



PATIENT PRESENTING CLINICAL SIGNS

Olive Renken History: Recent 6-lb weight loss and dysuria, with an active urine sediment. CBC chemistry panel unremarkable. Presented for a dental but decided to do an ultrasound prior to proceeding with dentistry.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary is moderately distended. The majority of the wall is normal in thickness with a smooth mucosal surface. In the region of the cystourethral junction, particularly in the trigone region, the wall is thickened and irregular. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are visualized. The proximal urethra, visible to a depth of 3-4 cm, is diffusely thickened (up to 1.12 cm) and irregular. The urethral lumen is not overtly dilated.

BREED

Pitbull Terrier Mix

SEX

Spayed Female

The left kidney is normal in size (6.05 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. Renal vasculature is normal.

AGE

9 years

The right kidney is normal in size (6.62 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. Renal vasculature is normal.

WEIGHT

NP

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.57 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is in normal size (1.07 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and 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

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Spleen

The spleen is normal in size (2.82 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.

HOSPITAL NAME

West Ashley VC

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 portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Eve Badger

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/not seen.

Gastrointestinal

INVOICE

12914

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.

DATE

5.1.23

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

There is no obvious evidence of free fluid. Several enlarged, rounded, hypoechoic sublumbar lymph nodes are visualized (the largest measuring 3.34 cm in length). One of the lymph nodes contains a small cystic area. The mesentery surrounding the nodes is mildly hyperechoic.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

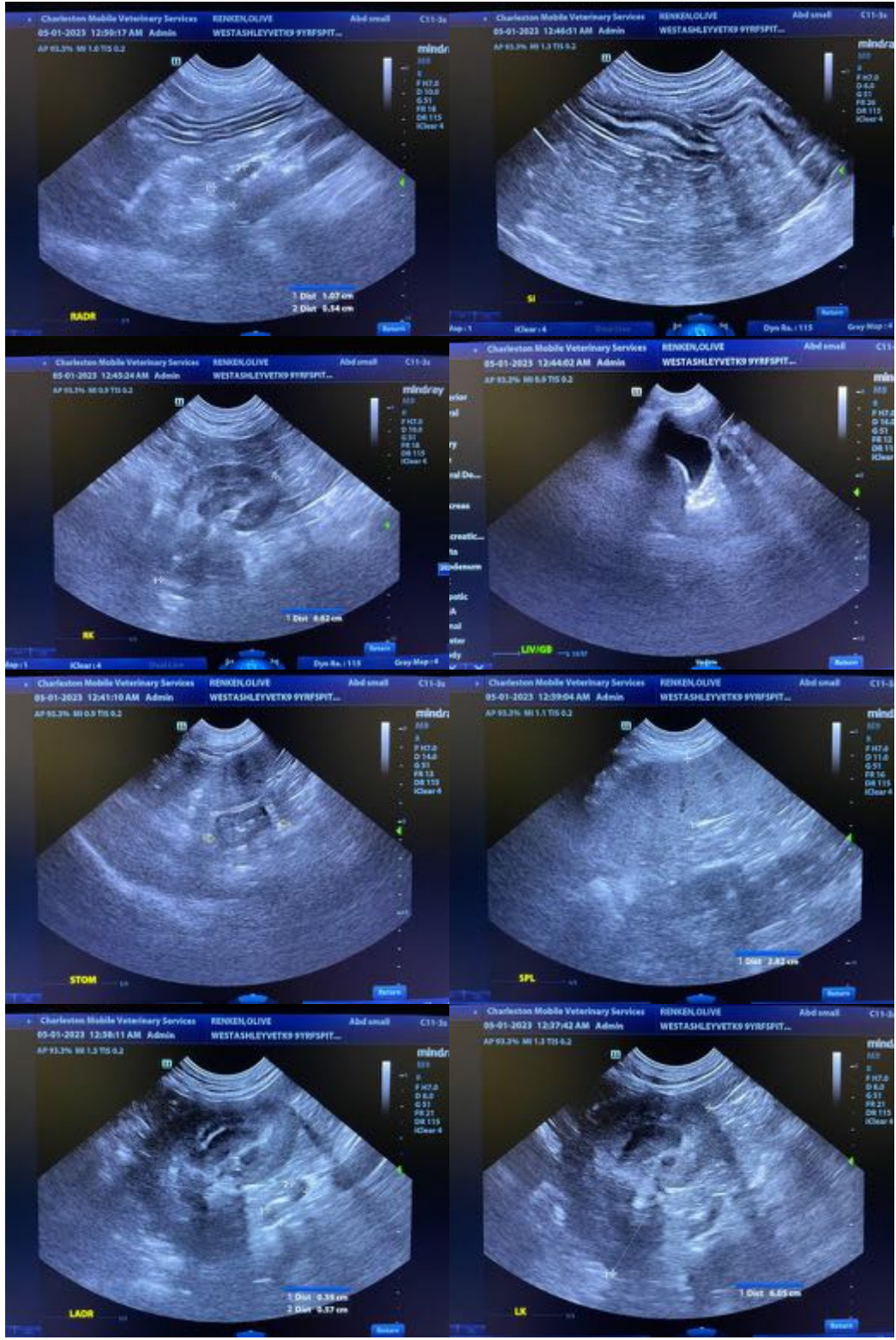
- Suspected proximal urethral mass effect with extension into the cystourethral junction/trigone region. Neoplasia (i.e., transitional cell carcinoma) is the top differential with a lower possibility of severe urethritis.
- The sublumbar lymphadenopathy is concerning for a metastatic disease. However, severe lymphadenitis cannot be completely excluded.

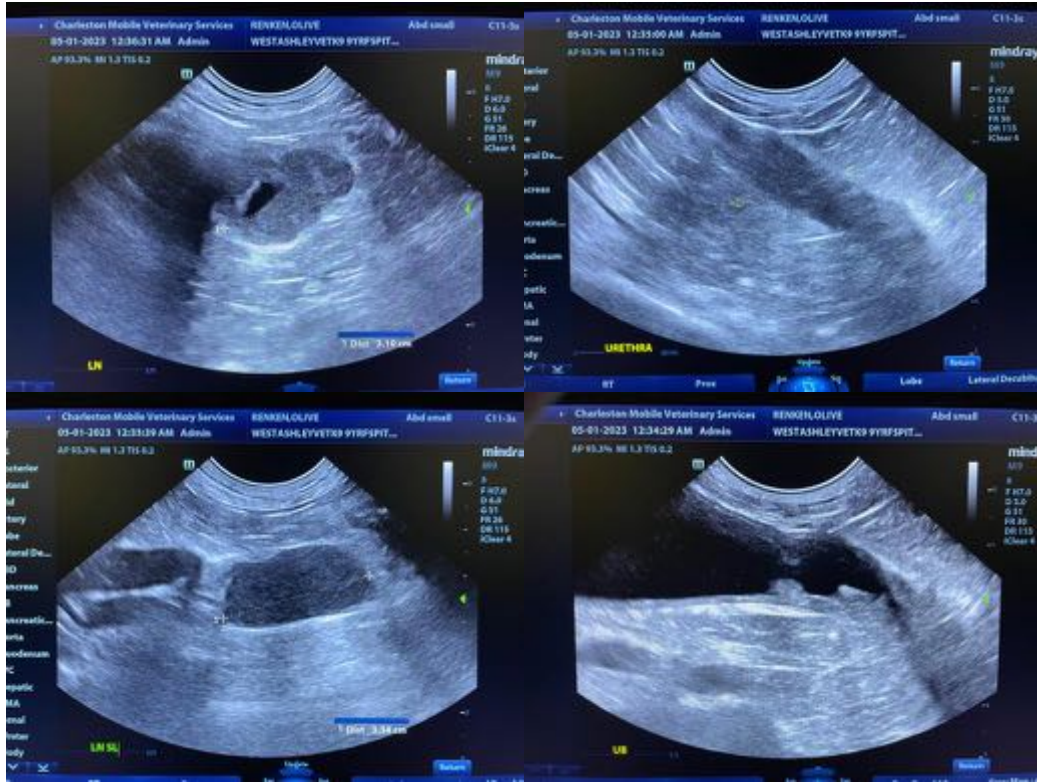
Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral chronic age-related renal changes

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 evaluate for lower urinary tract neoplasia. A positive test confirms cancer. However, a negative result does not completely rule out the possibility of neoplasia, and further diagnostics (i.e., biopsies) may be necessary to get a definitive diagnosis.
- Consultation with a board-certified oncologist is also recommended.





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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