



PATIENT PRESENTING CLINICAL SIGNS

Coco Cumberland History: No sedation- History: Intermittent hematuria starting in early December 2022. There has been no straining noted. Radiographs show mineral opacities, but appear in bladder wall, not lumen. Tried Purina UR for 2 months with no change.

SPECIES Abnormal PE/Chem/CBC/UA Results: : U/A: pH 8, USG 1.042, blood, and protein, no bacteria or crystals.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu *Urinary System*

SEX

Female, spayed The urinary bladder is moderately distended. The ventral wall, near the apex, is mildly thickened (up to 0.41 cm) with a slightly irregular mucosal surface. A small amount of suspended echogenic to mineralized debris is observed within the lumen along with a small amount of gravity-dependent mineralized sand +/- tiny calculi. Mineralized sediment is also observed in the proximal urethral lumen. The region of the trigone and the visible portion of the proximal urethral wall are normal.

AGE

8 Years The left kidney is normal size (4.60 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.

WEIGHT

22 Pounds The right kidney is normal size (5.34 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.

INTERPRETED BY Adrenal Glands

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) The left adrenal gland is enlarged at the cranial pole and normal in size at the caudal pole (0.56 cm at cranial pole) (0.66 cm at caudal pole). At the cranial aspect, a 1.18 x 0.93 cm hyperechoic to slightly heterogeneous nodule is visualized. The glandular echogenicity and detail at the caudal pole are unremarkable. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT The right adrenal gland is normal size (1.17 cm at cranial pole) (0.67 cm at caudal pole) (2.18 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.

HOSPITAL NAME

Advanced PetCare of Nevada

Spleen

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

REFERRING VET

Dr. Behrens

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.35 cm hypoechoic nodule is visualized on the right side. Vascular 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

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Gastrointestinal



PATIENT

Coco Cumberland

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 pyloric outflow tract is patent. 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES

Canine

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.

BREED

Shih Tzu

Free Abdomen

SEX

Female, spayed

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 medial iliac lymph nodes are visible, the largest measuring 2.13 cm in length. The nodes are normal in shape and echogenicity.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of emerging neoplasia. Urinary bladder debris/sand is present +/- tiny cystic calculi. The sediment extends into the proximal urethra without obvious evidence of urethral dilation.

Secondary Findings:

- The right adrenal nodule could be consistent with a benign nodular hyperplasia or may represent an emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma).
- The hypoechoic hepatic nodule trends toward the benign (i.e., regenerative nodular). However, an emerging tumor cannot be completely excluded.

INTERPRETED BY

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for infection. A urine BRAF test can also be considered to assess for emerging lower urinary tract neoplasia.
- While awaiting test results, symptomatic care for cystitis is recommended.
- Serial sonographic monitoring (i.e., every 3 months) is also recommended to assess for the development of discreet cystic calculi.

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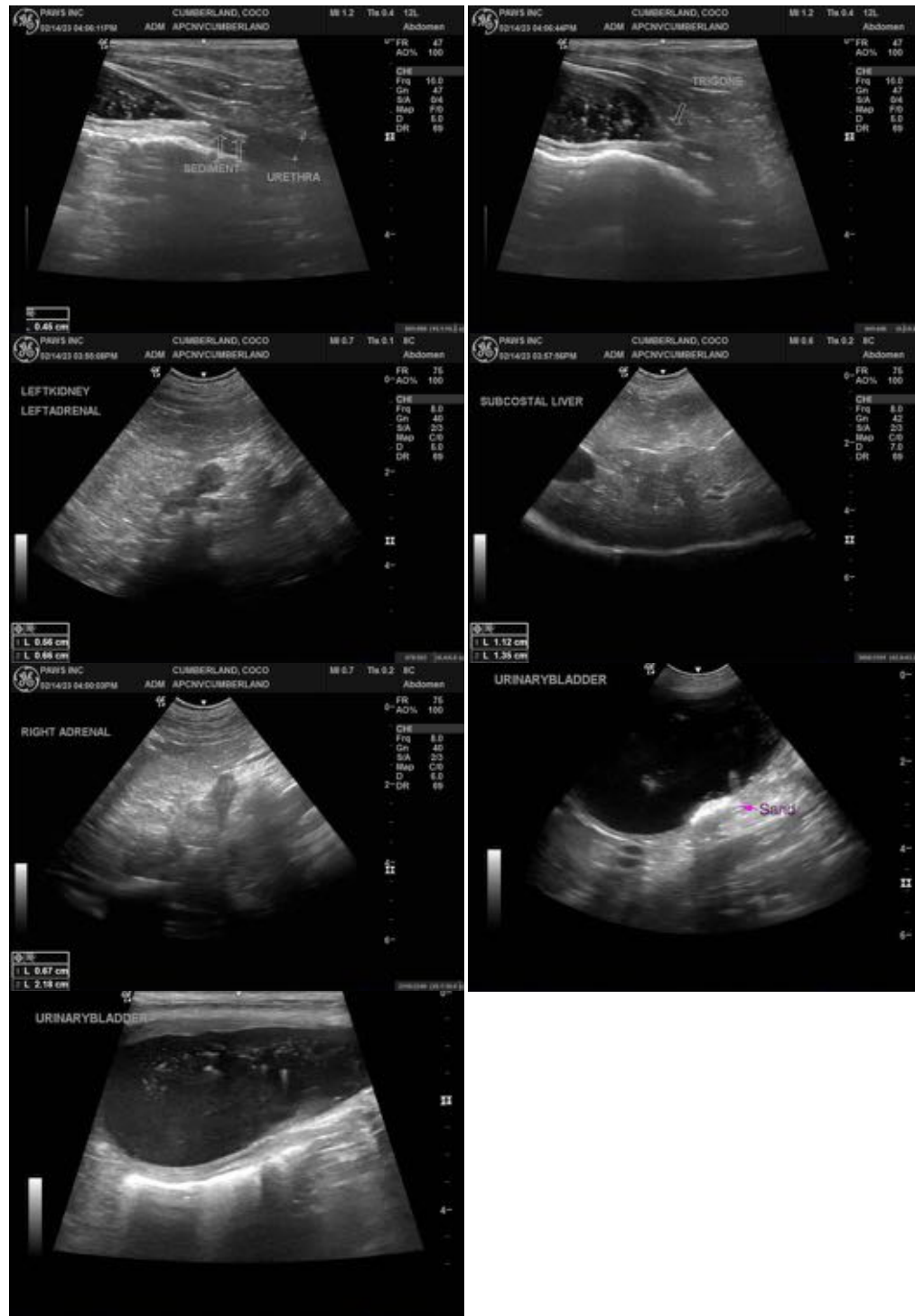
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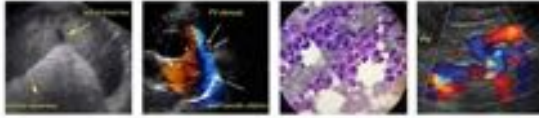
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Coco Cumberland

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)
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