**PATIENT**

Bijou Bennett

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

13 years 8 mo

WEIGHT

21.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Vets and Pets Pet
Hospital

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10248

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: Asymptomatic. Elevated ALP. Currently on Clindamycin, Duoxo mousse, and Miconahex.
Abnormal PE/Chem/CBC/UA Results: (05/18/2021) CHEM: ALKP 655 and PrecisionPSL 253. CBC:
WNL. T4: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. A 2.88 x 1.44 cm irregular heterogenous vascular mass with foci of mineralization is arising from the ventral apical aspect. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.39 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A 0.27 cm cortical cyst is seen. Several hyperechoic shadowing diverticular foci are observed. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.26 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.49 cm at caudal pole) (1.97 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 (0.57 cm at cranial pole) (0.57 cm at caudal pole) (1.52 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.

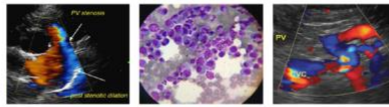
Spleen

The spleen is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct 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. A small amount of aggregated echogenic to mineralized adherent debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 base and right limb are prominent in size with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.08 x 0.49 cm medial ileac lymph node is visualized

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

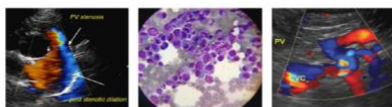
- Apical urinary bladder mass. Transitional cell carcinoma is the top differential with a low possibility of benign pathology.
- The prominent medial iliac lymph node may be secondary to reactive change or metastatic disease from the urinary bladder mass.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings

- Degenerative renal changes with dystrophic mineralization and left nonobstructive nephrolithiasis
- Age-related pancreatic remodeling/fibrosis. Concurrent low-grade pancreatitis may be present, particularly if the patient is exhibiting cranial abdominal pain on palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test is recommended to assess for lower urinary tract neoplasia.
- If an aggressive approach to the urinary mass is desired, consider referral to a board-certified oncologist. Otherwise, palliative care can be considered (see below)



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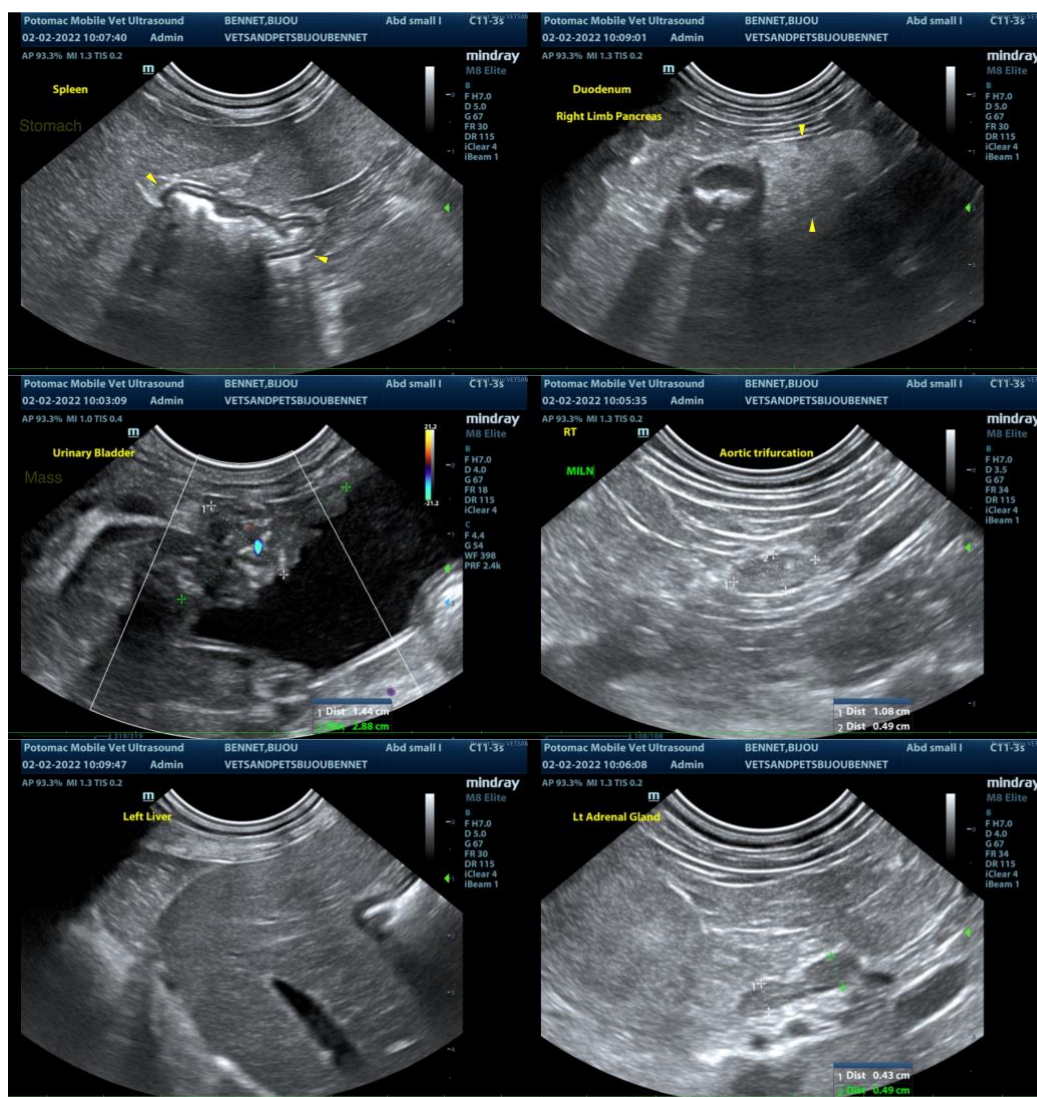
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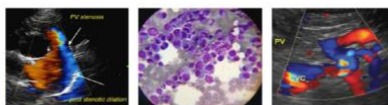
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1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
 2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
 3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.





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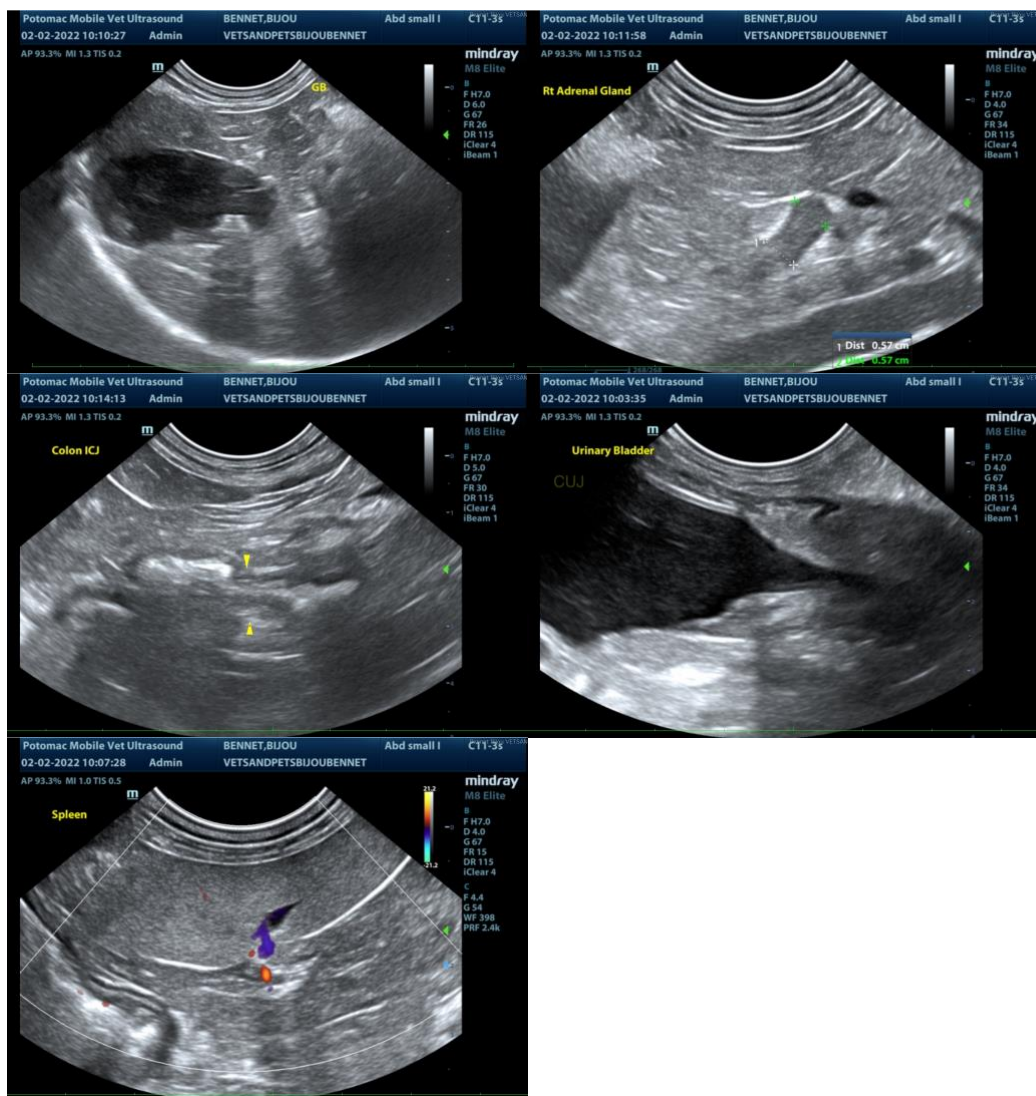
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com