



**PATIENT**

Cooper Ligus

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

17.2 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**REFERRING VET**

Dr. Kacham

**INVOICE**

13988

**DATE**

2/18/22

**PRESENTING CLINICAL SIGNS**

History: Struggling to urinate, frequent attempts, frequent defecation. Elevated ALKP. Current meds: Cefpodoxime

Abnormal PE/Chem/CBC/UA Results: ALKP 326, AST 16, Trig 398, U/A- color dark yellow, PH 8, Bld 2+, Trace protein, wbc 4-10, rbc 11-20, squam 4-10

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally to mildly distended. A 1.45 cm x 0.55 cm, irregular, slightly heterogeneous mass effect with mineralized foci is observed along the dorsal wall, including the region of the trigone. The remaining wall is mildly to moderately thickened and irregular. A scant amount of echogenic debris is suspended within the lumen.

The prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.16 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. A few small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.08 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 (0.38 cm at cranial pole) (0.47 cm at caudal pole) (1.95 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 (0.32 cm at cranial pole) (0.39 cm at caudal pole) (1.69 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 (1.05 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 slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen, and it has a coarse echotexture. An ill-defined hyperechoic nodule is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, most of which is gravity dependent and some of which is adhered to the luminal wall. The cystic and common bile ducts are normal.

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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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**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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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.09 cm medial iliac lymph node is visible, the node is normal in shape and echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- Suspected urinary bladder mass in the region of the trigone. However, due to lack of full repletion, it is difficult to discern mass from an inflamed wall. It is also difficult to determine the size of the lesion.
- The remainder of the abdomen is unremarkable.

**INTERPRETED BY**

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Internal Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a repeat ultrasound when the urinary bladder is at full repletion to better evaluate the bladder wall. Also consider a urine BRAF test and/or traumatic urethral catheterization with submission of the bladder all cells for cytology to further assess for lower urinary tract neoplasia.

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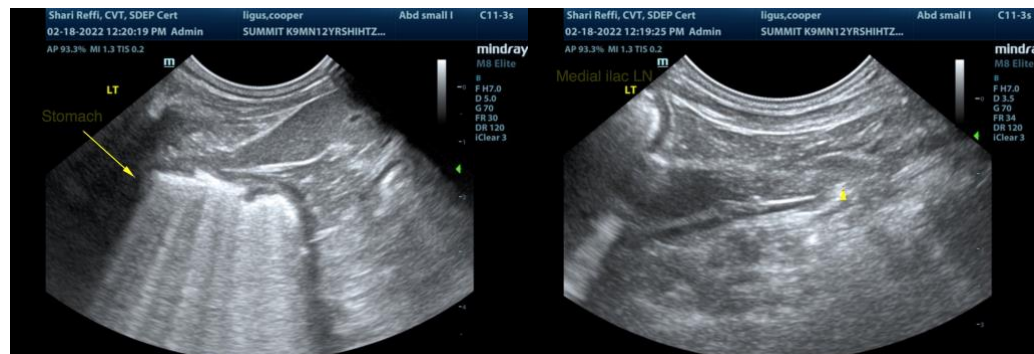
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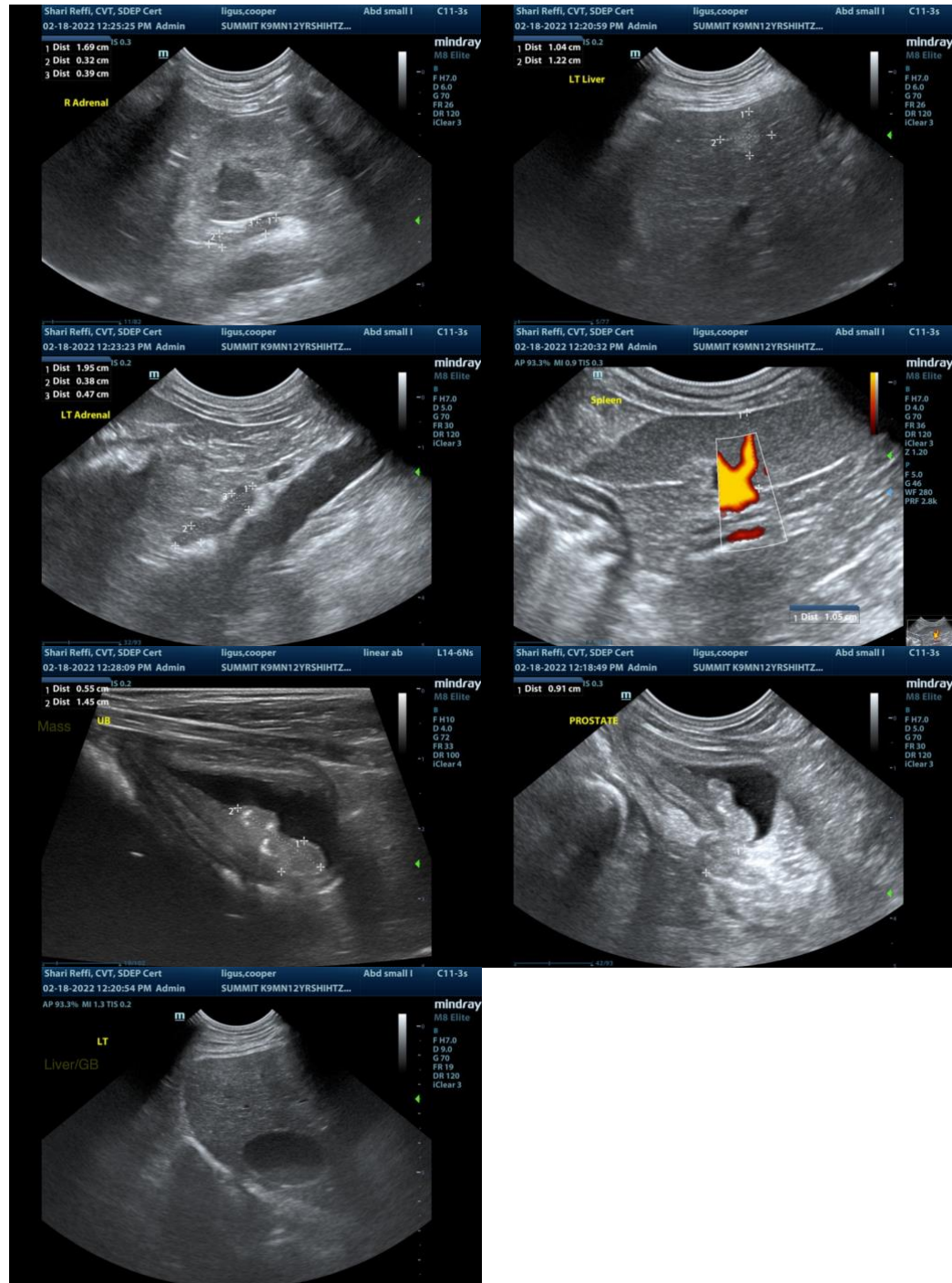
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com

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