

**DATE PRESENTING CLINICAL SIGNS**

11/17/21

History: Issue w/ urination, urinating frequently and straining.

Lab Results: UTI - now resolved, transitional cells visible on sediview.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required for a full diagnostic urinary ultrasound.

Stat Report: Not requested.

PATIENT

Peach Kelly

SPECIES

Canine

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

BREEDLabrador Retriever
Mix**SEX**

Spayed Female

AGE

11/15/2010

WEIGHT

50.8 lbs

LIMITED ULTRASONOGRAPHIC EXAMINATION**Urinary System**

The urinary bladder is mildly to moderately distended. The wall is diffusely thickened (up to 0.48 cm) with a slightly irregular mucosal surface. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. In the region of the trigone/urinary bladder neck, the wall is thickened and irregular. The proximal urethra is also severely thickened (up to 0.94 cm), irregular and slightly heterogeneous in appearance. The mesentery effacing the serosal surface in this region is hyperechoic. A dilated ureter can be visualized dorsal to the urinary bladder and entering at the region of the trigone.

The left kidney presented normal size (6.23 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Severe hydronephrosis is present (2.35 cm in the longitudinal plane). The left ureter is diffusely dilated (0.82 cm proximally and 0.47 cm distally). It can be followed to its entry point at the level of the trigone. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney presented normal size (6.56 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.41 cm in the longitudinal plane). The ureter is diffusely dilated (0.73 cm proximally and 0.36 cm distally) and can be followed to its entry point at the level of the trigone. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

INTERPRETED BYAndrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)**ULTRASONOGRAPHIC FINDINGS**

- The urinary bladder wall and proximal urethral changes, particularly in the region of the trigone are concerning for infiltrative neoplasia (i.e., transitional cell carcinoma) with a lower possibility of a severe inflammatory process.
- The bilateral hydronephrosis/pyelectasia and hydroureters are likely secondary to partial obstruction of the distal ureters of the level of the trigone.

IMAGING PERFORMED BYStephanie Pearce
RDCS, RVT**HOSPITAL NAME**

Taylorsville VC

REFERRING VET

Dr. Lucas

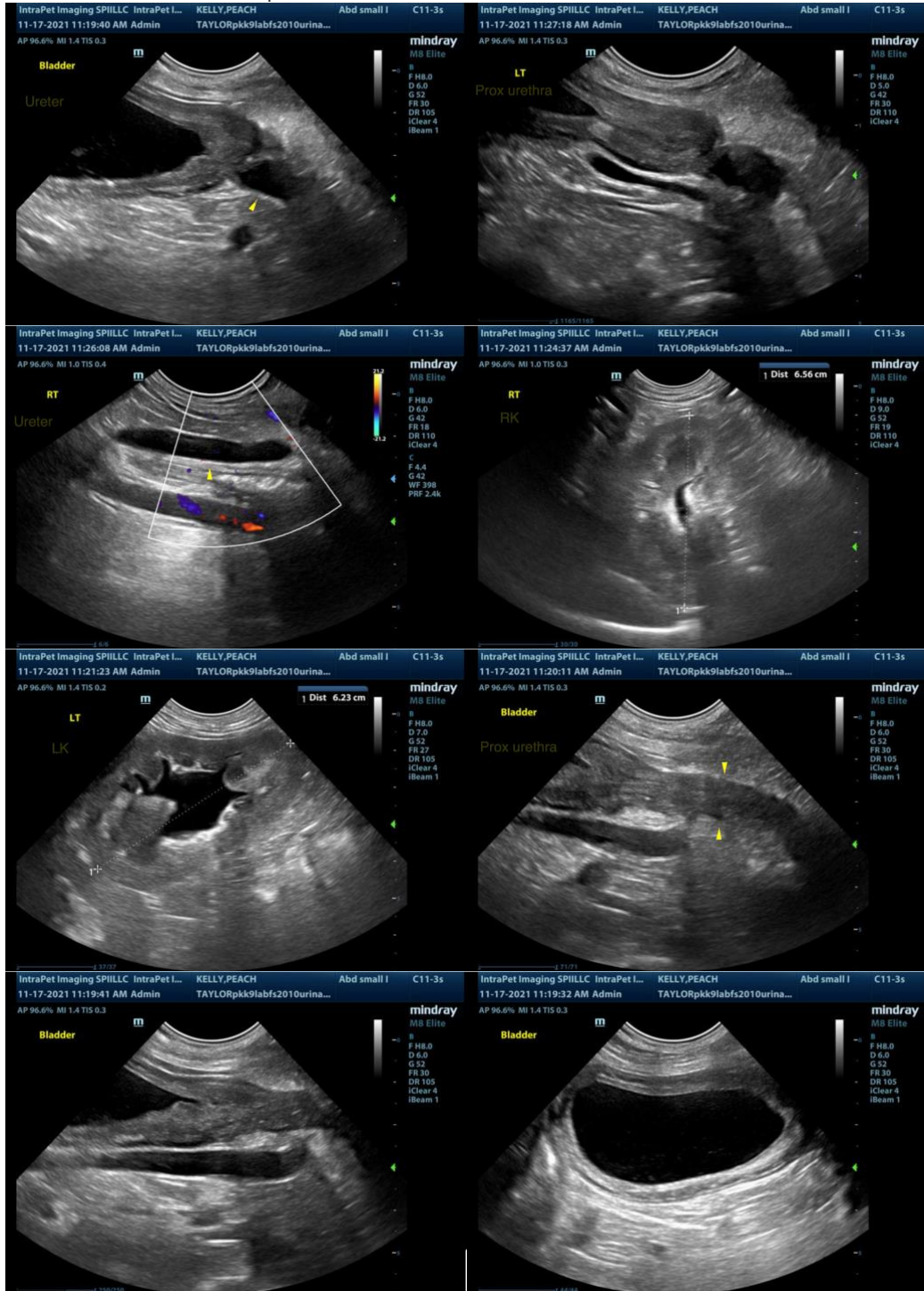
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

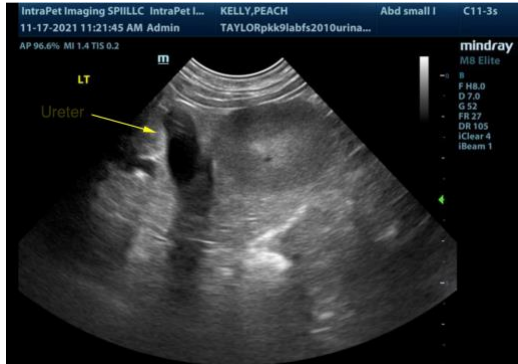
- A urine BRAF test is recommended to further assess for urinary bladder neoplasia. If the results are inconclusive, traumatic urethral catheterization or surgical biopsy may be necessary to get a definitive diagnosis.
- A full abdominal ultrasound as well as three-view thoracic radiographs are recommended to

INVOICE

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further assess for potential metastatic disease.





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.

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