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Clinical Sonography & Telecytology
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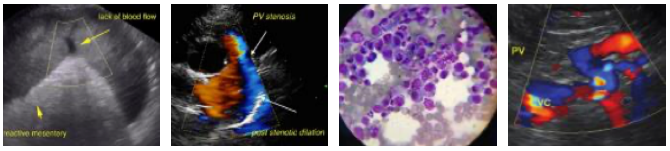


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Penny Robertson

SPECIES
Canine

BREED
Mixed breed

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
17 lbs.

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus VH

REFERRING VET
Dr. Scott

INVOICE
12521

DATE
11/15/21

PRESENTING CLINICAL SIGNS

History: In October was having urinary signs (pollakiuria, hematuria) and had evidence of bacteria and WBC on UA. After treatment with Ab she was still having the same UTI signs but recheck UA showed no more bacteria but still high WBC and RBC.
Abnormal PE/Chem/CBC/UA Results: lateral Rad WNL urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is thickened (up to 0.99 cm), particularly along the ventral aspect and irregular with hyperechoic to mineralized focus. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.35 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.31 cm at caudal pole) (1.44 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

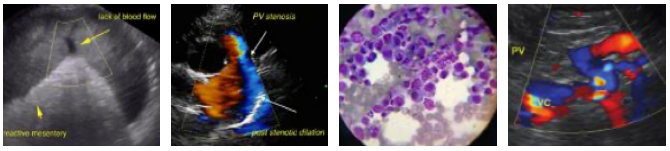
The spleen is normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.36 cm irregular hypoechoic nodule is observed mid to right liver. In the remaining parenchyma there are minor changes consistent with age-related remodeling. Hepatic vascular is of normal volume with no evidence of congestion. 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/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



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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:

- The urinary bladder wall changes could be consistent with moderate to severe cystitis or infiltrative neoplasia (i.e., transitional cell carcinoma).
- The hepatic nodule trends toward the benign (i.e., a focus of regenerative nodular hyperplasia). However, an emerging neoplastic process cannot be excluded.

Secondary Findings:

- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. If results are inconclusive, consider traumatic urethral catheterization or a urinary bladder wall biopsy to get a definitive diagnosis.
- Regarding the hepatic nodule, a repeat ultrasound is recommended in 4-6 weeks to assess for progression.

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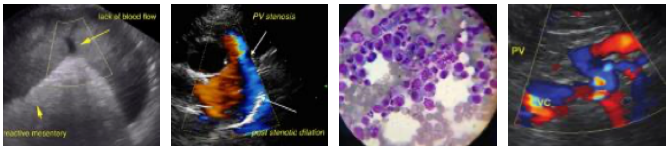

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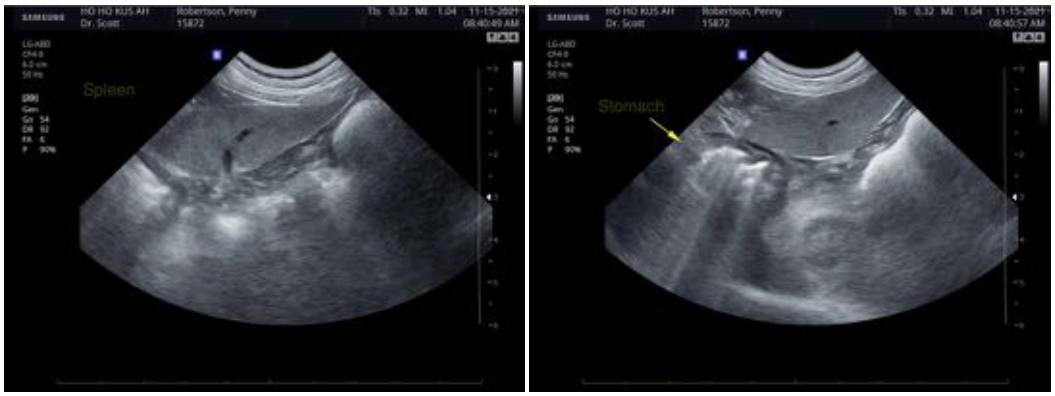

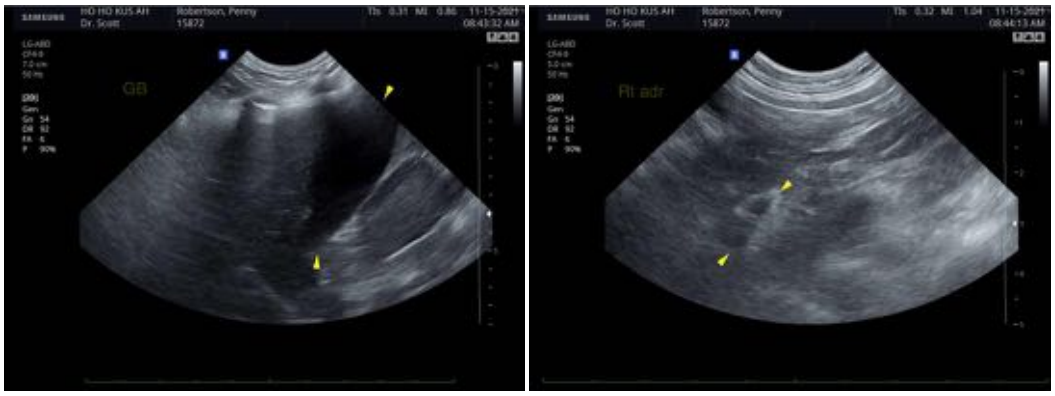

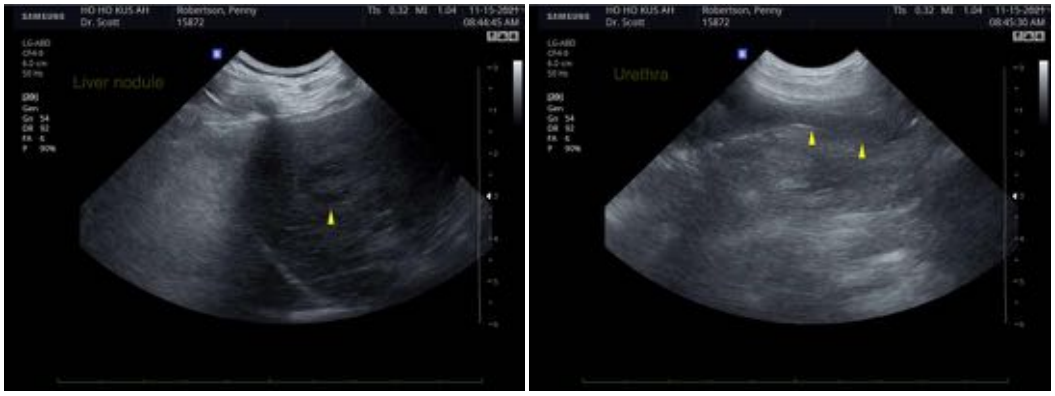

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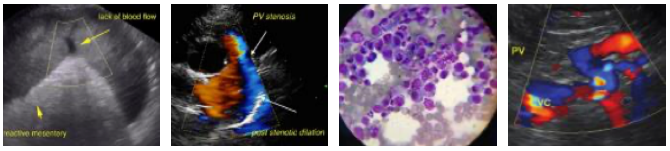

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com