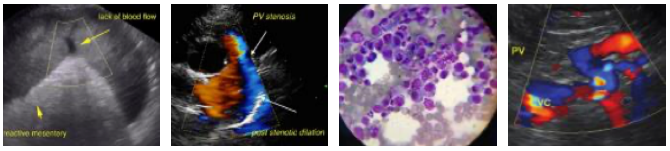

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1-800-838-4268 info@sonopath.com

PATIENT
Coco Pineda

SPECIES
Canine

BREED
Mixed breed

SEX
Male, neutered

AGE
9 Yrs.

WEIGHT
47 lbs..

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ortiz

INVOICE
14297

DATE
12/5/22

PRESENTING CLINICAL SIGNS

History: Presented for a full abdominal ultrasound to further evaluate hematuria and possible bladder mass. Pt presented to an emergency clinic on Dec 4th with a history of hematuria. A mass was apparently dx with ultrasound. Pt has been dribbling very bloody urine with blood clots.
Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.29m/uL (5.65 - 8.87), HCT 34.1 (37.3 - 61.7), MCV 64.5 (61.6 - 73.5), RETIC-HGB 18.82 (5.05 - 16.76), NEU 16.47 (2.95 - 11.64), LYM 1 (1.05 - 11.64), MONO 1.28 (0.16 - 1.12), EOS 0.01 (0.06 - 1.23), PLT 122 (148 - 484), MPV 15 (8.7 - 13.2) CHEM(12/4/22): CREA 2.5 (0.5 - 1.8), BUN 34 (7 - 27) CHEM(12/5/22): CA 7.4 mg/dL (7.9 - 12.0), TP 4.9 g/dL (5.2 - 8.2) ALB 2.0 g/dL (2.2 - 3.9) Urinalysis - RBC 4+, cocci bacteria SG 1.017 Will culture urine start pon Baytril re-eval in 10 days ultrasound is pending but suspicious of blood clot pending radiologist report.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is variably thickened (up to 1.01 cm ventrally) and irregular. A 5.4 cm ill-defined, echogenic structure is observed within the lumen and appears to be gravity-dependent. No cystic calculi are observed. The wall in the region of the cystourethral junction and proximal urethra is thickened (up to 0.52 cm). The proximal urethral lumen is not overtly dilated. The mesentery surrounding the bladder is mildly hyperechoic and trace free fluid is observed in this region.

The prostate is normal in size (1.34 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.31 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. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. The mesentery surrounding the kidney is hyperechoic. A small amount of retroperitoneal fluid is observed.

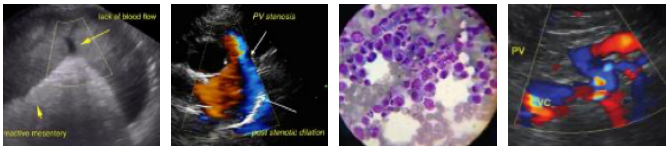
The right kidney is normal size (6.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild to moderate pyelectasia is present (0.51 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. The mesentery surrounding the kidney is hyperechoic. A small amount of retroperitoneal fluid is observed.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.57 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.

The right adrenal gland is normal size (0.68 cm at cranial pole) (0.48 cm at caudal pole) (1.90 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



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The spleen is normal in size (1.47 cm in width at the level of the hilus) with a normal capsular contour. A 0.43 cm ill-defined hypoechoic nodule is observed at the medial aspect. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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 gastric lumen is distended with ingesta. In addition, a 2.27 cm echogenic non-shadowing structure is observed within the lumen in the region of the fundus. The gastric wall is 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. 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

A small amount of free fluid is observed. The medial iliac lymph nodes are visualized, the largest measuring 2.66 cm in length. The nodes are normal in shape and echogenicity. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring 1.40 cm in length. See also *Other*.

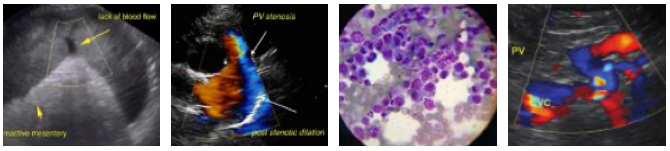
Other

Caudal to the urinary bladder, 3-4 hypoechoic to slightly heterogeneous structures are observed. Surrounding mesentery is hyperechoic. There is adjacent free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The echogenic structure within the urinary bladder lumen is most consistent with a clot. However, neoplasia cannot be completely excluded. The urinary bladder and urethral wall changes are most consistent with cystitis. However, emerging neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma) is also possible.
- The bilateral pyelectasia could be consistent with pyelonephritis, fluid therapy, PU/PD or some combination thereof.
- Diffuse retroperitonitis, likely secondary to renal and urinary bladder pathology.
- The hypoechoic structures caudal to the urinary bladder may represent enlarged lymph nodes, foci of inflammation, neoplasia, other.



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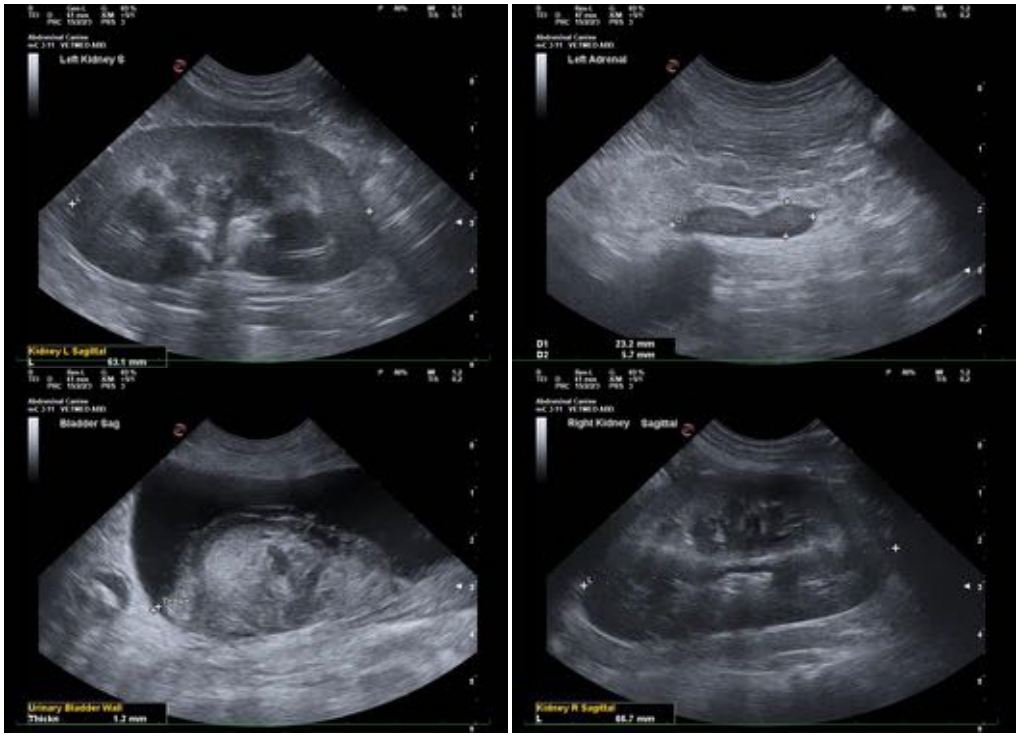
Secondary Findings:

- The hypoechoic splenic nodule likely represents a benign process (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) with a low possibility of an emerging tumor.
- The echogenic structure within the gastric lumen may represent normal ingesta (i.e., potato or similar), polyp, foreign body, emerging tumor, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In addition to the urine culture and sensitivity (which is pending), consider a urine BRAF test to further assess for urinary bladder neoplasia. While awaiting test results, IV fluid diuresis, IV antibiotics, and supportive care is recommended.
- Also consider fine needle aspiration of the echogenic structures caudal to the urinary bladder, if clotting status is appropriate.
- Regarding the echogenic structure within the gastric lumen, consider a repeat ultrasound in 5-7 days. If still present, an upper GI endoscopy may be necessary for further evaluation.



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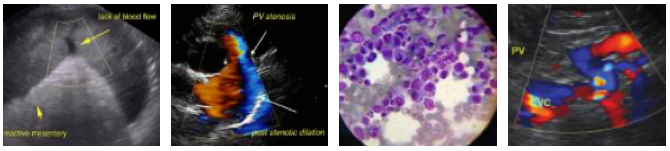

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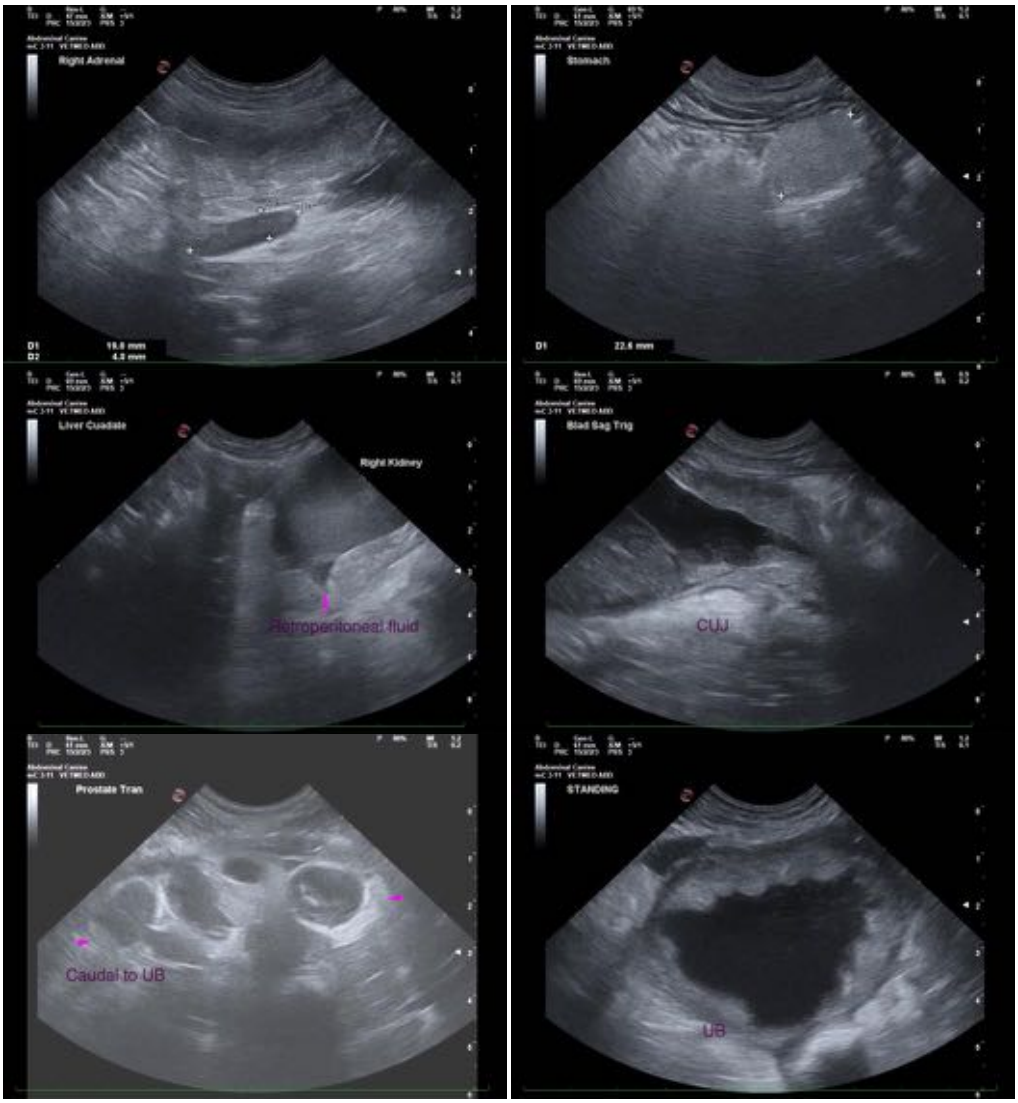

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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