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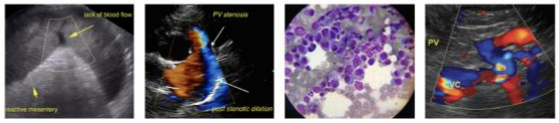

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Ethel Magrane

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

10/7/2013

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

10825

DATE

4/30/22

PRESENTING CLINICAL SIGNS

History: Chronic urinary tract infections and hematuria.

Fine Needle Aspirates: Client did not approve sedation nor FNA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is severely thickened (up to 1.66 cm), irregular, heterogenous and vascular in appearance. Foci of mineralization are observed within the wall. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The urethra, visible to a depth of 3-4 cm, is mildly dilated, with a slightly thickened wall (0.19 cm). The serosal surface at the apex is disrupted and irregular, with adhered mesentery and adjacent free fluid observed.

The left kidney is normal in size (4.05 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.92 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate to severe hydronephrosis is present (1.49 cm in the longitudinal plane). The ureter is diffusely dilated (up to 0.67 cm in diameter) and can be followed to the level of the urinary bladder. There is no evidence of renal infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.60 cm at cranial pole) (0.72 cm at caudal pole) (1.61 cm in length); with a slightly irregular shape. The parenchyma is heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.14 cm at cranial pole) (0.70 cm at caudal pole) (1.83 cm in length); with a slightly irregular shape. The parenchyma is heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.98 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 with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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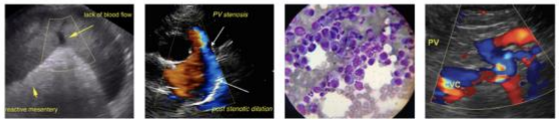

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are 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 disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas is prominent with minimal deviation from the normal peripheral contours The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated

Free Abdomen

The mesentery in the caudal abdomen is hyperechoic. A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

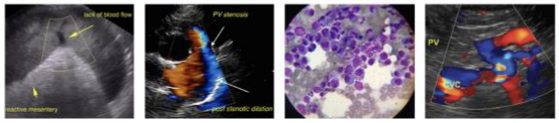
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected transmural urinary bladder wall neoplasia with regional retroperitonitis. Transitional cell carcinoma is the top differential. Severe cystitis is also a differential, but considered less likely, particularly given the serosal changes.
- The right hydronephrosis/hydroureter is likely secondary to distal ureteral obstruction due to the bladder wall pathology.

Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization
- The bilateral adrenal changes are most consistent with hyperplastic change (i.e., secondary to pituitary-dependent hyperadrenocorticism), with a lower possibility of emerging tumors.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.



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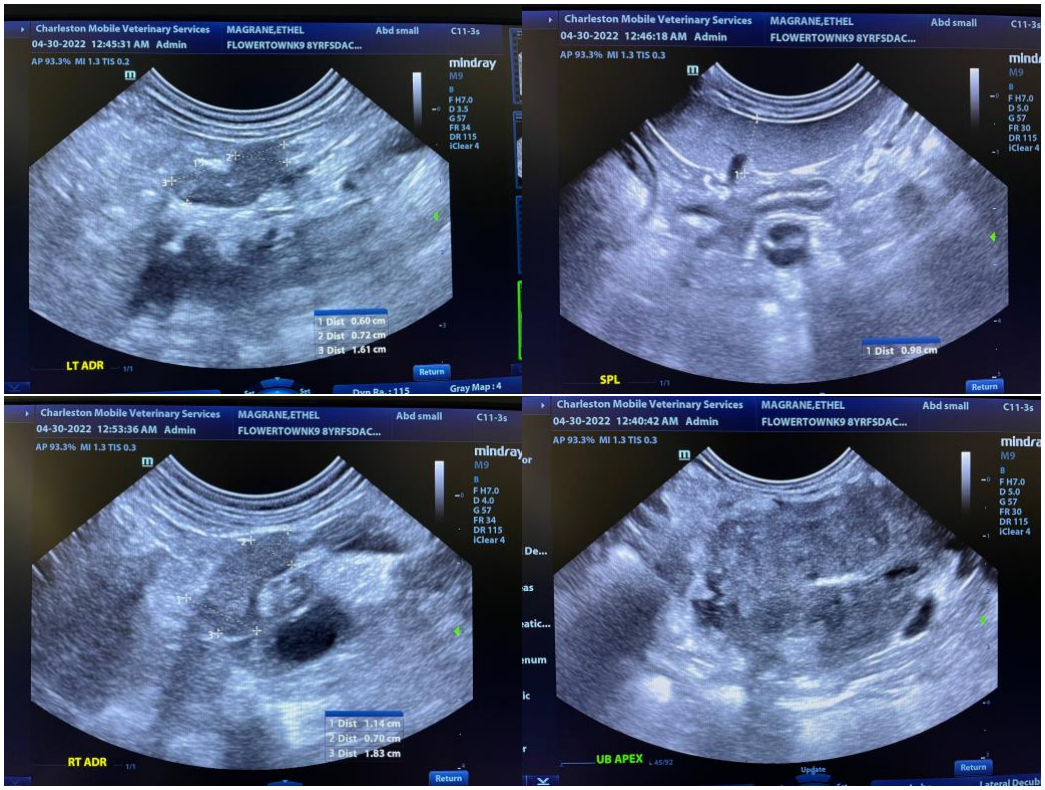
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

A urine BRAF test is recommended to evaluate for lower urinary tract neoplasia. A urine culture and sensitivity (a free-catch sample is recommended) to assess for secondary infection. If bladder neoplasia is confirmed, and an aggressive approach is desired, consider consultation with a board-certified oncologist. In the meantime, consider initiation of piroxicam (+/- misoprostol, as a gastric protectant), as empirical treatment for transitional cell carcinoma.

Serial monitoring (i.e., every 4 weeks) of the patient's renal values is recommended to assess for nephrotoxicity, secondary to piroxicam therapy. Renal values should also be assessed prior to initiating piroxicam therapy, if not already performed.



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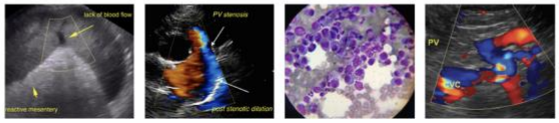

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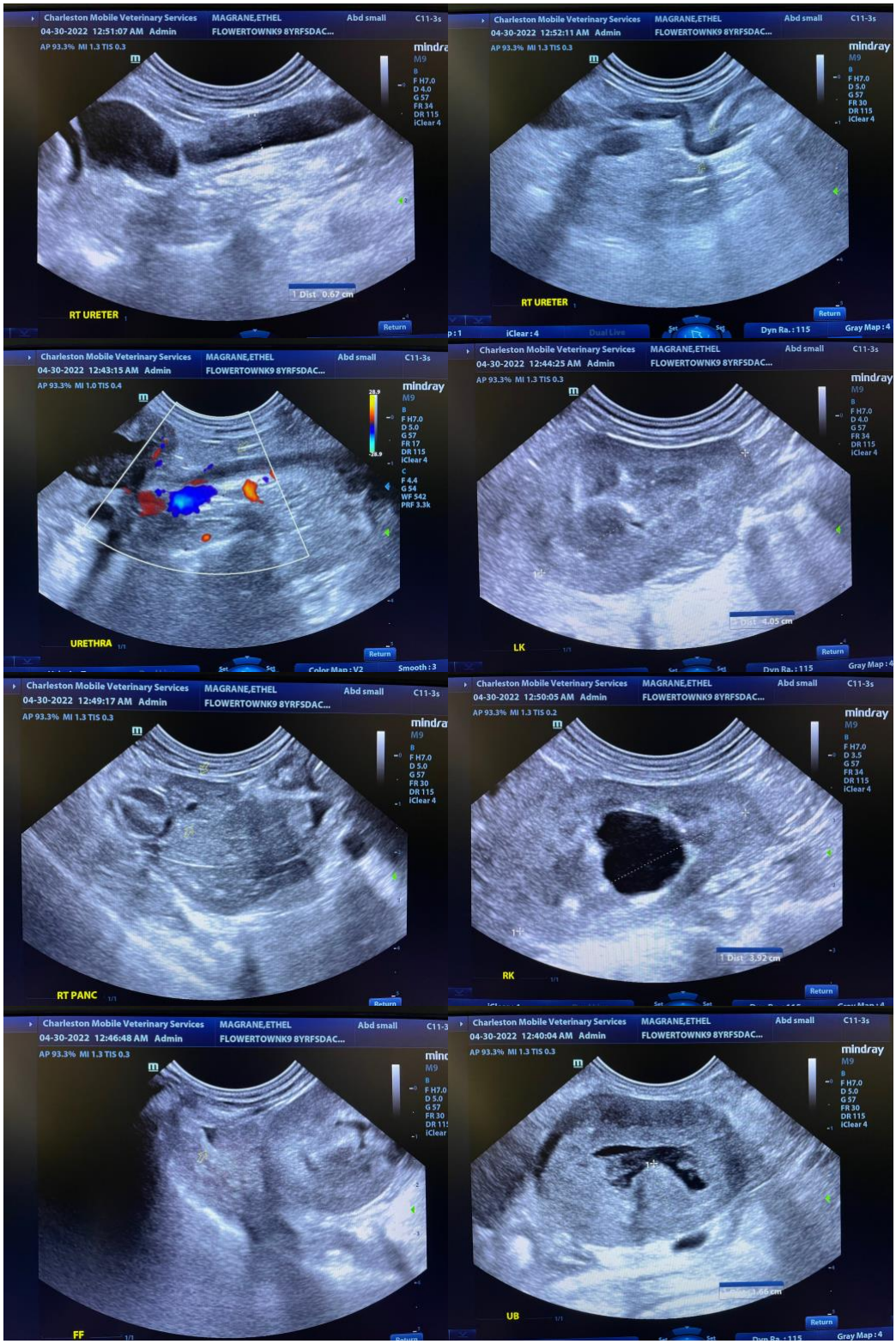

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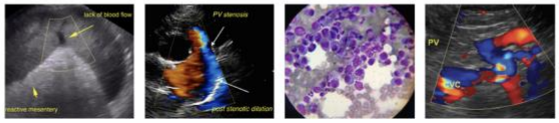

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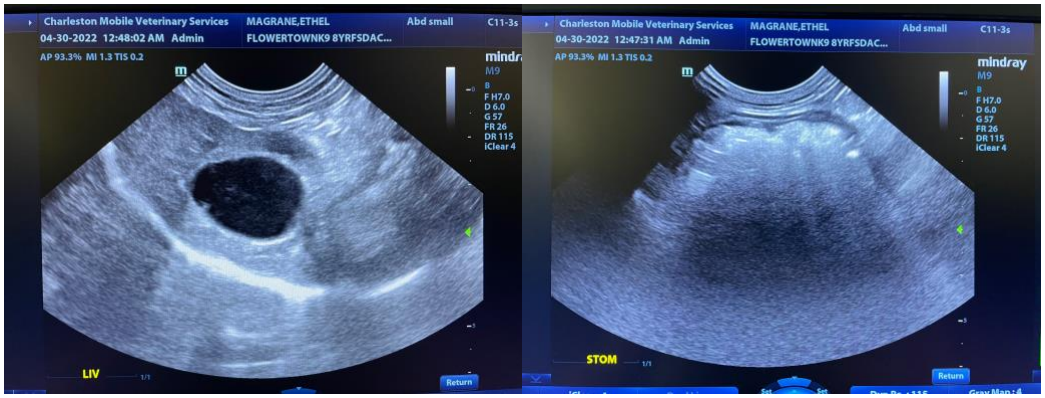

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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