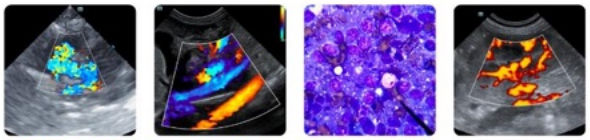


PATIENT

Oreo Gototweski

SPECIES

Canine

BREED

Shih Tzu

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

6.75 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

13377

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: *history from 12/30: clinical signs (hematuria) since early December 2025- rDVM saw him and did rads (poss. kidney stones per o), no bacteria seen in urine at that time per o so they did not put on antibiotics at that time. Constantly dripping bloody urine now. Newly started eating his own stools in the last 6 weeks. Eating and drinking but now increase in eating his food, always hungry. Today (12/30) the urine looked more like pure blood. On 12/30 bloodwork, radiographs, urinalysis were done. sent home on 7 days of amoxi/clav. *1/6: Since seen on is still noticing hematuria, increased straining with urination. Owner also noting drops of urine at times, dribbling. *concern for hematuria r/o secondary to Transitional Cell Carcinoma vs other; Hypercalcemia r/o secondary to malignancy vs hyperparthyroidism vs dietary vs other Abnormal PE/Chem/CBC/UA Results: *PE 12/30: Normal external genitalia, Non painful on rectal exam. Non palpable prostate 12/30: CBC: platelets 678 Chem: ALT 164, ALP 175, total calcium 13.2, total protein 7.9, globulin 4.0 Ionized calcium: 1.53 coag pt/aptt: WNL u/a: blood, minimal bacteria (free catch sample) rads: show no bladder stones, mineralization noted on lateral radiographs over kidneys. Full stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. A 1.5 x 1.4 cm irregular heterogeneous mass with mineralized foci is observed at the caudoventral aspect. The remaining wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is suspended within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.85 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. At least 2 small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.45 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. At least 2 small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

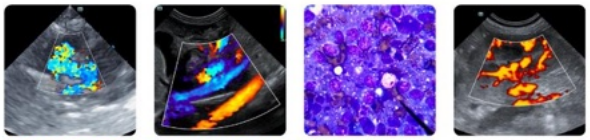
The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.52 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and 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 (0.97 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



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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 normal in thickness. Several small polypoid like lesions are arising from the mucosal surface. A small to moderate amount of suspended, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder wall mass at the caudoventral aspect. Neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of focal cystitis.

Secondary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gallbladder changes could be consistent with cholestasis, fasting or an emerging mucocele. Gallbladder polyps are also present. These are typically a benign, age-related incidental finding but can be associated with cholecystitis in some instances.
- Mild bilateral, nonspecific, age-related renal changes with subtle dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A urine BRAF test is recommended to further evaluate for lower urinary tract neoplasia. A positive test confirms neoplasia, however a negative test does not rule out the possibility of cancer and further testing (i.e., bladder wall biopsies) may be necessary to get a definitive

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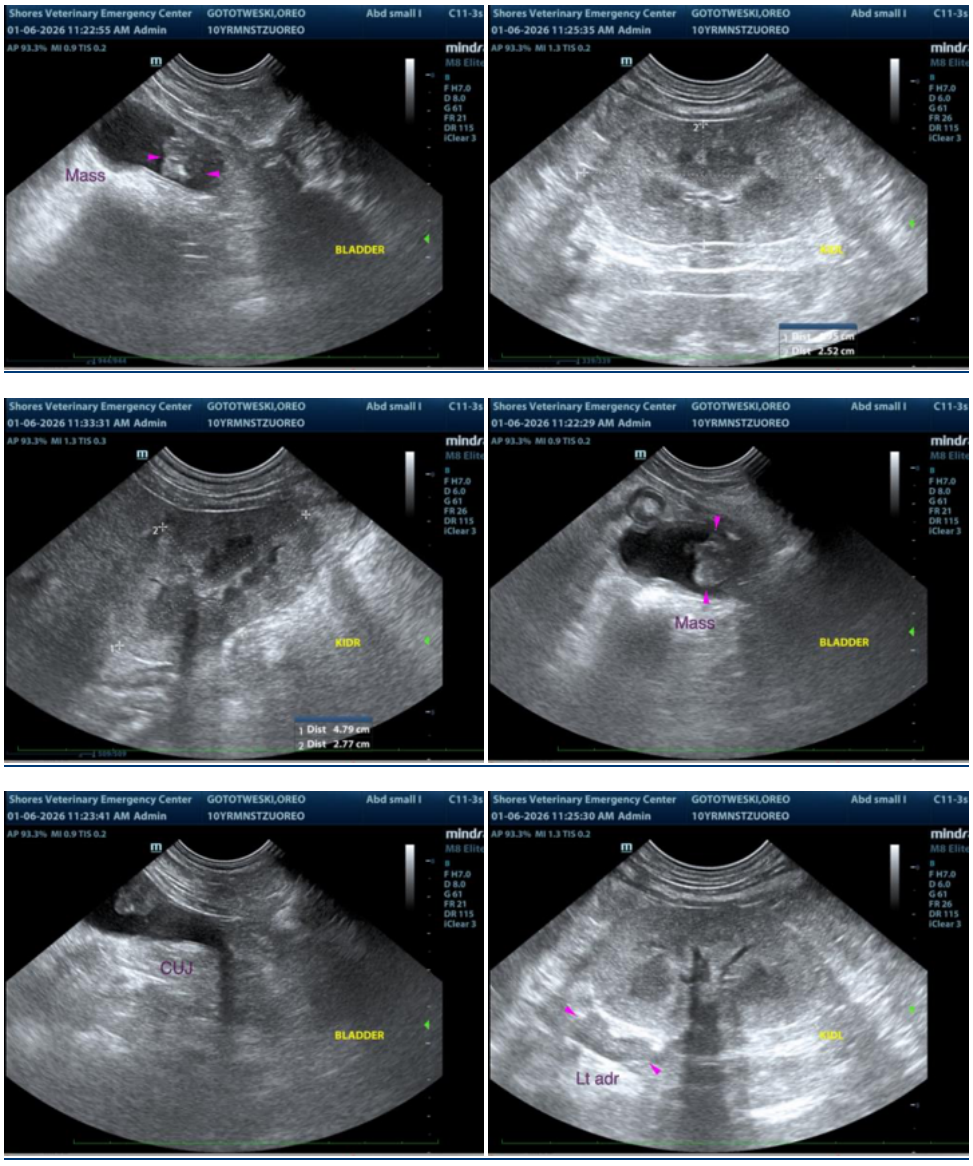
diagnosis. Depending on the results, consultation with a board-certified oncologist may be indicated.

3. Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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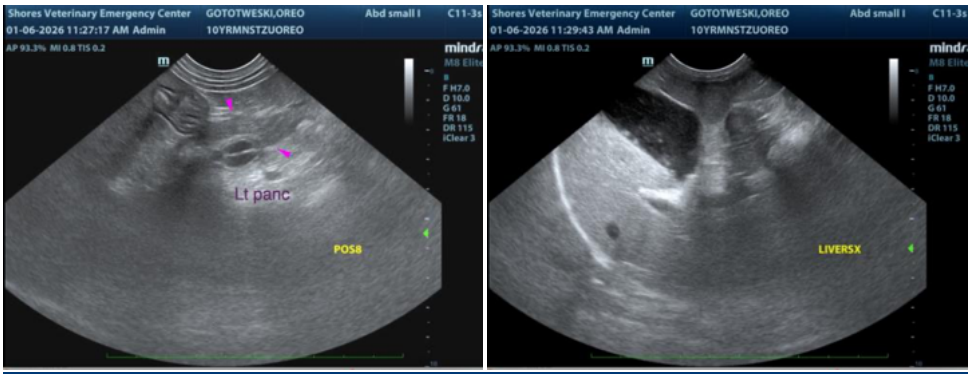

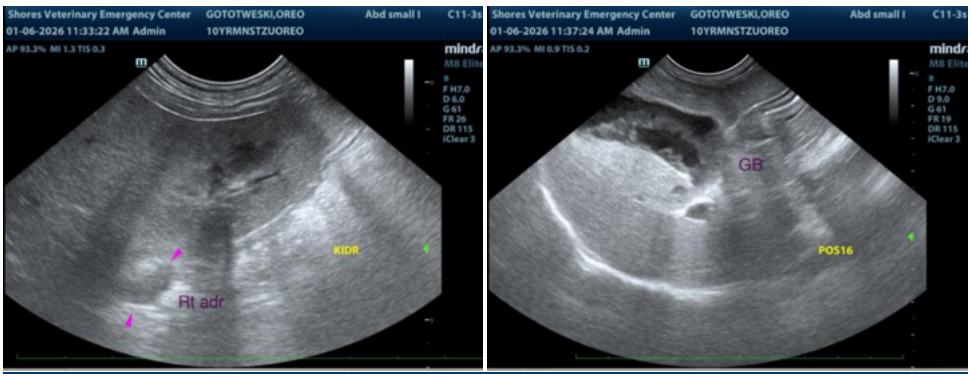

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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