: metastasis, other primry neoplasia, haematoma, extramedullary haematopoiesis, benign hyperplasia.

**SIGNATURE** Gemma O'Donoghue PgC ESPVS Cert DI.

**ATTACHED IMAGES**







