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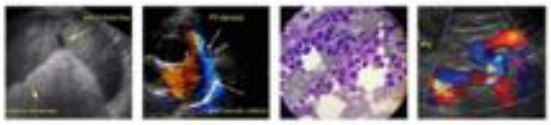

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Dozey Franze

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

13 years

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

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REFERRING VET

Dr Kim Barnes

INVOICE

12650

DATE

4.4.23

PRESENTING CLINICAL SIGNS

History: Pet presented for abdominal ultrasound to evaluate for repeat episodes of UTI's with hematuria. Pet has had u/a's performed without C&S's Owner advised today that she thinks pet is drinking a lot of water. Owner started pet on antibiotics one week ago after showing symptoms of increased urgency. No blood seen; however blood has been seen in the past. Pet has been on amoxicillin/clavulanate 500mg/125mg 1 T BID for one week and doing well (owner has this in stock)

Abnormal PE/Chem/CBC/UA Results: Integument: severe dermatitis involving entire ventral abdomen. (Uncomfortable performing cysto today due to skin infection.) 1.5" diameter soft to firm mass ventral thorax. Urogenital: Pet currently on oral antibiotics. Increases urgency has resolved.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.63 cm) with an irregular mucosal surface in this region. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

The left kidney is normal in size (6.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged cranially (1.42 cm) and normal in size at the caudal pole (0.75 cm) with an irregular shape. The gland is heterogenous with loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is enlarged cranially (1.60 cm) and normal in size at the caudal pole (0.66 cm) with an irregular shape. The gland is heterogenous with loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.20 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly heterogenous in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size. The parenchyma is isoechoic relative to the spleen. In the region of the right medial lobe, a 3.30 cm isoechoic swelling/mass is visualized. The remaining hepatic parenchyma I homogenous. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall is normal in thickness 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
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

- The urinary bladder wall changes could be consistent with cystitis.
- Hepatic swelling/mass in the region of the right medial lobe. Differentials include regenerative nodule, emerging tumor, inflammatory focus, other.

Secondary Findings

- Mild bilateral age-related renal changes
- The bilateral adrenomegaly could be consistent with benign macronodular hyperplasia or emerging tumors.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

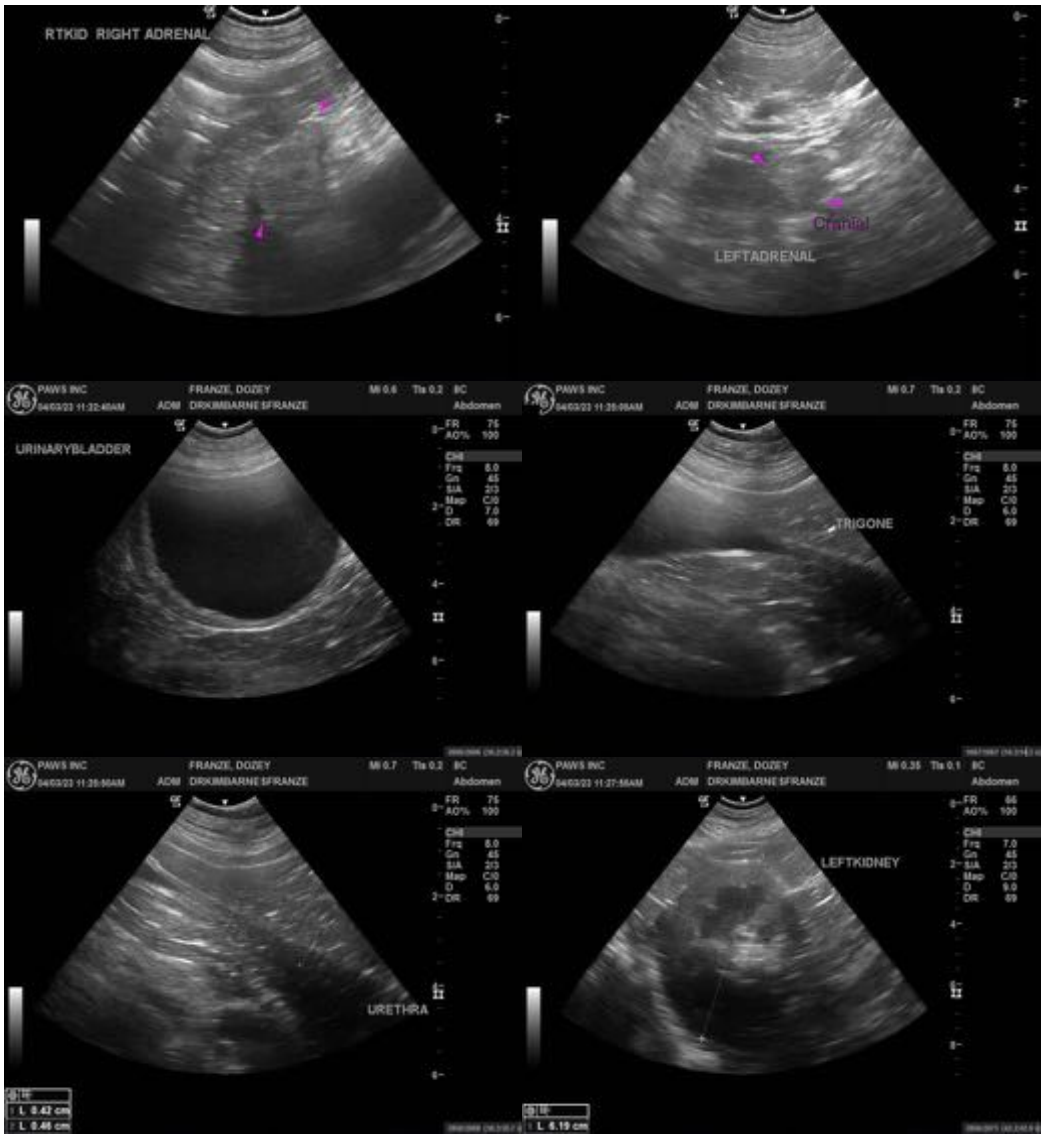
- Regarding the urinary tract infections, consider the following:

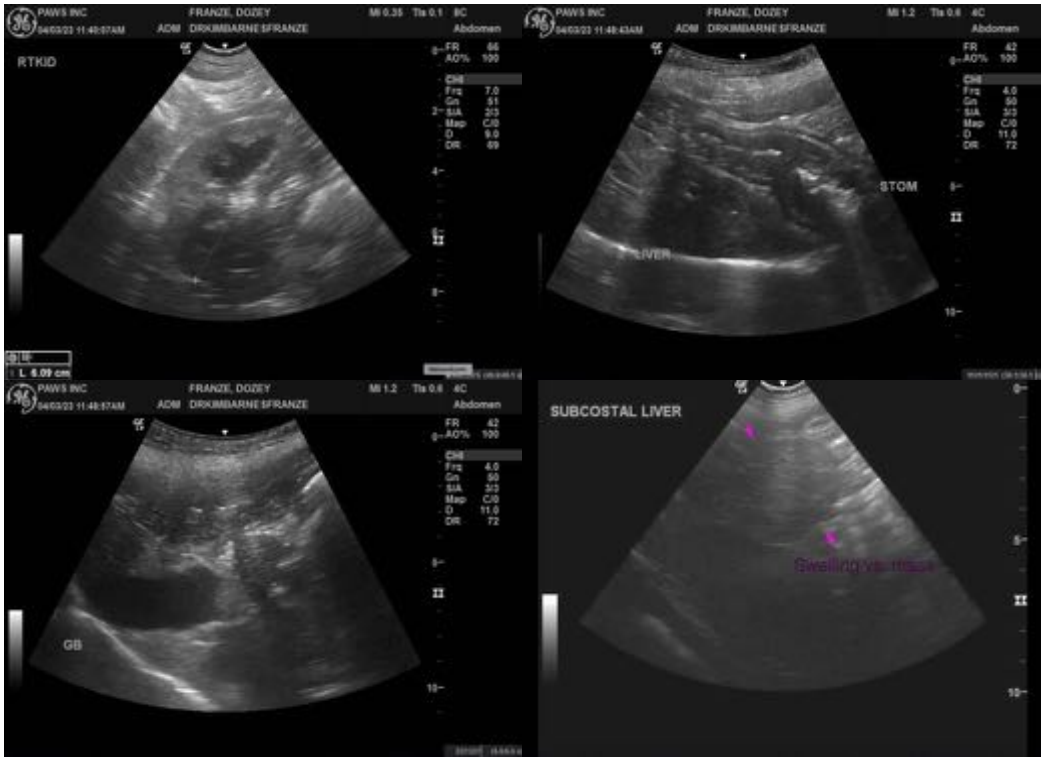
    1. Evaluation of the external genitalia for predisposing factors
    2. Urine culture and sensitivity, preferably 5-7 days after the last does of antibiotics

- Regarding the bilateral adrenomegaly, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test, ACTH stimulation test), if the patient develops clinical signs.
- Regarding the hepatic swelling/mass, consider the following:

    1. Three-view thoracic radiographs to assess for pulmonary metastatic disease

2. Fine-needle aspirate (if accessible and if clotting status is appropriate) or laparoscopic, or surgical biopsies of this region.
3. If hepatic tissue sampling is not obtained at this time, consider a recheck ultrasound in 2-3 months to assess for growth.





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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