

**DATE**

5-22-26

**PRESENTING CLINICAL SIGNS**

**Patient History:** Hematuria, UTI April 18, 2026 with hematuria, Recheck urine April 29th no infection but still small amount of blood. Went to ER May 18th with hematuria. X-ray shows possible stone/tumor.

**PATIENT**

Bailey Lamarche

**Current Medications:** Gabapentin 50 mg BID  
**Labwork Results:** USG 1.038, 1+ proteinuria. Hematuria and pyuria. BUN 32 (Labwork attached).  
**Date of Previous IntraPet Ultrasound:** No previous.

**SPECIES**

Canine

**Sedation:** IV required to complete full diagnostic ultrasound.  
**Stat Report:** Not requested.  
**Imaging Performed by:** Rachel Brillhart, RDMS.

**BREED**

Jack Russell Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly- to moderately distended. In the region of the cystourethral junction, a 2.8 x 1.5 cm irregular, heterogenous, vascular mass with mineralized foci is observed. The mass appears to extend somewhat into the proximal urethra. The remaining urinary bladder wall is normal in thickness. Some echogenic debris is observed in the bladder lumen.

**SEX**

Female Spayed

The left kidney is normal in size (3.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Moderate pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

7/2/2011

The right kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

13lbs

**Adrenal Glands**

The left adrenal gland is normal in size at the cranial pole and mildly enlarged at the caudal pole (0.43 cm at cranial pole) (0.68 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right adrenal gland is upper limits of normal size (0.81 cm at cranial pole) (0.51 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.

**HOSPITAL NAME**

Madonna  
Veterinary Clinic

**Spleen**

The spleen is normal in size (1.48 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.

**REFERRING VET**

Dr. Cangro

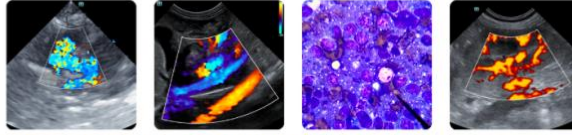
**Liver**

The liver is subjectively normal- to slightly prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

23010

The gallbladder 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.



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**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. 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 ileocecolic junction and colonic wall are normal. There is no obvious 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.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Urinary bladder mass in the region of the cystourethral junction with suspected extension into the proximal urethra. Neoplasia (i.e., transitional cell carcinoma) is of top concern.

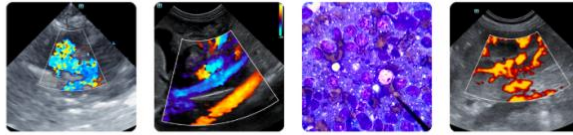
**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes with dystrophic mineralization and left pyelectasia
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- Mild bilateral adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine BRAF test is recommended 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. Depending on the results, consultation with a board-certified oncologist may be indicated.

Imaging performed by



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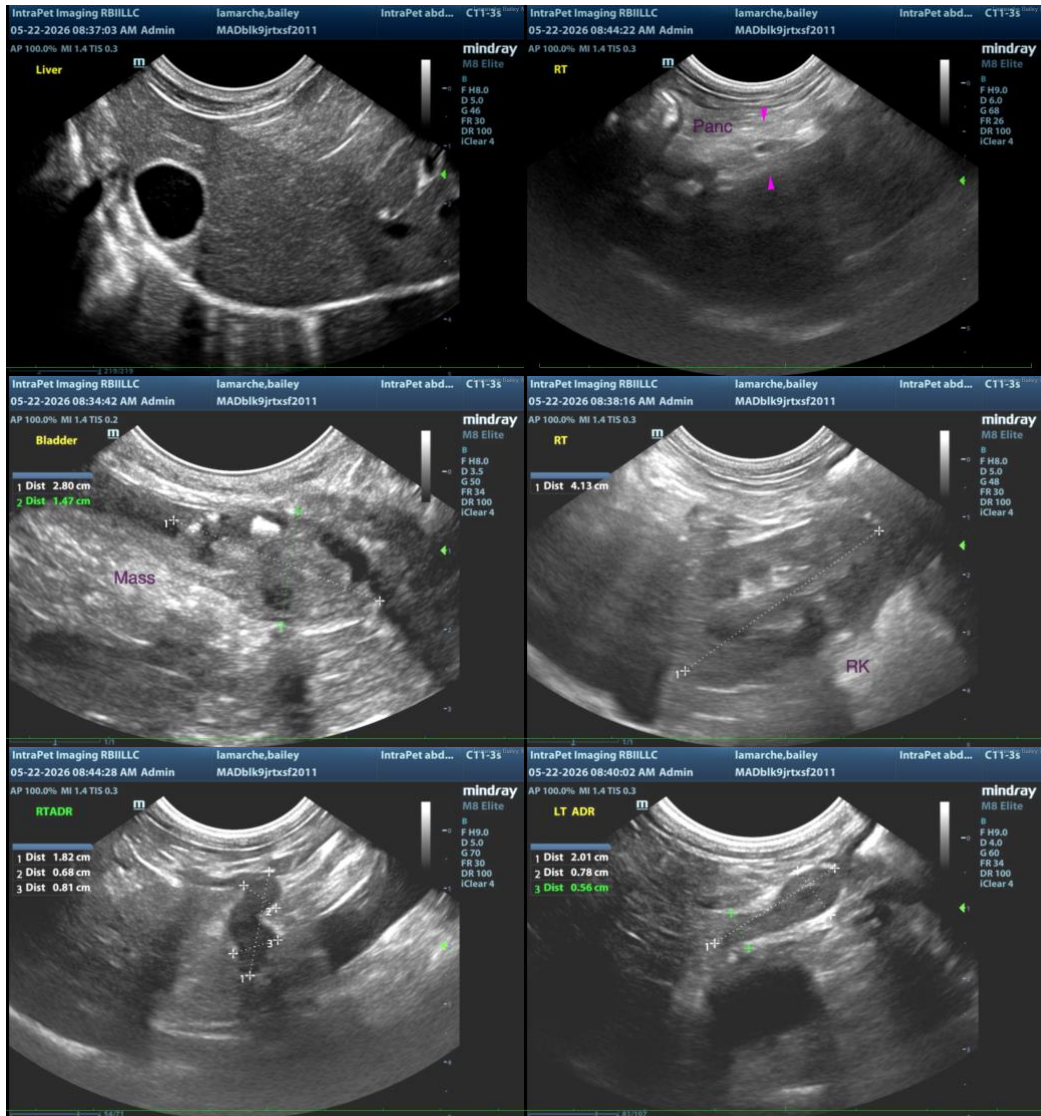
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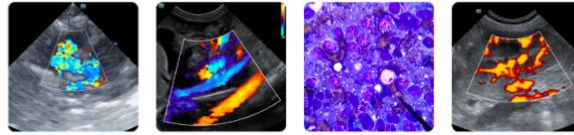
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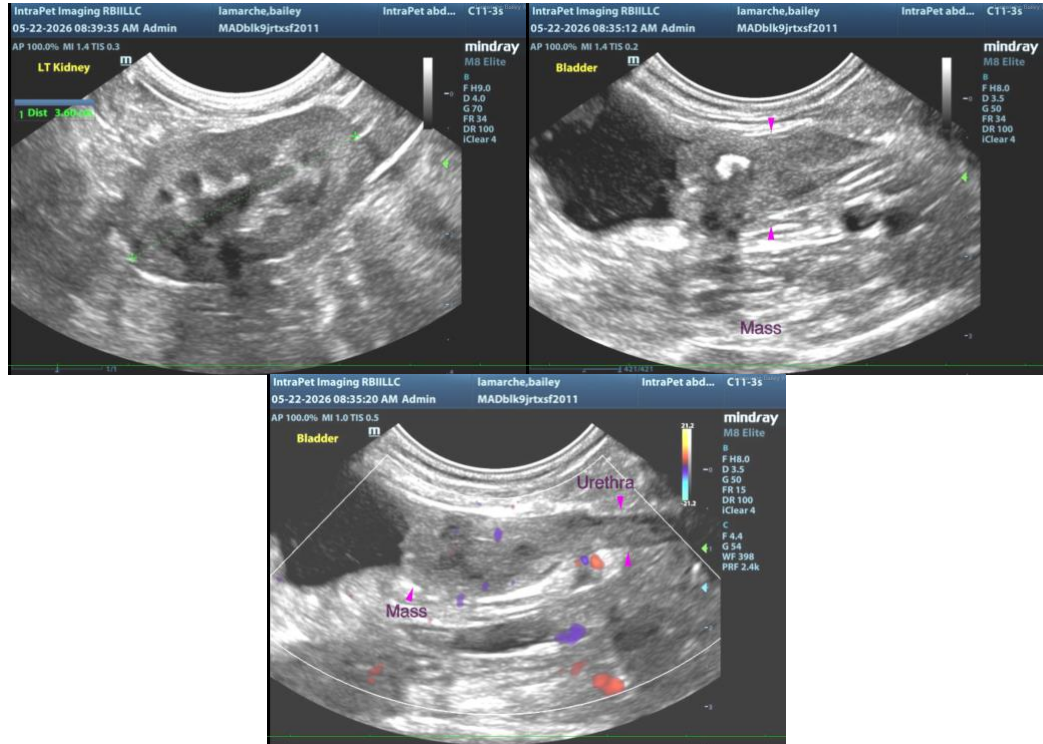
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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