**DATE PRESENTING CLINICAL SIGNS**

3/31/2022

Patient was presenting for initial exam to have masses reevaluated with a history of inappropriate urination, periuria. UTI was identified and treated and follow up UA results are WNL. Patient has improved but mom still seeing some puddles around the home in region she is laying down. Also has a HX of mammary gland tumor/masses and mom wants to see if other changes are present in abdomen that can identify cause of inappropriate urination or potential signs of metastatic from MGT

PATIENT

Dixie O'Carroll

SPECIES

Canine

Current Medications: Levothyroxine 0.4mg SID.
 Lab Results: Hypothyroid- currently being treated.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Australian Shepherd

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/14/2012

Urinary System

The urinary bladder is moderately distended with anechoic urine. At the apex, a 1.41 x 1.31 cm irregular, avascular, slightly heterogenous nodule/lesion is arising from the wall. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

WEIGHT

53.8lbs

The left kidney is normal in size (6.20 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

The right kidney is normal size (6.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

HOSPITAL NAME

Noah's Ark Veterinary
 & Boarding Resort

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.63 cm at caudal pole) (2.06 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.

REFERRING VET

Dr. Martinez-
 Hernandez

The right adrenal gland is normal size (0.79 cm at cranial pole) (0.47 cm at caudal pole) (2.61 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.

INVOICE

10639

Spleen

The spleen is normal in size (1.82 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 is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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. The abdominal lymph nodes are normal/not visible.

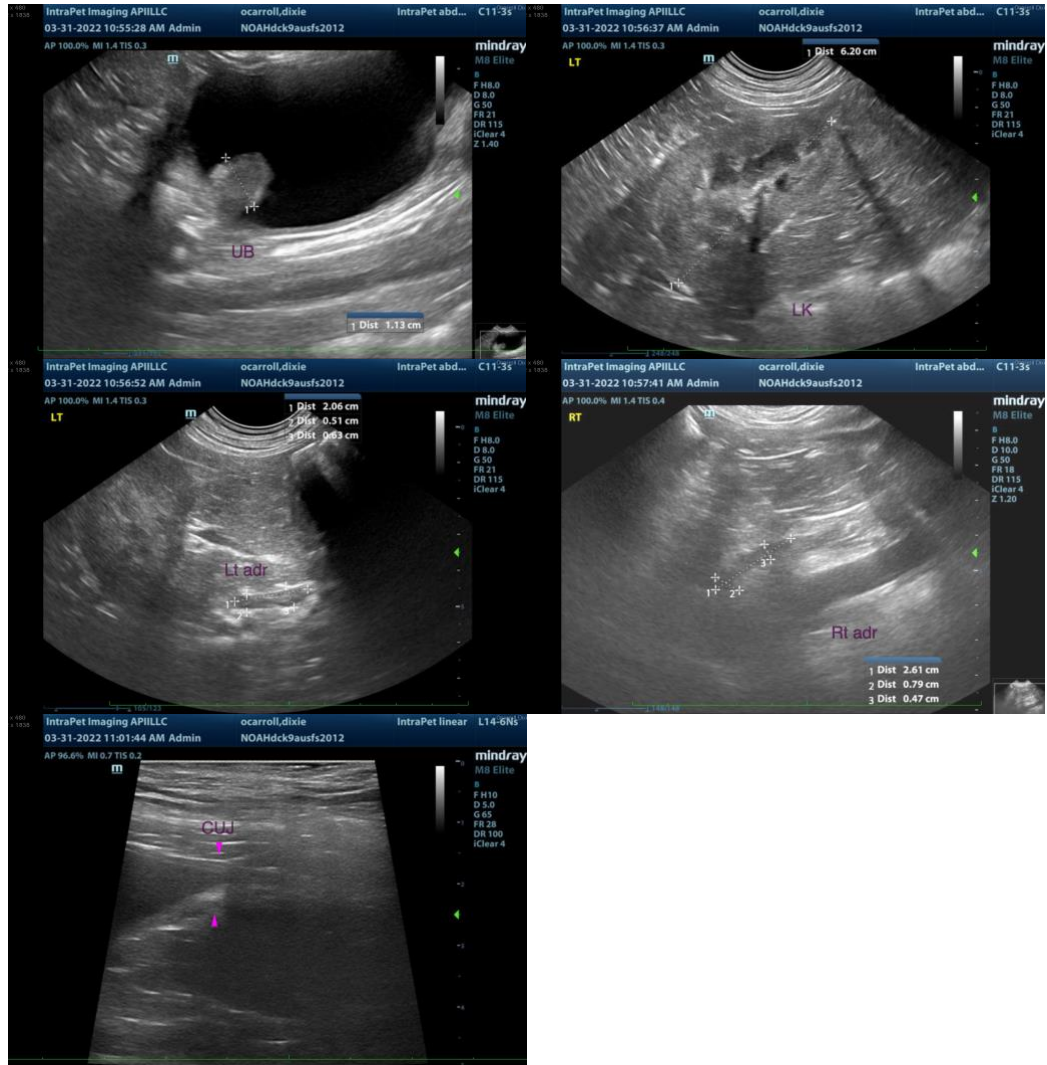
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder nodule in the region of the apex. Differentials include polyp, granuloma, tumor, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a Urine BRAF test to further assess for urinary bladder neoplasia. If results are inconclusive, consider surgical removal of the lesion with submission for histopathology.
- Baseline lab work (i.e., CBC Chemistry panel, T4) along with three-view thoracic radiographs are recommended prior to anesthesia.
- Also consider a urine culture and sensitivity to ensure that occult infection is not present.



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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