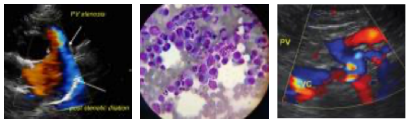
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12.15.22

PATIENT

Lucie Silcox

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

5/14/2008

WEIGHT

9.3 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Silcox

INVOICE

11870

PRESENTING CLINICAL SIGNS

Urinary tract infection 11/20/2022. Suspected polyp seen at apex of bladder. Urinary tract infection resolved with negative urine culture 12/7/2022. Still seeing suspected polyp. Hx of chronic pancreatitis.

Current Medications: Clavamox 62.5mg BID x14 days finished 12/4/2022
Date of Previous IntraPet Ultrasound: 4/21/20. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with mostly anechoic urine. In the right apical region, a 0.51 x 0.40 cm hyperechoic nodule is arising from the luminal surface. The remaining bladder wall is normal in thickness. 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 (3.44 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. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.61 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. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.50 cm at cranial pole) (0.65 cm at caudal pole) (1.48 cm in length) with a slightly irregular 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 borderline enlarged (0.53 cm at cranial pole) (0.53 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.

Spleen

The spleen is normal in size (0.79 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance, with a few small, ill-defined hypoechoic nodules/areas. Hepatic vasculature and intrahepatic 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 small to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the muscularis layer is prominent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

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 apical urinary bladder wall lesion is most consistent with a polyp. However, an emerging tumor (i.e., transitional cell carcinoma) or granuloma cannot be completely excluded.

Secondary Findings

- Bilateral chronic age-related renal changes with nonobstructive nephrolithiasis
- Mild bilateral adrenomegaly. Changes are similar to the previous sonogram.
- Nonspecific diffuse hepatopathy. Differentials include regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), other hepatopathy. Correlation with the patient's liver values is recommended.
- The thickened muscularis layer in the pyloric antrum may be a normal variant for this patient or may represent hypertrophy, inflammation, or less likely, emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary bladder wall lesion, consider a urine BRAF test to further assess for urinary tract neoplasia. If the results are negative, and an aggressive approach is desired, consider surgical removal of the lesion with submission for histopathology, particularly if the patient continues to have recurring urinary tract infections. If surgery is not pursued, a repeat ultrasound is recommended in 4-6 weeks to assess for growth of the lesion.


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mindray
Liver SAG


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Stomach SAG
Pylorus


IntraPet Imaging SPHLLC IntraPet I...
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Liver
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2 Dist 0.77 cm


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mindray
Bladder


IntraPet Imaging SPHLLC IntraPet I...
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Stomach SAG


IntraPet Imaging SPHLLC IntraPet I...
SILCOX,LUCIE
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Spleen


IntraPet Imaging SPHLLC IntraPet I...
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LT
1 Dist 1.48 cm
2 Dist 0.65 cm
3 Dist 0.50 cm
L1 adr


IntraPet Imaging SPHLLC IntraPet I...
SILCOX,LUCIE
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mindray
Bladder

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com