



**PATIENT PRESENTING CLINICAL SIGNS**

**BALTO THEROL** History: Species: Canine Gender(altered?) MN Age: 9yr Weight in #: 14.2 Breed: Pomeranian History: elevated liver enzymes and hematuria with possible bladder mass, has had multiple episodes of bloody diarrhea events in the past 2 years here Physical exam findings: coughing, dental calculus and obesity  
**SPECIES** Abnormal CBC values: CBC WNL, accuplex all negative. Abnormal Chemistry Values: TP 7.5, ALT 313, ALP 1168, BUN 38, BUN/Cr ratio 42, Mg 2.7, Chol 482, TG 962, T4 WNL Abnormal UA Values: , UA USG 1.014, blood from cysto, urine C/S negative, will have BRAFF test done today if bladder mass is seen LDDST  
**BREED** Normal Radiograph Findings(email radiographs if available): none performed Reason for Ultrasound: multiple GI upsets, liver enzyme elevation and consistent hematuria with likely bladder mass on U/S  
Pomeranian  
Abnormal PE/Chem/CBC/UA Results:

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Neutered Male **Urinary System**

**AGE** The urinary bladder is moderately distended. A 3.5 cm irregular vascular mass with mineralized foci is arising from the ventroapical aspect. The remaining bladder wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.  
9 Years

**WEIGHT** The prostate is normal in size (0.65 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.  
14.2 Pounds

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

The left kidney presented normal size (4.38 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.

The right kidney presented normal size (4.43 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**Adrenal Glands**

**HOSPITAL NAME**

Brighton Greens VH

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.47 cm at caudal pole) (1.80 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.

**REFERRING VET**

Dr. Robin Janeway

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.45 cm at caudal pole) (1.31 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.

**INVOICE**

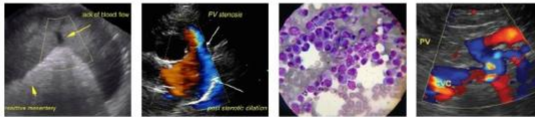
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**Spleen**

The spleen is normal in size (0.77 cm at the level of the hilus) with a normal capsular contour. There is

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**PATIENT** appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Balto Therol

**Liver**

**SPECIES**

Canine

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 0.47 cm hypoechoic nodule is observed on the left side. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

**BREED**

Pomeranian

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**SEX**

**Gastrointestinal**

Neutered Male

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 (xxx cm) 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.

**AGE**

9 Years

**Pancreas**

**WEIGHT**

14.2 Pounds

The right limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.12 cm lymph node is observed at the aortic trifurcation.

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Loetitia Saint-Jacques, RVT

**Other**

A brief visualization of the heart reveals no evidence of pericardial effusion.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

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- Urinary bladder mass, most consistent with transitional cell carcinoma
- The prominent caudal abdominal lymph node is likely reactive with a lower possibility of infiltrative neoplasia

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**Secondary Findings**

- Bilateral age-related renal changes

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**PATIENT**

Balto Therol

- 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 unlikely.

**SPECIES**

Canine

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**BREED**

Pomeranian

\*An obvious cause for the patients' episodic large bowel diarrhea is not identified in the study. Considerations include infectious/parasitic disease, food allergy, inflammatory bowel disease, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If the urine BRAF test is inconclusive, consider traumatic catheterization or cytology on a urinalysis to try to get a definitive diagnosis.

**AGE**

9 Years

- Given the location of the mass, it is likely amenable to surgical removal. If surgery is pursued, gastrointestinal and liver biopsies can be obtained at the time of surgery.

**WEIGHT**

14.2 Pounds

If palliative care for the bladder mass is desired, consider the following regimen:

- Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
- Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
- Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity.

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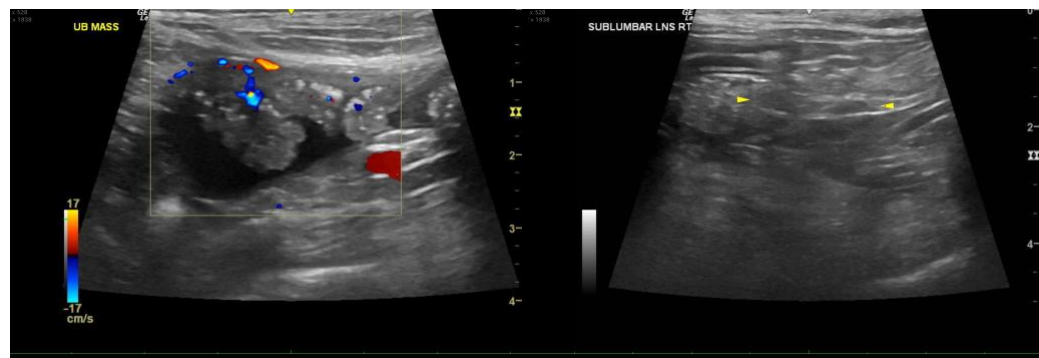
Loetitia Saint-Jacques, RVT

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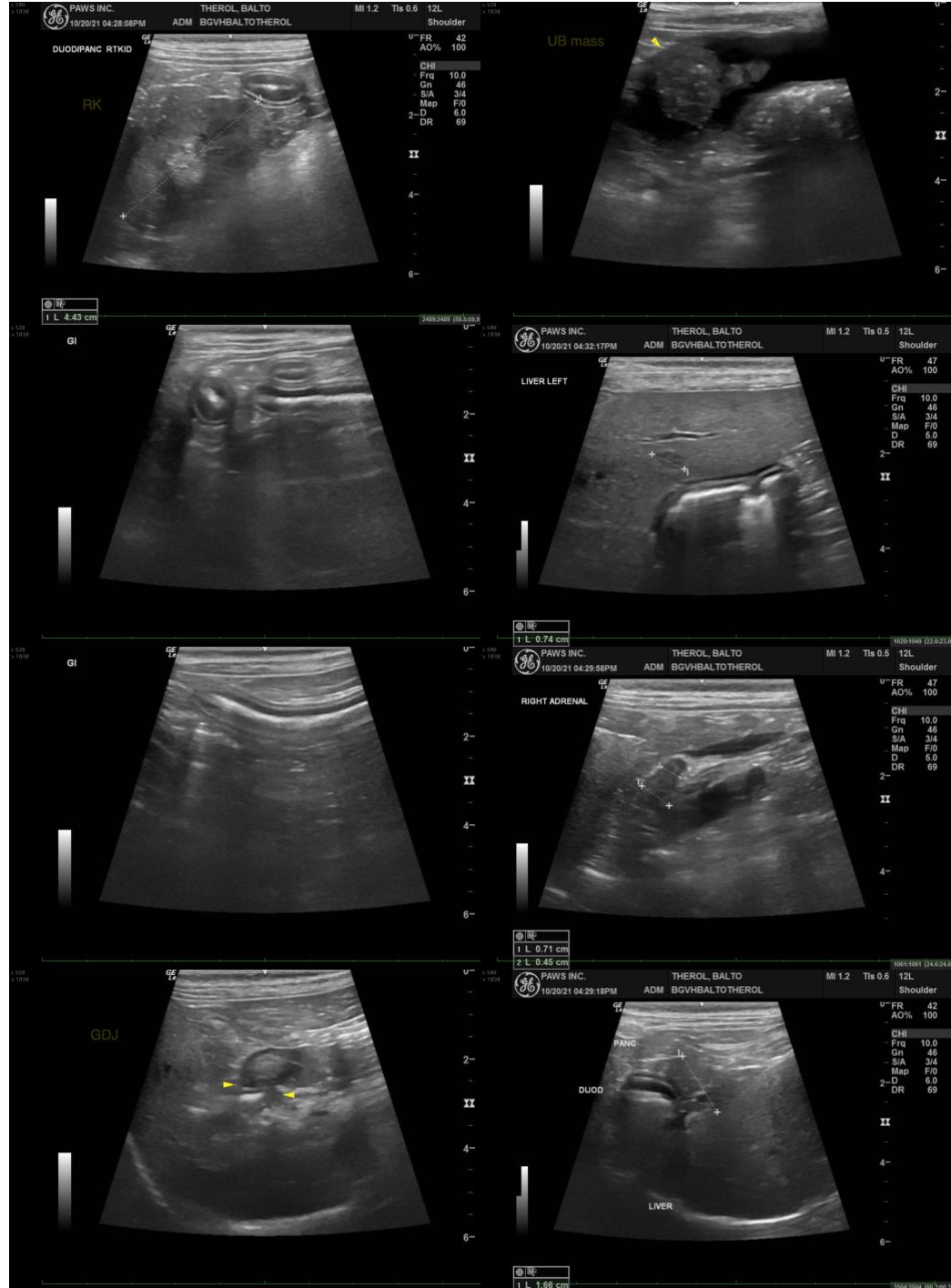
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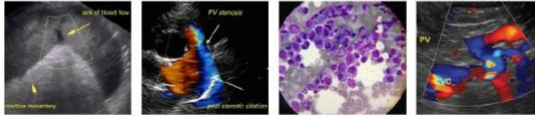
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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\_nicastro2@hotmail.com