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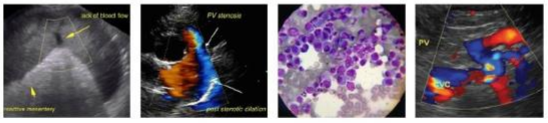

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Mercedes Bolin

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

13 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

IMAGING PERFORMED BY

Loetitia Saint-Jacques,RVT,

HOSPITAL NAME

MountainView Animal

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10103

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: ~O was told that dog has bladder mass and kidney failure. Came to us for second opinion and to establish. Previous AUS done has NO Mention of bladder mass. Want to repeat AUS and CLP~ Relevant Medical History and Physical Exam findings: ~~Has Hx of IVDD (2 episoded treated medically), Has severe dental disease. Was told by previous vet that she is in renal failure and has a bladder mass - but cannot find documentation of it. Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~~ Current medications (include full name, dosage and frequency): ~None~ Relevant Radiograph Findings(email radiographs if available): ~None~
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. Along the ventral wall, a 0.71 x 0.30 cm a smooth, well-circumscribed hyperechoic lesion is observed in the submucosal region. No cystic calculi are observed. The region of the trigone, and the proximal urethra, visible to a depth of 2 cm, are normal.
The left kidney presented normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.41 cm at caudal pole); 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.
The right adrenal gland is normal size (0.35 cm at cranial pole) (0.48 cm at caudal pole) (1.97 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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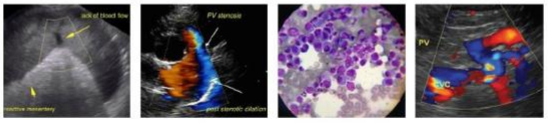

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 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.

Pancreas

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.84 cm lymph node is observed in the caudal abdomen. In addition, a few prominent jujunal lymph nodes are also seen.

Other

A brief echocardiogram (free of charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

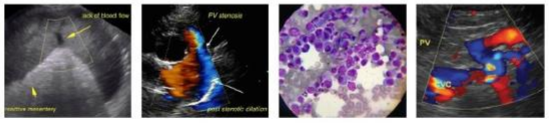
- The ventral urinary bladder wall lesion could be consistent with a resolving hematoma (i.e., from a recent cystocentesis), lipogranumloma, inflammatory-focus or an emerging tumor (i.e., leiomyoma, leiomyosarcoma), other.

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.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work including a CBC chemistry panel. Urinalysis and T4 is recommended to assess overall metabolic function.



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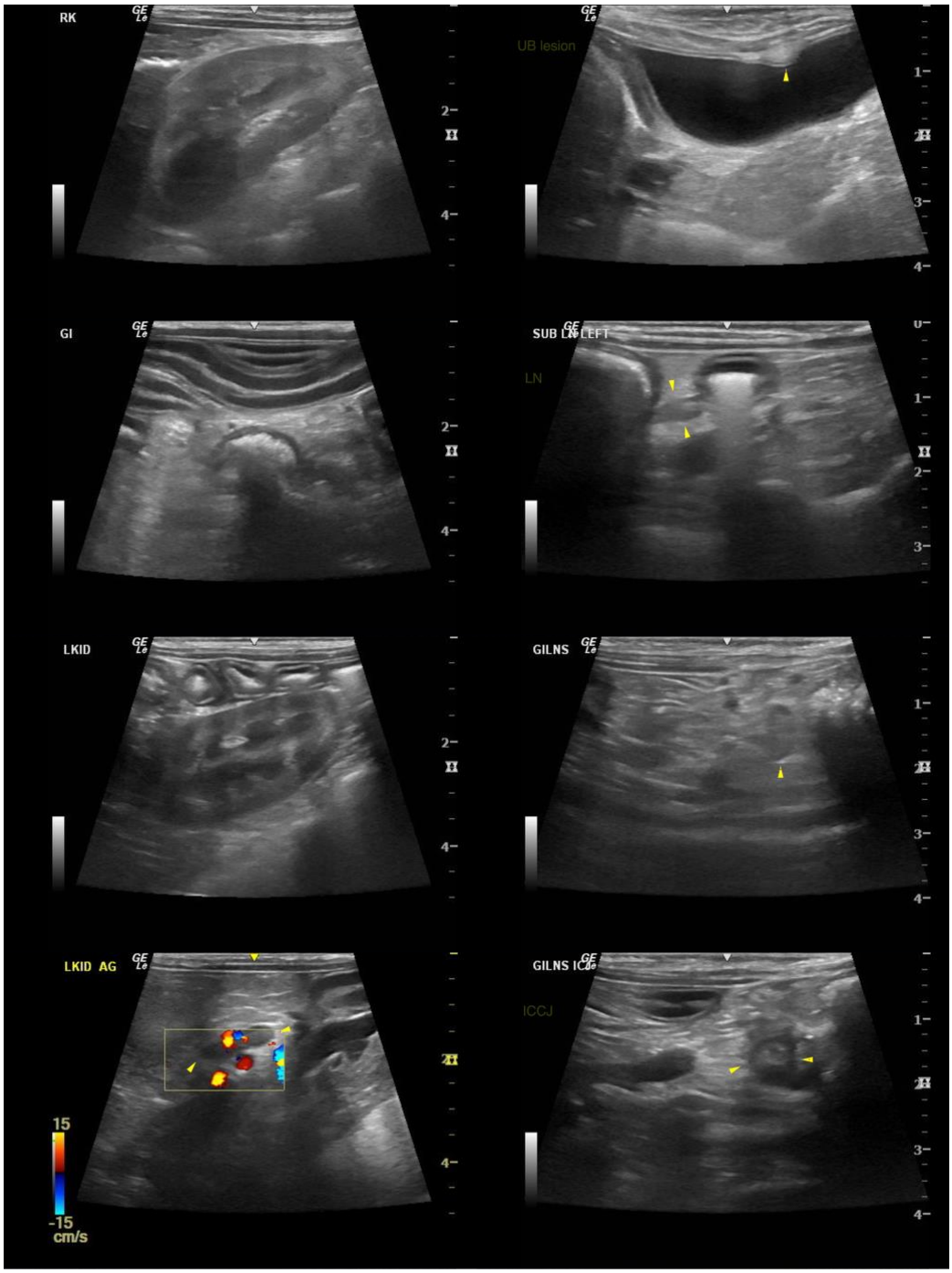
- Regarding the urinary bladder wall lesion, consider a repeat ultrasound in 3-4 weeks to assess for progression. A urine BRAF test can also be considered to assess for transitional cell carcinoma. However, if results are negative, sonographic monitoring or a bladder wall biopsy can be considered.



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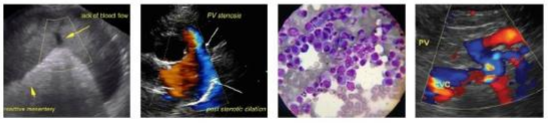

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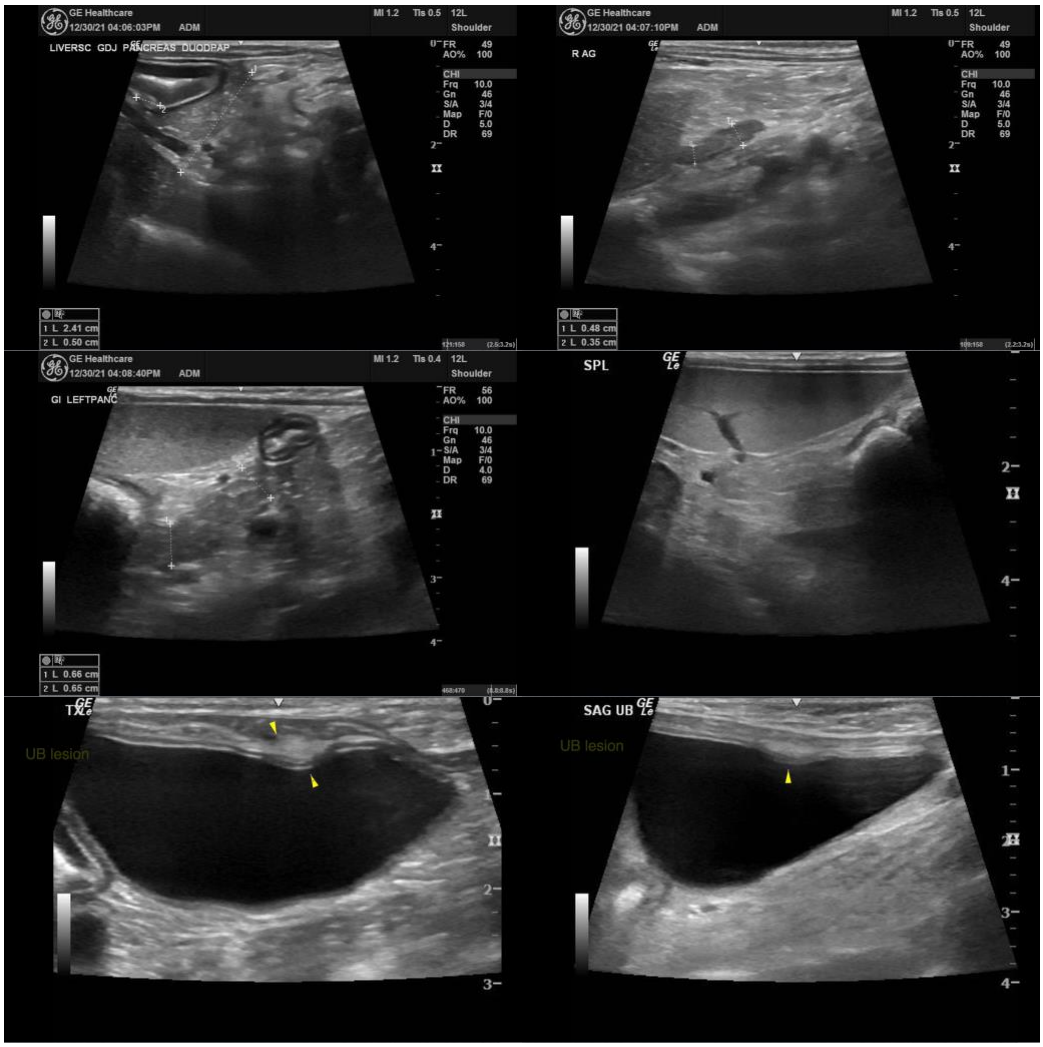

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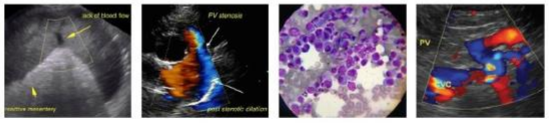

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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_nicastro2@hotmail.com