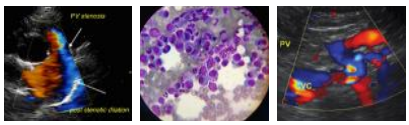
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/23/2022

PATIENT

Daisy Buchanan

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

12/18/2012

WEIGHT

49lbs

INTERPRETED BY

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

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Riehl

INVOICE

10446

PRESENTING CLINICAL SIGNS

Hematuria of 10 day duration (2/6/22). 1 week into Simplicef with no improvement (bladder small at initial presentation/not imaged). No stranguria/pollakiuria. Mild increase in water consumption. Some lethargy and decreased appetite. History of food allergies/atopic dermatitis- controlled with Cytopoint and Ultamino diet.

Current Medications: Simplicef 200mg SID at night, Pepcid 10mg BID, Dasuquin Advanced, Cytopoint PRN, Interceptor/Bravecto.

Lab Results: 2/7/22- UA: >50 RBC/hpf, 24 WBC/hpf with USG 1.030, <1 Epi/hpf. BW/Rads/Cysto not performed yet. Aggressive imaging approach elected as first step and will perform additional diagnostics at time of AUS.

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. A 4.48 x 1.34 cm irregular slightly heterogenous vascular mass is observed at along the left and right mid dorsal wall, with some extension caudally. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen. The visible portion of the proximal urethra is normal.

The left kidney is normal size (5.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.60 cm at caudal pole) (0.79 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 (0.34 cm at cranial pole) (0.57 cm at caudal pole) (2.83 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 (1.75 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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen difficult to visualize in its entirety due to imaging artifact. In the visualized images, No obvious pathology is observed.

Gastrointestinal
The gastric lumen is not distended. 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. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent lymph nodes are observed in the mid to caudal abdomen, the largest measuring 2.36 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma), is the top differential. Severe cystitis is also a possibility but considered less likely.

- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or metastatic disease.

Secondary Findings

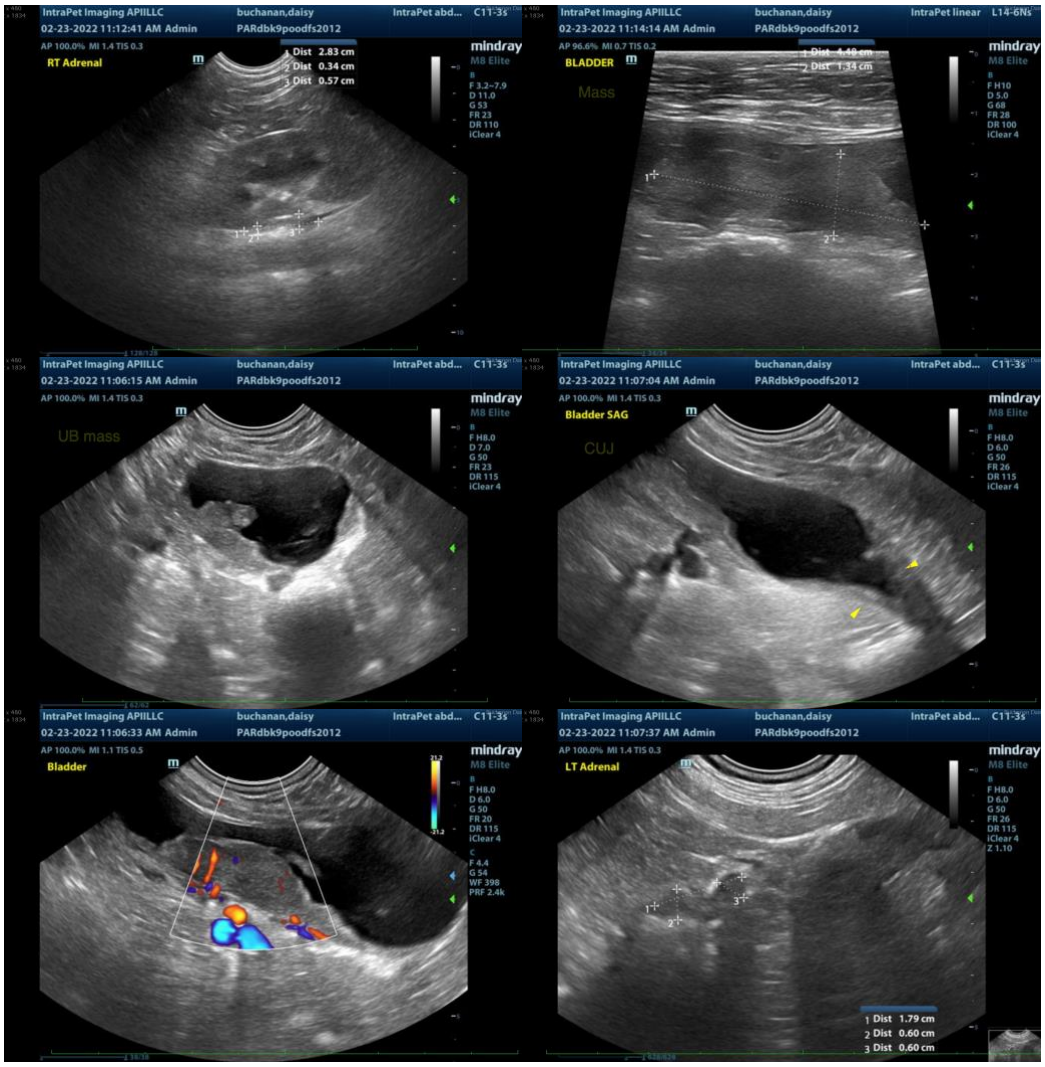
- Minor age-relate renal changes

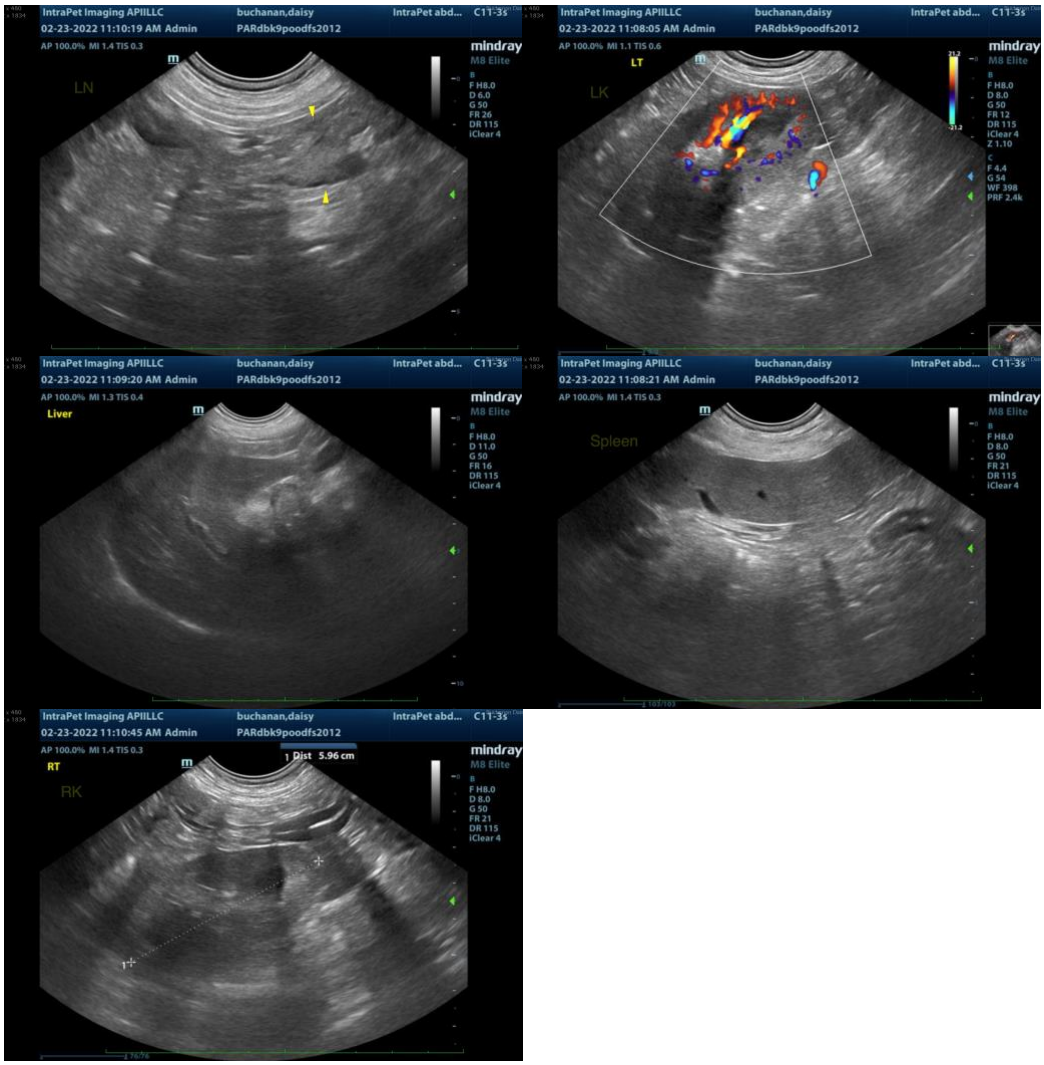
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A urine BRAF test is recommended to further evaluated for lower urinary tract neoplasia. If results are inconclusive, consider a traumatic urethral catheterization with submission of the cells for cytologic evaluation. If neoplasia is confirmed and an aggressive approach is desired, referral to a board-certified oncologist is recommended to discuss chemotherapy options.

- If palliative care for the bladder mass is desired, consider the following regimen:
    1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
    2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
    3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity





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.

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