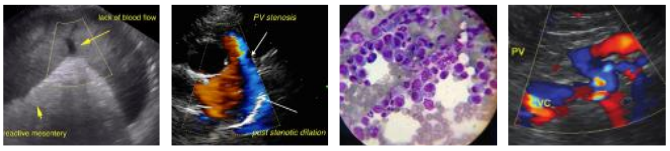
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mimi Dougherty

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

Dr. Hummel

INVOICE

10260

DATE

2/3/22

PRESENTING CLINICAL SIGNS

History: Hematuria/dripping blood, on and off appetite diabetic pet

Abnormal PE/Chem/CBC/UA Results: PE: bladder thickening, urinated frank blood in hospital 1/11/22 bloodwork: CBC: platelet count 730, CHEM: alk phos 622 (5-131), BUN 49 (6-31), gluc 37, cholesterol 721 (92-324), trigs (2300 (29- 291), UA: 1.013, pH 5.5, prot 3+, blood 3+, wbc ++, cocci and high rods, transitional epithelia 2+3 (0-1), squamous epithelia 2-3 (0-3), microalbuminuria >30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A 3.21 x 2.17 cm irregular, heterogenous mass is arising from the apical aspect and occupying the majority of the bladder lumen. No cystic calculi are observed. The region of the trigone is difficult to evaluate due to caudal distention of the bladder mass.

The left kidney is normal size (4.37 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. A small cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small cortical cysts are visualized. Mild to moderate pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.50 cm at caudal pole) (2.01 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 mildly enlarged (0.86 cm at cranial pole) (0.74 cm at caudal pole) (1.80 cm in length); with a slightly irregular 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

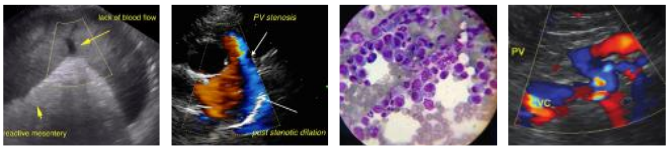
The spleen is subjectively normal in size (1.15 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. Pinpoint hyperechoic to mineralized foci are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

A small to moderate amount of aggregated, echogenic, mostly-gravity dependent debris/sludge is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mimi Dougherty

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

Dr. Hummel

INVOICE

10260

DATE

2/3/22

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 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large apical urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma), is considered likely with a low possibility of benign pathology.

Secondary Findings

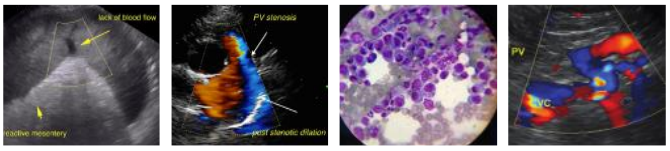
- Minor degenerative renal changes with right pyelectasia
- Mild right adrenomegaly
- Dystrophic mineralization of the spleen, possibly secondary to diabetes mellites or other endocrinopathy.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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 evaluate for lower urinary tract neoplasia. If confirmed and if an aggressive approach is desired, consider consultation with a board-certified oncologist. Otherwise, the following palliative care can be considered:

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mimi Dougherty

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

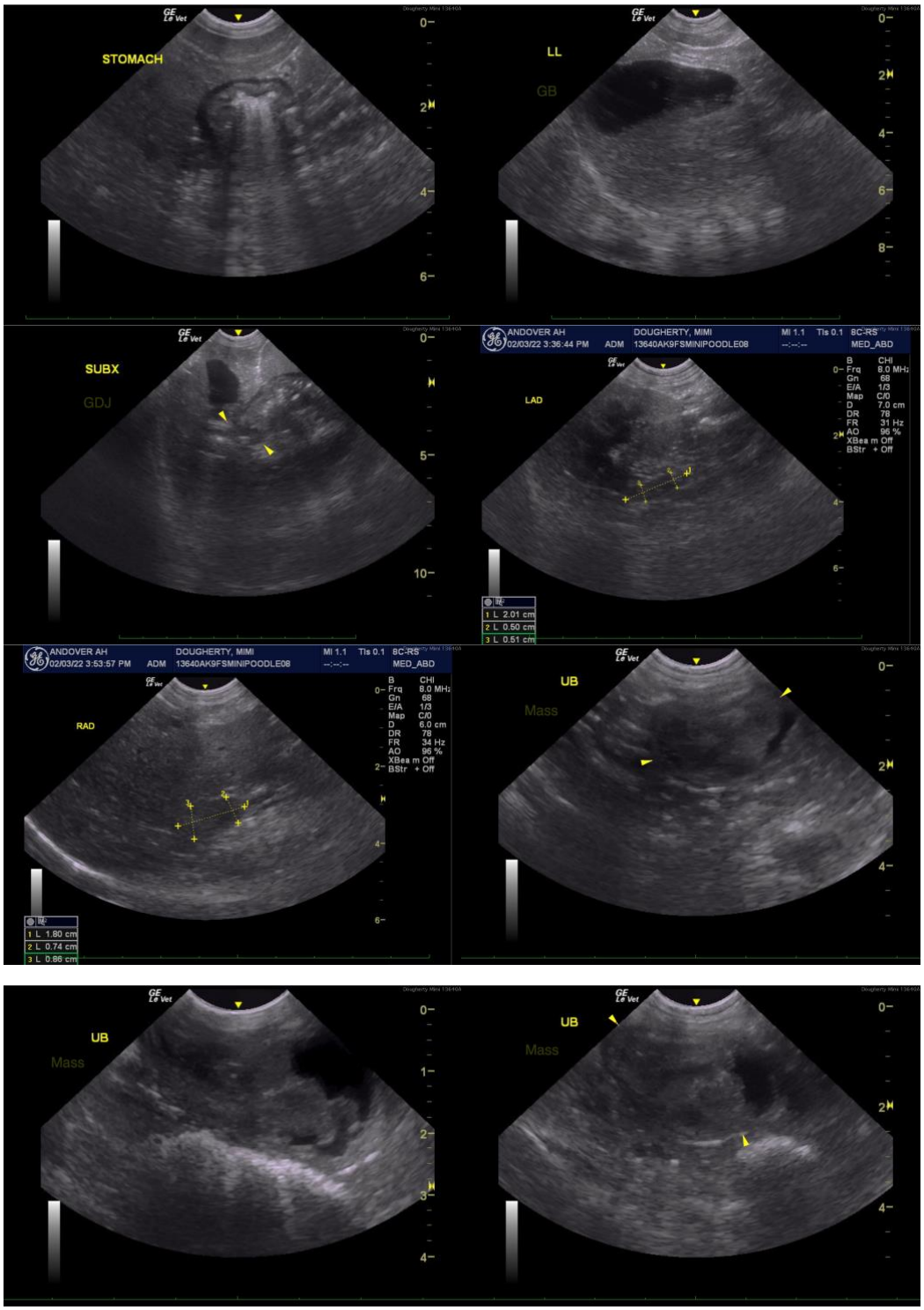
Dr. Hummel

INVOICE

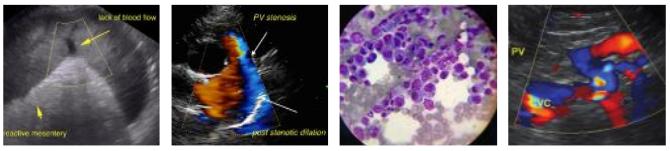
10260

DATE

2/3/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mimi Dougherty

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

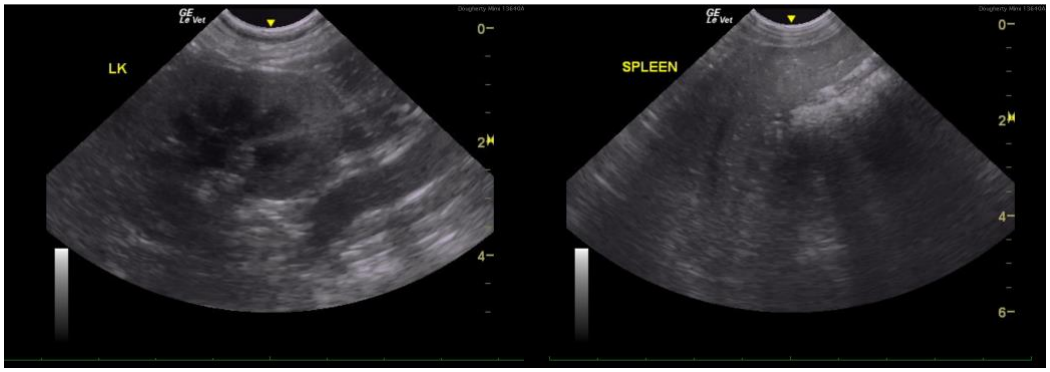
Dr. Hummel

INVOICE

10260

DATE

2/3/22



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