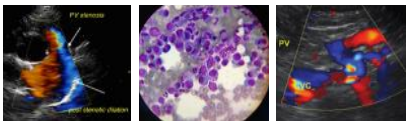
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

1/19/2022

PATIENT

Dutchess Pugh

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Female Spayed

AGE

8-13-2010

WEIGHT

81 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Advanced Veterinary Complex

REFERRING VET

Dr. Benson

INVOICE

10157

PRESENTING CLINICAL SIGNS

History: Blood present in urine.

Current Medications: Amoxicillin 500mg, 1 capsule every 8 hours. Ciprofloxacin 500mg, 1 tablet every 12 hours. SMZ 480mg, 1 tablet every 12 hours.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder wall and the dorsal apical and ventral apical region is severely thickened (up to 2.52 cm dorsally, up to 1.09 cm ventrally), with a mass effect. The mass almost completely fills the bladder lumen and comes within 2 cm or less of the trigone. The mass in the ventral wall is somewhat vascular. In the visible portion of lumen, there is no evidence of cystic calculi. The visible portion of the proximal urethra is normal

The left kidney is normal size (7.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.70 cm at caudal pole) (3.36 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.70 cm at cranial pole) (0.80 cm at caudal pole) (2.74 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.56 cm in width at the level of the hilus) with normal peripheral margins and a curled contour. The parenchyma is of appropriate echogenicity with a coarse echotexture and is slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are

anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with gas and a small amount of fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.11 x 1.02 cm lymph node is observed at the aortic trifurcation.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Apical urinary bladder mass with extension distally. Neoplasia (i.e., transitional cell carcinoma), is considered likely.
- The prominent lymph node at the aortic trifurcation may represent reactive change or metastatic neoplasia (from the bladder tumor).

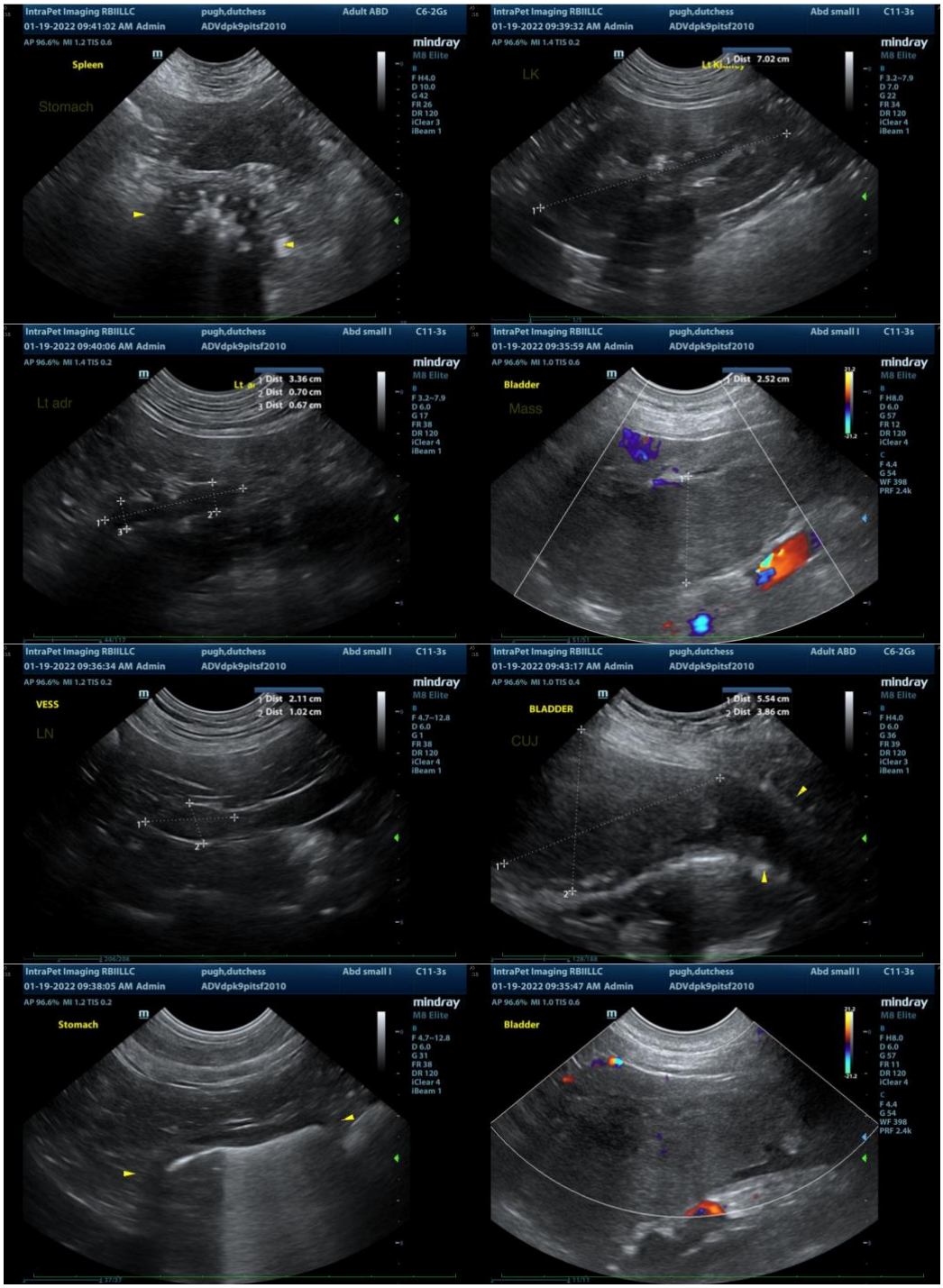
Primary Findings

- Minor geriatric hepatic and renal changes
- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis), with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test is recommended to further assess for transitional cell carcinoma.
- If neoplasia is confirmed and an aggressive approach is desired, referral to a board-certified oncologist is recommended to discuss chemotherapy.
- If palliative care for the bladder mass is desired, consider the following regimen:

    1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
    2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
    3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity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pugh,dutchess
Adult ABD
C6-2Gs
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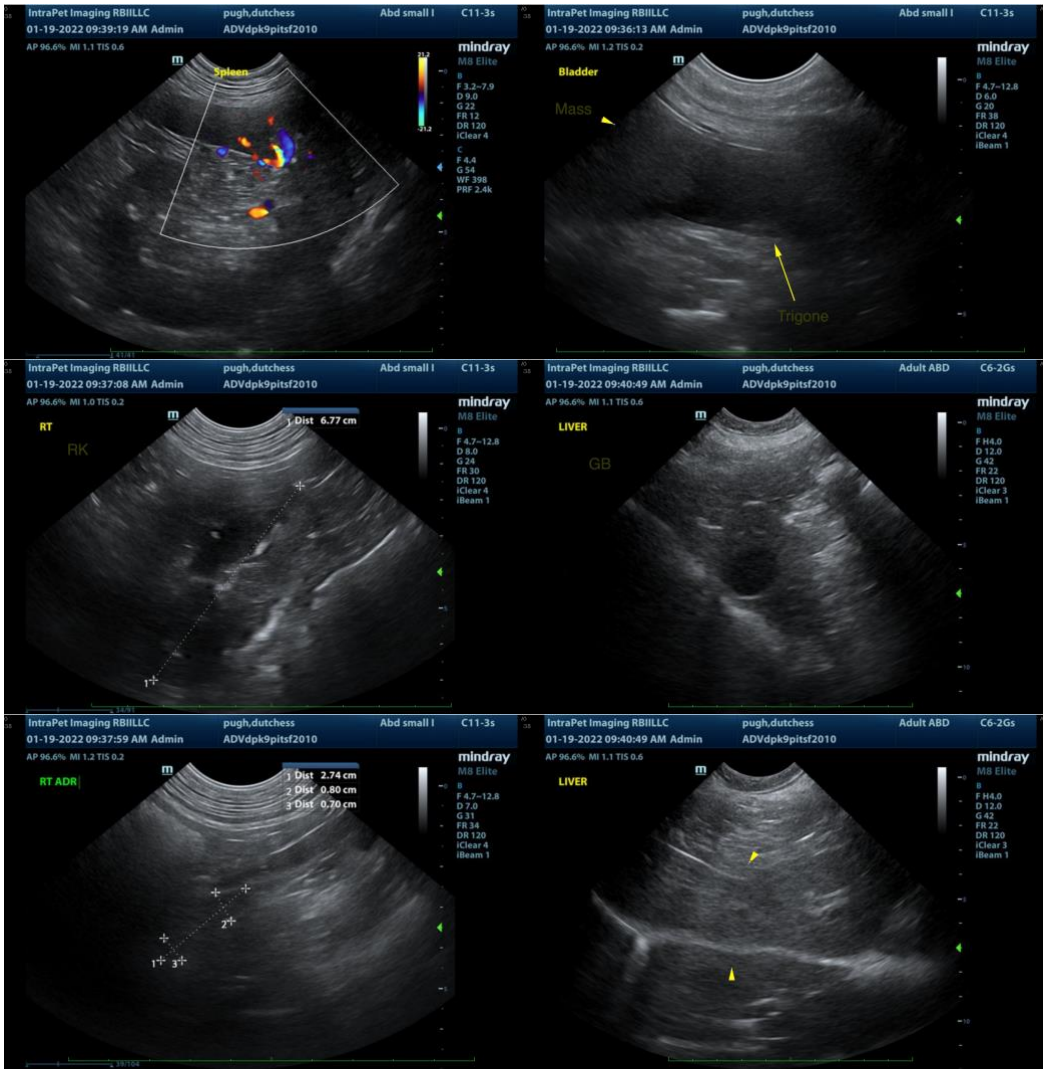
ADVdpk9pitsf2010
AP 96.6% MI 1.2 TIS 0.6
Spleen
Stomach
mindray
M8 Elite
IntraPet Imaging RBIILLC
pugh,dutchess
Abd small I
C11-3s
01-19-2022 09:39:32 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.4 TIS 0.2
LK
1 Dist 7.02 cm
IntraPet Imaging RBIILLC
pugh,dutchess
Abd small I
C11-3s
01-19-2022 09:40:06 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.4 TIS 0.2
Lt adr
1 Dist 3.36 cm
2 Dist 0.70 cm
3 Dist 0.67 cm
IntraPet Imaging RBIILLC
pugh,dutchess
Abd small I
C11-3s
01-19-2022 09:35:59 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.0 TIS 0.6
Bladder
Mass
1 Dist 2.52 cm
IntraPet Imaging RBIILLC
pugh,dutchess
Abd small I
C11-3s
01-19-2022 09:36:34 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.2 TIS 0.2
VESS
LN
1 Dist 2.11 cm
2 Dist 1.02 cm
IntraPet Imaging RBIILLC
pugh,dutchess
Adult ABD
C6-2Gs
01-19-2022 09:43:17 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.0 TIS 0.4
BLADDER
CUJ
1 Dist 5.54 cm
2 Dist 3.86 cm
IntraPet Imaging RBIILLC
pugh,dutchess
Abd small I
C11-3s
01-19-2022 09:38:05 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.2 TIS 0.2
Stomach
IntraPet Imaging RBIILLC
pugh,dutchess
Abd small I
C11-3s
01-19-2022 09:35:47 AM Admin
ADVdpk9pitsf2010
AP 96.6% MI 1.0 TIS 0.6
Bladder



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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