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Clinical Sonography & Telecytology
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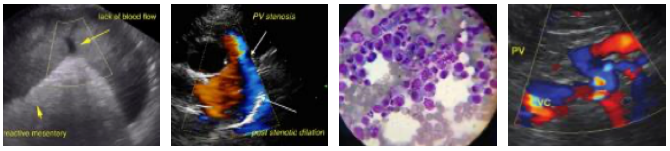

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1-800-838-4268 info@sonopath.com

PATIENT
Lilly DiBiase

SPECIES
Canine

BREED
Old English Sheepdog

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
60 lbs.

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway

REFERRING VET
Dr. Maniar

INVOICE
14428

DATE
1/11/23

PRESENTING CLINICAL SIGNS

History: hematuria, stranguria, urinating more often

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderate distended with mostly anechoic urine. The majority of the wall is normal in thickness with a slightly irregular mucosal surface. In the region of the cystourethral junction, the wall is mildly thickened (up to 0.71 cm) and irregular. No cystic calculi are observed. The proximal urethra appears subjectively mildly thickened and irregular. The proximal urethral lumen is not overtly dilated.

The left kidney is normal size (6.10 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.82 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.67 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (2.04 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 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. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas

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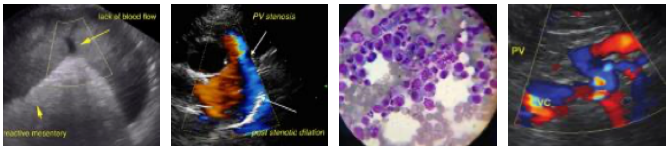

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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed in the caudal abdomen. The abdominal lymph nodes are normal/not visible.

Other

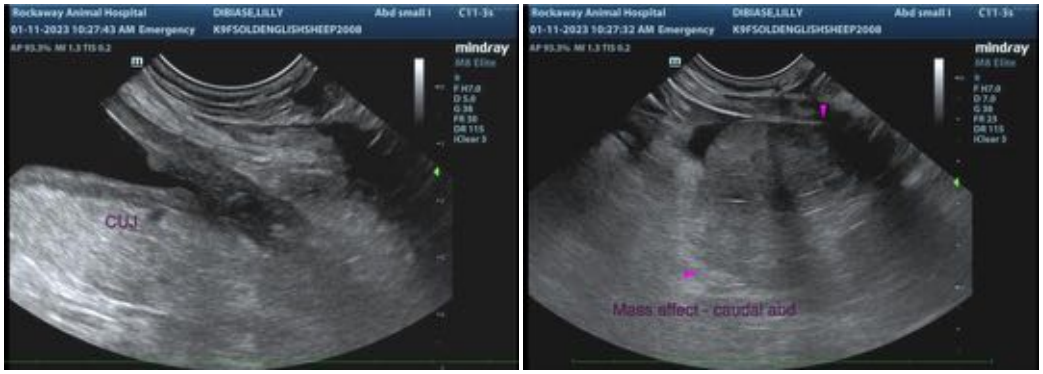
In the caudal abdomen, an ill-defined hyperechoic to slightly heterogeneous mass effect (>4 cm) is visualized. The mesentery effacing the serosal surface is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspected mass effect in the caudal abdomen, the origin of which is unclear. It may be arising from urinary tract, mesentery, colon, connective tissue, other. Differentials include neoplasia, inflammatory focus, granuloma, other.
- The thickening of the cystourethral junction/proximal urethra could be consistent with emerging neoplasia (i.e., transitional cell carcinoma) or cystitis/urethritis.
- Caudal peritonitis is present, likely secondary to the suspected mass effect.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic images of the caudal abdomen would be useful in better characterizing the suspected mass effect in this region. Alternatively, an abdominal/pelvic CT scan may be beneficial.
- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine culture and sensitivity is recommended. However, a free catch sample is preferred in this scenario due to the concern for the possibility of lower urinary tract neoplasia and possible seeding of the abdominal cavity with the cystocentesis needle.



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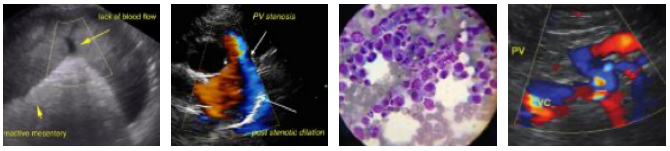

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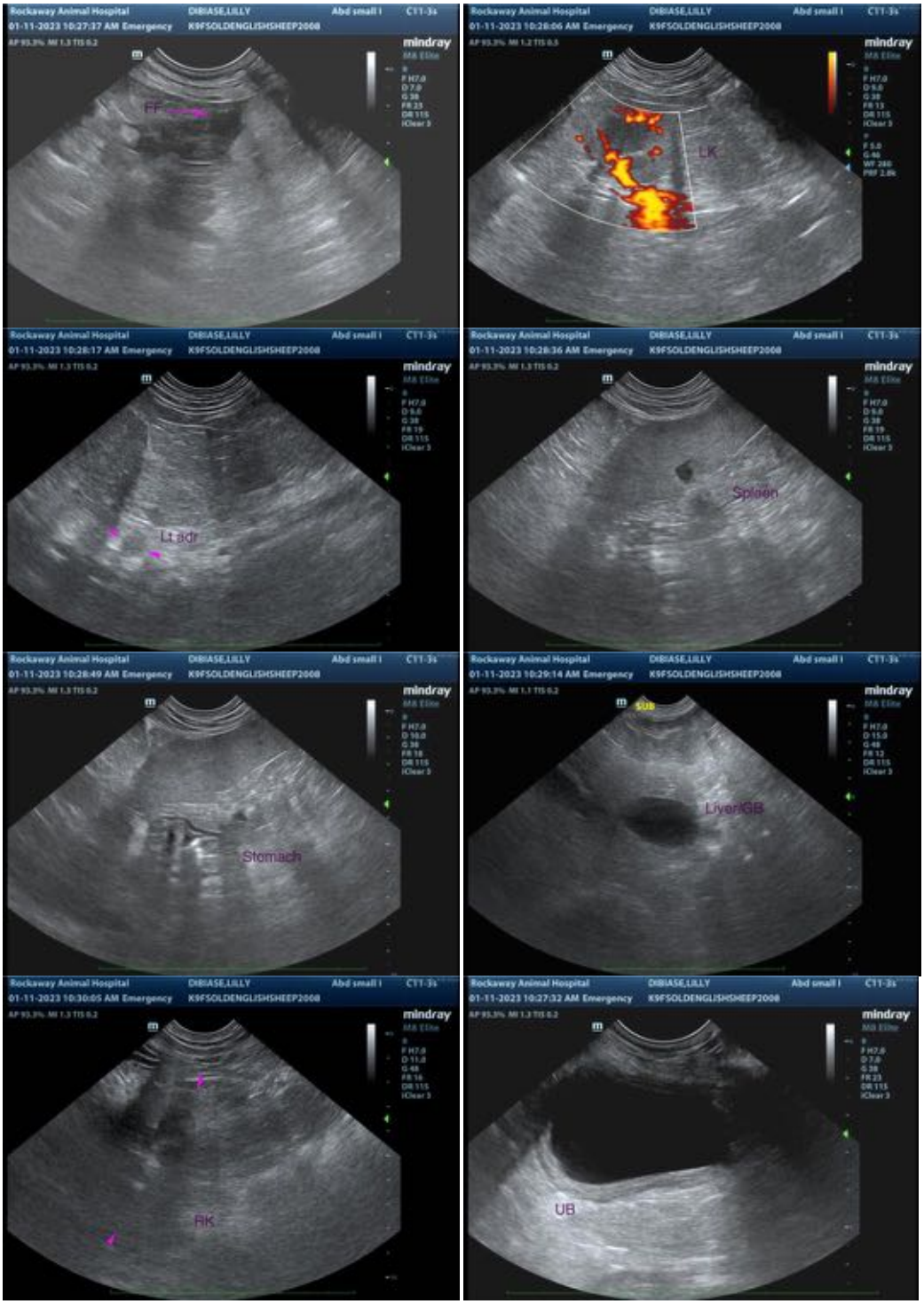

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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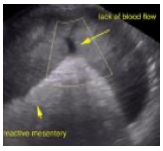
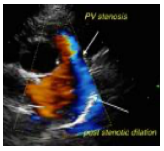
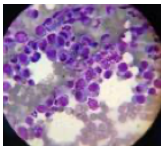
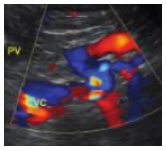

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