

**PATIENT PRESENTING CLINICAL SIGNS**

Trixie Poulous  
History: R/O Urinary bladder neoplasia vs other. Current meds: Rimadyl  
Abnormal PE/Chem/CBC/UA Results: NSF

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

The urinary bladder is moderately distended, with anechoic urine. In the region of the trigone/cystourethral junction, an irregular thickening/mass effect, is observed. This mass effect extends into the proximal urethra. Foci of mineralization are observed within the mass. The remaining urinary bladder wall is normal in thickness. No cystic calculi are observed.

BREED

Mix

The left kidney is normal size (6.16 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. Renal vasculature is normal.

SEX

Spayed Female

The right kidney is normal size (6.12 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. Renal vasculature is normal.

AGE

12 Years

**Adrenal Glands**

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.61 cm at caudal pole) (1.73 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.

WEIGHT

49.4 Pounds

The right adrenal gland is mildly enlarged in size (1.08 cm at cranial pole) (.88 cm at caudal pole) (2.32 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.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Sharie Reffi

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**Liver**

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance, with a few ill-defined hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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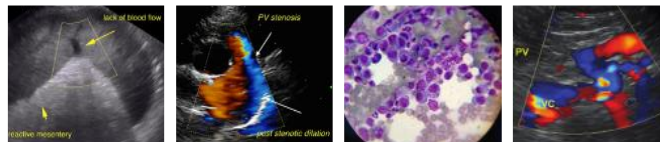
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**Gastrointestinal**

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a

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**PATIENT**

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.

Trixie Poulous

**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.

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Canine

**Free Abdomen**

The mesentery in the mid- to caudal abdomen is hyperechoic. Trace free fluid is observed. At least two enlarged, irregular hypoechoic lymph nodes are observed in the caudal abdomen at the aortal trifurcation. Surrounding mesentery is hyperechoic.

**BREED**

Mix

**Other**

A brief echocardiogram (free of charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mass effect at the urinary bladder trigone/cystourethral junction/proximal urethra. Neoplasia (i.e., transitional cell carcinoma) is considered likely, with a lower possibility of an inflammatory process.
- The caudal abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., metastatic disease, lymphoma), with a lower possibility of reactive change.
- Caudal peritonitis is present, likely secondary to urinary bladder and lymph node pathology.

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**WEIGHT**

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**Secondary Findings**

- 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 less likely.
- Mild right adrenomegaly
- Mild bilateral age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test should be considered to further assess for lower urinary tract neoplasia. If results are inconclusive, traumatic urethral catheterization or biopsy may be necessary to get a definitive diagnosis.

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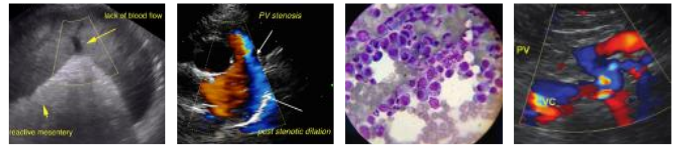
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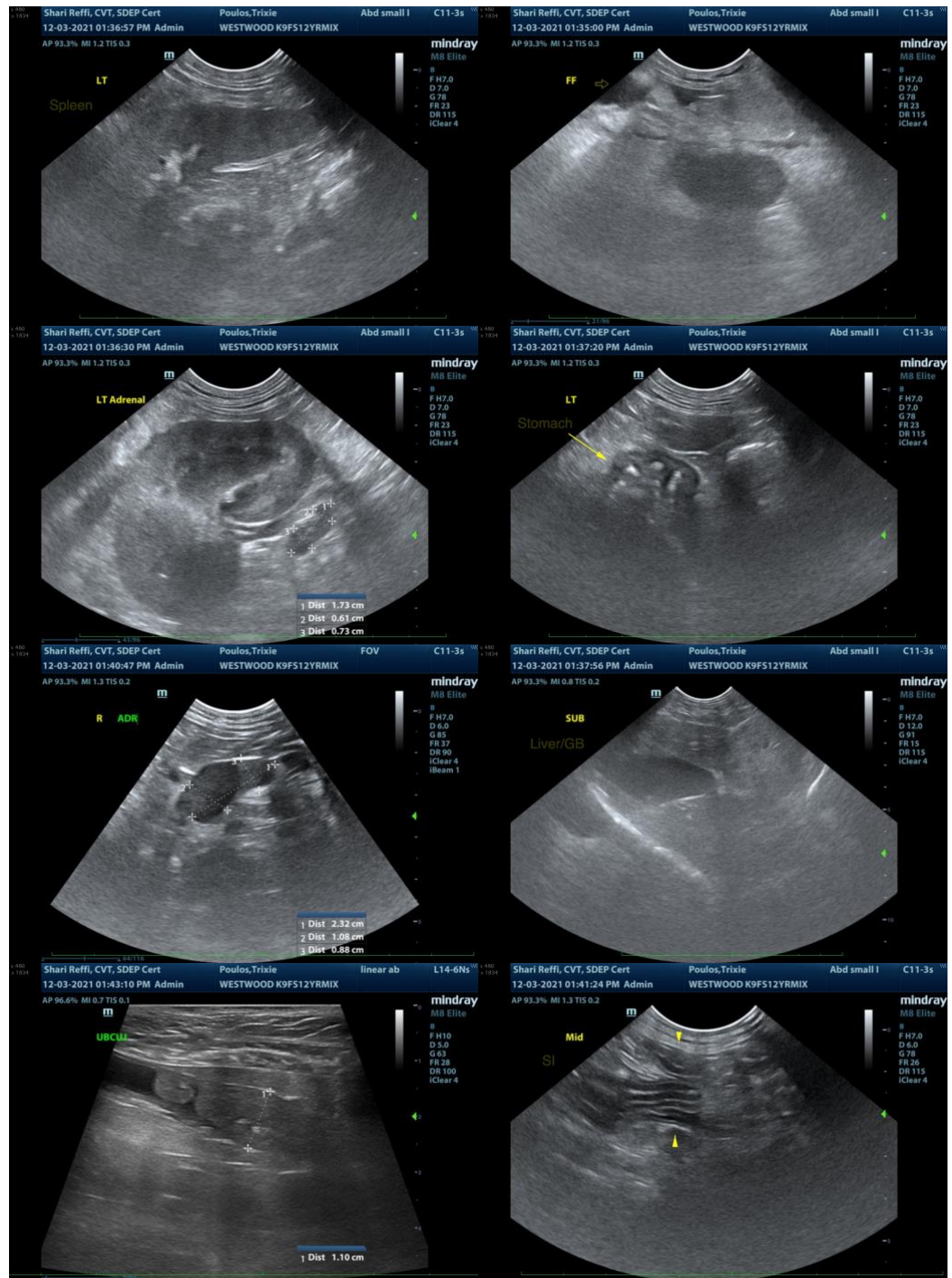
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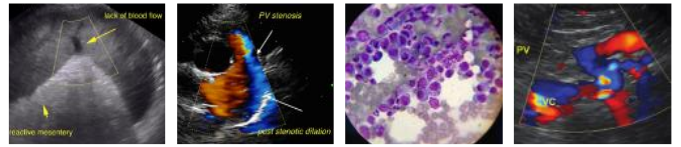


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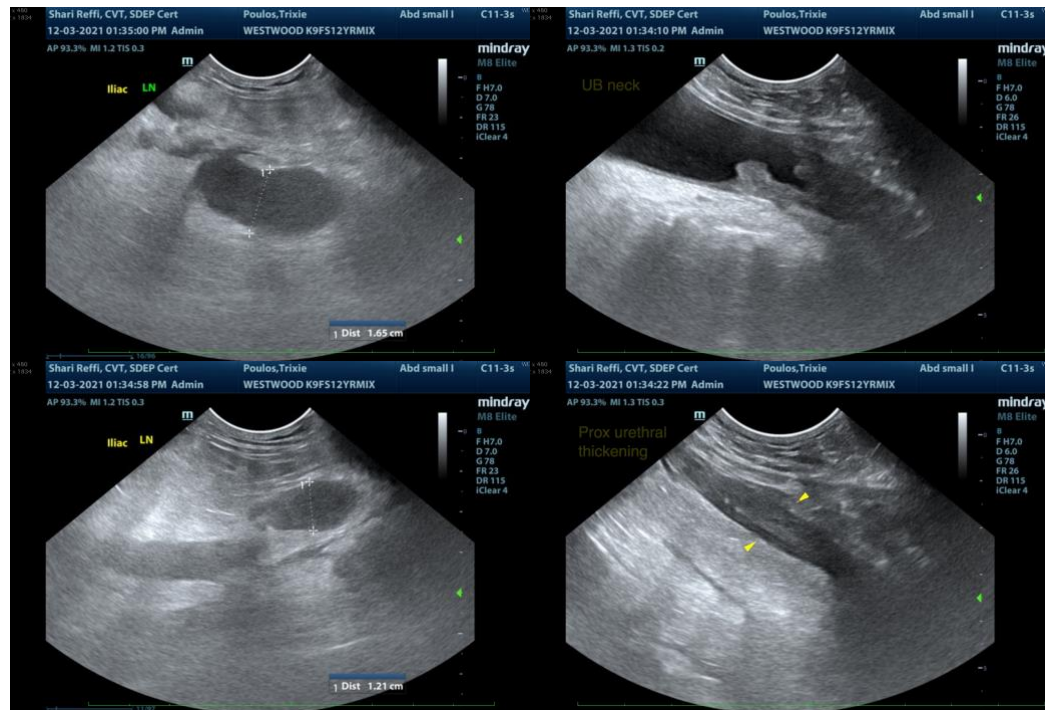
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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