

**DATE PRESENTING CLINICAL SIGNS**

10/19/2021

Recheck bladder tumor size. Patient has been on Piroxicam.

PATIENT

Shultz Ricks

Current Medications: Piroxicam 4mg Tiny Tabs, 1 tablet 1x/day

Date of Previous IntraPet Ultrasound: 06/11/2021

Sedation: not needed

Stat Report: not requested

SPECIES

Canine

BREEDWest Highland White
Terrier**SEX**

Male, neutered

AGE

2010

WEIGHT

29.7 lbs.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)**HOSPITAL NAME**West Highland White
Terrier**REFERRING VET**

Dr. Keys

INVOICE

12400

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. A 3.12 x 2.54 cm irregular heterogeneous, vascular, mineralized mass is observed in the region of the urinary bladder neck. The mass appears to partially extend into the proximal urethra. Mineralized sand +/- tiny calculi are observed within the proximal urethra. The remaining luminal contents are anechoic.

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several nephroliths are visualized. A 0.53 cm cortical cyst is observed at the cranio-lateral aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.22 cm in the longitudinal plane). Several small nephroliths are visualized. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.77 cm at caudal pole) (2.16 cm in length) with a slightly irregular shape. A 0.75 x 0.63 cm hyperechoic nodule is observed at the caudal aspect. The glandular echogenicity and detail at the cranial pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.55 cm at cranial pole) (0.61 cm at caudal pole) (1.97 cm in length); normal shape. A 0.61 x 0.53 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole 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 with normal peripheral margins and a folded contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. Vascular 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 moderate amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is considered likely with a low possibility of benign pathology. The mass appears slightly larger compared to the previous sonogram. Proximal urethroliths are present.

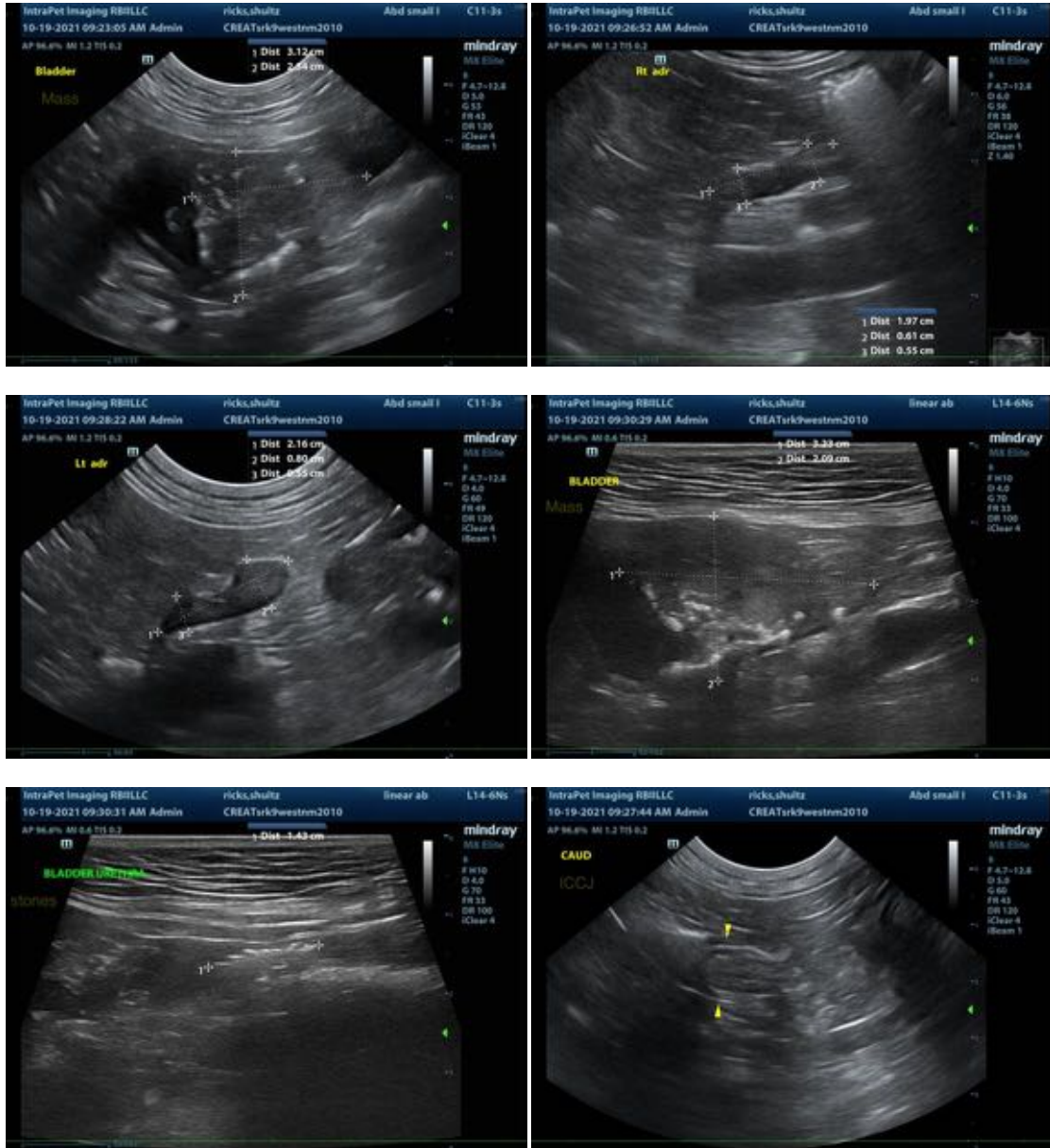
Secondary Findings:

- Bilateral nephropathy with non-obstructive nephrolithiasis.
- 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).
- Gallbladder debris, non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The bilateral adrenal nodules are most consistent with benign pathology (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continuation of the current treatment regimen is recommended if quality of life is good, the renal values are stable, and patient is tolerating the medications without side effects. If a more aggressive approach is desired, consider referral to a board-certified oncologist to discuss other chemotherapy options.
- Also consider three-view thoracic radiographs to assess for pulmonary metastasis.





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

