



PATIENT PRESENTING CLINICAL SIGNS

JB Dyball History: No sedation- Hematuria noticed over past week. Polakiuria has not been a feature, even in January when hematuria was first noticed in January 2023. Owner has seen hematuria every day over past week. Most prominent at end of urination. Current medication: Amoxi 500mg, 1 capsule BID Urine culture was positive for Staphylococcus pseudintermedius- 1,000-10,000 CFU per mL.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Border Collie mix

The urinary bladder is mildly to moderately distended. An approximately 1.9 cm irregular mass is observed at the apical aspect. The remaining bladder wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (6.64 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

2015

The right kidney is normal size (7.18 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

29.75 kg.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.62 cm at caudal pole); 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 (1.24 cm at cranial pole) (0.70 cm at caudal pole); 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

Spleen

The spleen is normal in size (1.93 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.

REFERRING VET

Dr. Carl Kelly

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

14761

DATE

3/20/23

Gastrointestinal



PATIENT

JB Dyball

The gastric lumen is mildly to moderately distended with ingesta. 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 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 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.

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Border Collie mix

Free Abdomen

SEX

Female, spayed

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.20 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Apical urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is the top differential. However, a benign process (i.e., focal cystitis) cannot be excluded.
- The prominent medial iliac lymph node is most consistent with reactive change. However, early metastatic disease cannot be excluded.

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Secondary Findings:

- Minor, bilateral, age-related renal changes.

INTERPRETED BY

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

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 assess for lower urinary tract neoplasia. A positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer. If a negative test is obtained, biopsies of the bladder mass may be necessary to get a definitive diagnosis.

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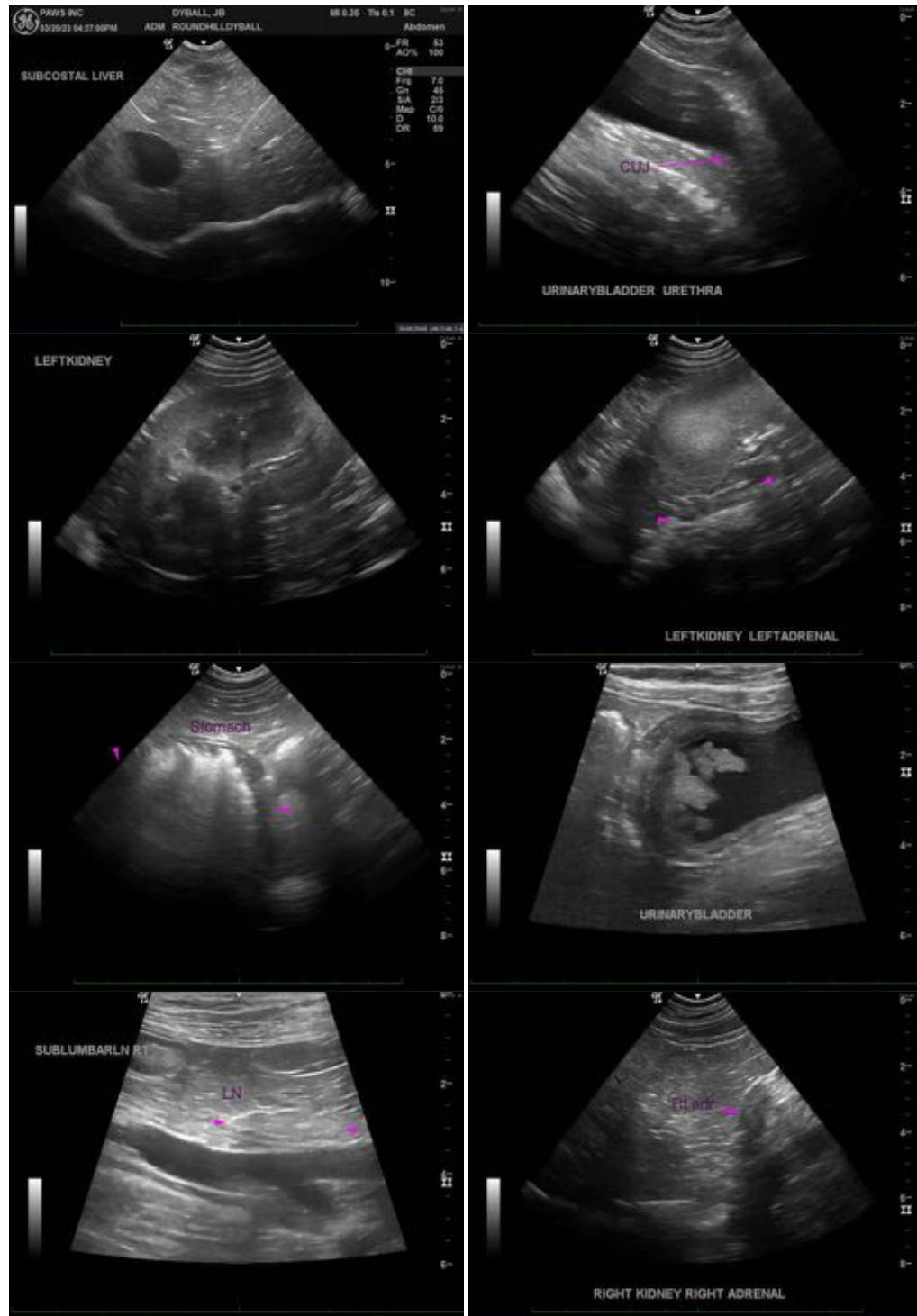
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

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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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