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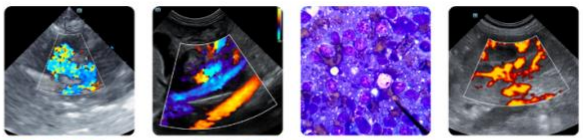

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Hercules Ramsey DeRosa

SPECIES

Canine

BREED

English Bulldog

SEX

Male Neutered

AGE

31.3kg

WEIGHT

02-21-2017

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Blue Pearl MP ER Summerville

REFERRING VET

Natalie Wasiak, DVM

INVOICE

22591

DATE

2-21-26

PRESENTING CLINICAL SIGNS

Recent episode of collapse
Went to RDVM today for urinary issues – arrhythmia ausculted
ECG: Intermittent ventricular tachycardia, HR consistently >200

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is variably thickened, with polypoid-like lesions arising from the mucosal surface. Echogenic debris and mineralized sand, along with tiny, cystic calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

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 is normal in size (6.51 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (7.17 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.78 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and 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 in size (0.95 cm at cranial pole) (0.74 cm at caudal pole) with a normal shape and 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 (1.52 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 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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 not distended. The gastric wall and pylorus are normal in thickness with a normal

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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
A prominent medial iliac lymph node is visualized (measuring 1.47 x 0.56 cm).

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

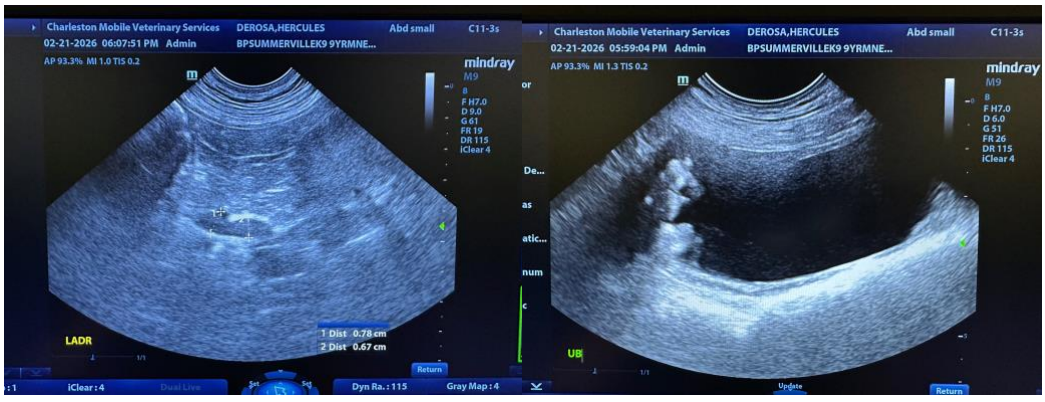
- The urinary bladder wall changes are most consistent with polypoid cystitis, with urinary bladder sand and tiny, cystic calculi. However, emerging neoplasia (i.e., transitional cell carcinoma) cannot be completely excluded.
- The prominent medial iliac lymph node is likely reactive, with a low possibility of emerging neoplasia.

*An obvious cause for the patient's ventricular tachycardia is not definitively in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the urinary bladder wall changes, consider a cystotomy with stone removal, analysis and culture along with bladder wall biopsies (once the arrhythmia has resolved). A urine BRAF test can also be considered to assess for lower urinary tract neoplasia (if surgery is not pursued).

Further recommendations should be based on the echocardiogram report.



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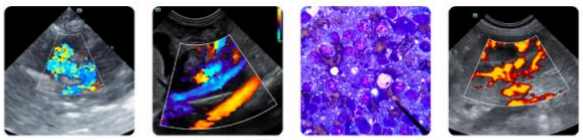

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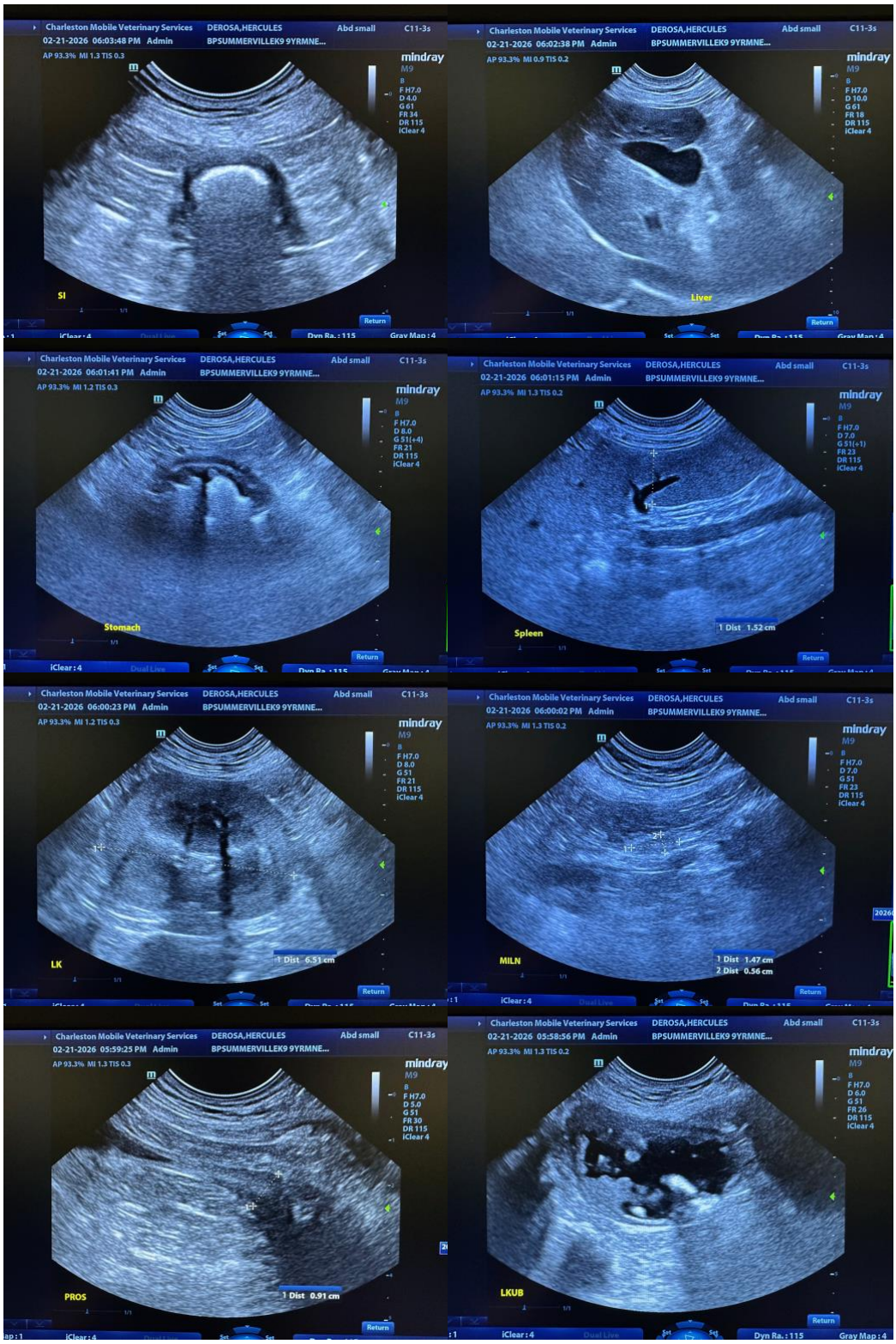

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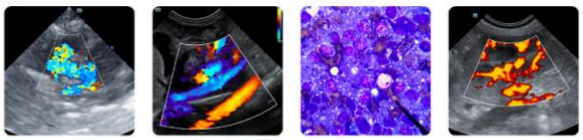

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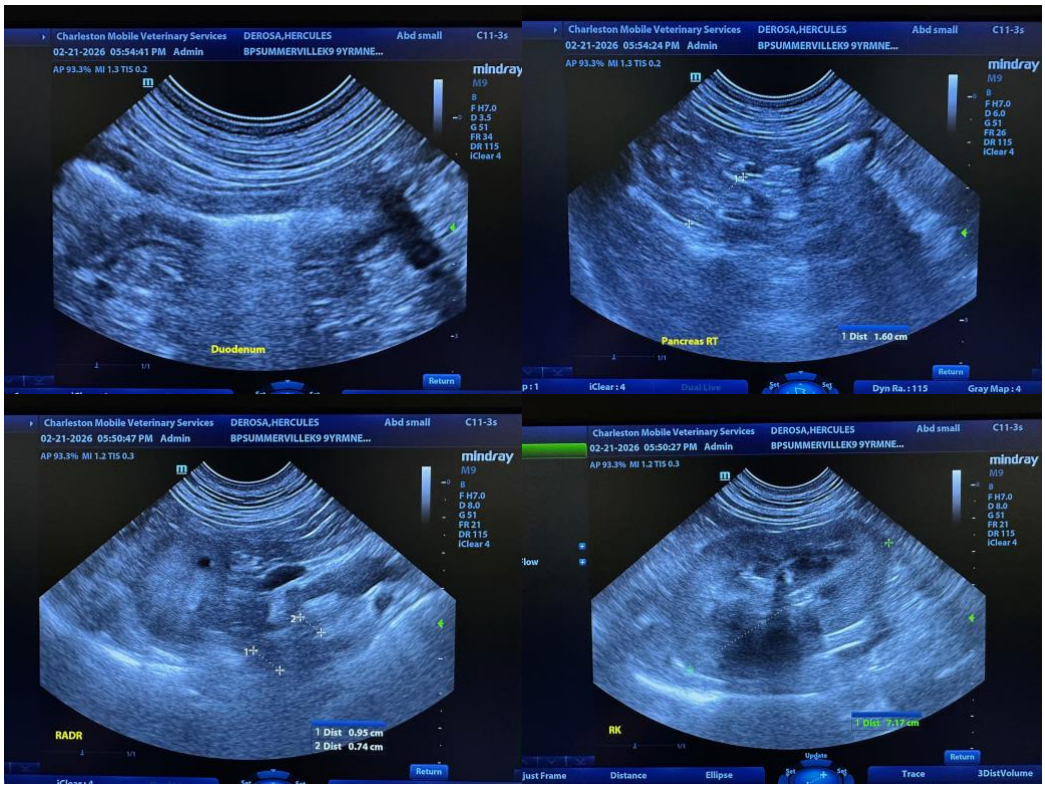

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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