IMAGING PERFORMED BY

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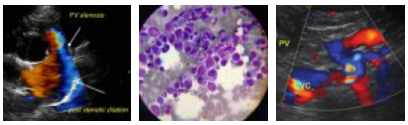

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DATE

10/18/21

PATIENT

Tank White

SPECIES

Canine

BREED

French Bulldog

SEX

Male, neutered

AGE

3/5/2013

WEIGHT

24.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Morganthall

INVOICE

12373

PRESENTING CLINICAL SIGNS

History: Inappropriate urination, persistent hematuria.

Current Medications: Cefpodoxime x14 days (9/3 & 9/17), Galliprant 20mg, Amoxi/clav 125mg x14days (10/1).
Lab Results: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: declined
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. A 1.89 x 1.00 cm irregular, relatively avascular polypoid-like mass is arising from the left ventral wall. The remaining wall is of appropriate thickness for the level of repletion. No cystic calculi are observed. The region of the trigone is normal.

The prostate is normal in size (1.13 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed. The prostatic urethra is slightly dilated (0.37 cm in diameter) but tapers to a normal diameter as it extends distally.

The left kidney is normal size (4.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.55 cm at cranial pole) (0.63 cm at caudal pole) (2.18 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 (0.74 cm at cranial pole) (0.76 cm at caudal pole) (2.33 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 with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 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:

- Polypoid-like bladder wall mass. This lesion trends toward the benign, given its avascular nature. However, neoplasia (i.e., transitional cell carcinoma) cannot be excluded.
- The gallbladder sludge could be consistent with an emerging mucocele or secondary to cholestasis.

Secondary Findings:

- Mild right adrenomegaly.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test is recommended to further evaluate for lower urinary tract neoplasia. Alternatively, consider removal of the bladder mass with submission for histopathology.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Regarding the gallbladder sludge, consider a recheck ultrasound in 2-3 weeks, preferably 2 hours following a small meal. If the sludge is similar to the current scan, initiation of Ursodiol therapy can be considered. Alternatively, Ursodiol therapy can be initiated now with a recheck ultrasound in 6-8 weeks to assess for progression to a fully-formed mucocele.


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Bladder
PROSTATE


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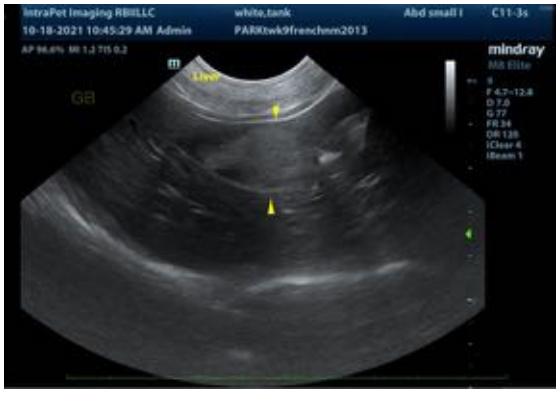
BLADDER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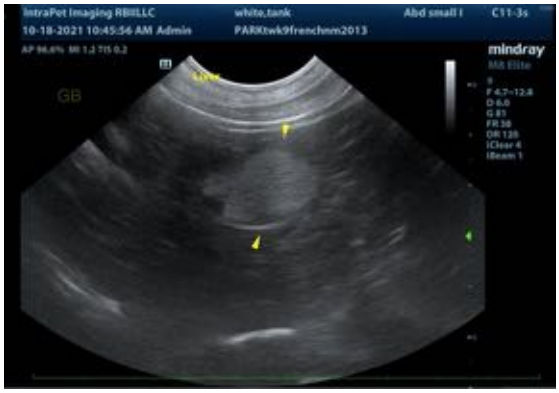
IntraPet Imaging RBIILLC
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com