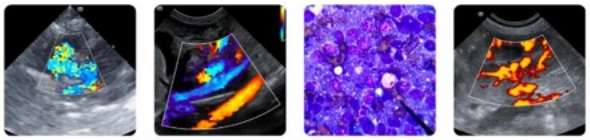

PATIENT
Emma Riley

SPECIES
Canine

BREED
Lab/Hound mix

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT

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

IMAGING PERFORMED BY
Laura Tarr, CVT

HOSPITAL NAME
Ark Animal Homecare

REFERRING VET
Dr. Penraat

INVOICE
13595

DATE
3/9/26

PRESENTING CLINICAL SIGNS

- Emma has a history of high blood pressure and protenuria (4+). Currently taking Telmisartan 40mg 2.5 tabs SID, Thyro-Tabs 0.5mg BID, Amlodipine 5mg SID. She is e/d/u/d normally, no c/s/v/d or pu/pd.

Abnormal PE/Chem/CBC/UA Results: Abnormalities on bloodwork from 2/14 : SDMA 16 ALP 192 T4 3.3 (wnl)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. An approximately 2 cm irregular nodule/mass is observed at the apical aspect. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney is normal in size (8.75 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (9.40 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. A few small non-obstructive mineralized foci are visualized. 1-2 small cortical cysts are seen. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.77 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

Pancreas

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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
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected urinary bladder nodule/mass in the region of the apex. Neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of a focal inflammatory process.

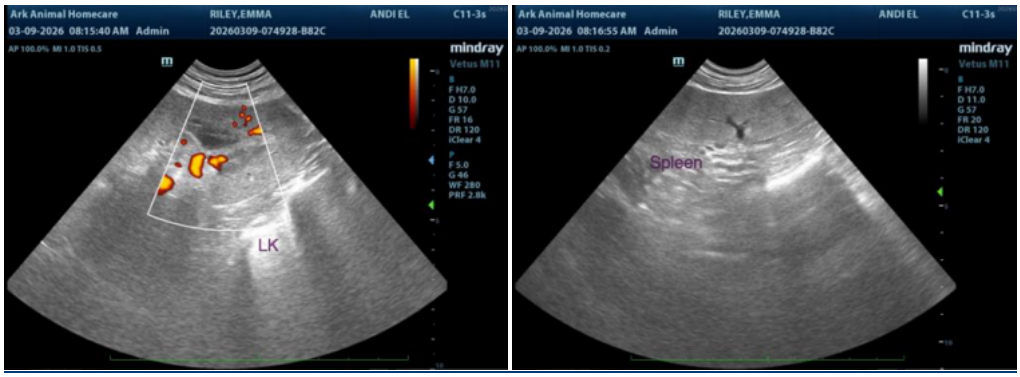
Secondary Findings:

- Bilateral nonspecific, age-related renal changes with trace pyelectasia
- Right non-obstructive nephrolithiasis and right cortical cysts
- Minor geriatric hepatic parenchymal changes
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the urinary bladder changes, consider the following:

1. A urine BRAF test to further evaluate for lower urinary tract neoplasia. A positive test confirms neoplasia, however a negative test does not rule out the possibility of cancer and further testing (i.e., biopsies) may be necessary to get a definitive diagnosis.
2. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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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)
info@SonoPath.com