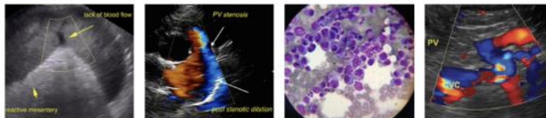


PATIENT

Kaylee Hurley

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

7/24/2012

WEIGHT

20.1 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

Blue Pearl - Mt Pleaseant

REFERRING VET

Dr. Michelle Wall

INVOICE

10959

DATE

5/26/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: TCC. Currently receiving chemotherapy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is diffusely thickened (dorsal wall 0.29 cm) (ventral wall 0.35 cm) with an irregular mucosal surface. A moderate amount of aggregated, echogenic, suspended debris is observed within the lumen, as well as a small amount of gravity dependent, mineralized sand. A >7.50 cm irregular, heterogenous mass with focus of mineralization is observed in the area of the trigone/cystourethral junction, with caudal extension. The mesentery effacing the serosal surface of the mass is hyperechoic. The urethra distal to the mass is thickened (up to 0.79 cm).

The left kidney is normal size (5.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.70 cm at caudal pole) (2.40 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

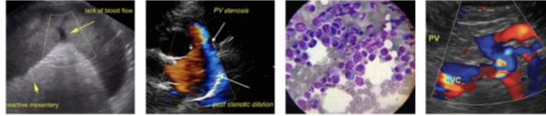
The right adrenal gland is normal size (1.01 cm at cranial pole) (0.51 cm at caudal pole) (2.60 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.29 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated, echogenic, suspended sludge in a partially stellate pattern is observed within the lumen. 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 pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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

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 evidence of free fluid. A 1.39 x 0.62 cm left, medial iliac lymph node is visualized. In add, a 2.19 x 0.17 cm right, medial iliac lymph node is seen.

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

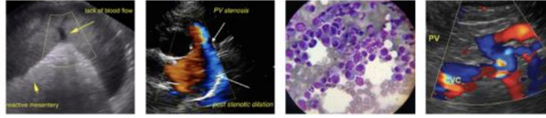
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large caudal urinary bladder mass (similar to the previous sonograph). This is consistent with the previous diagnosis of transitional cell carcinoma. There is suspected extension into the urethra. Retroperitonitis is present along with urinary bladder debris/sand
- Prominent left and right medial iliac lymph nodes. Differentials include metastatic disease, lymphoid hyperplasia or reactive lymphadenitis.
- The gall bladder changes are consistent with a developing mucocele

Secondary Findings

- Minor, bilateral age-related renal changes



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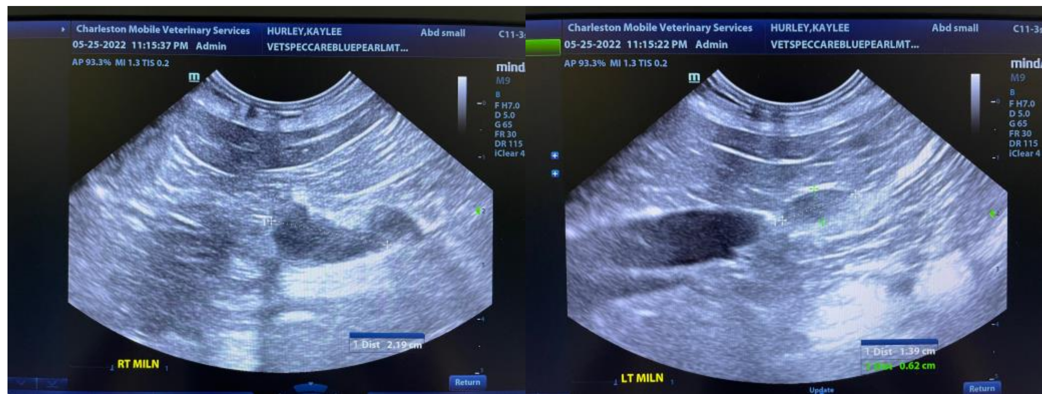
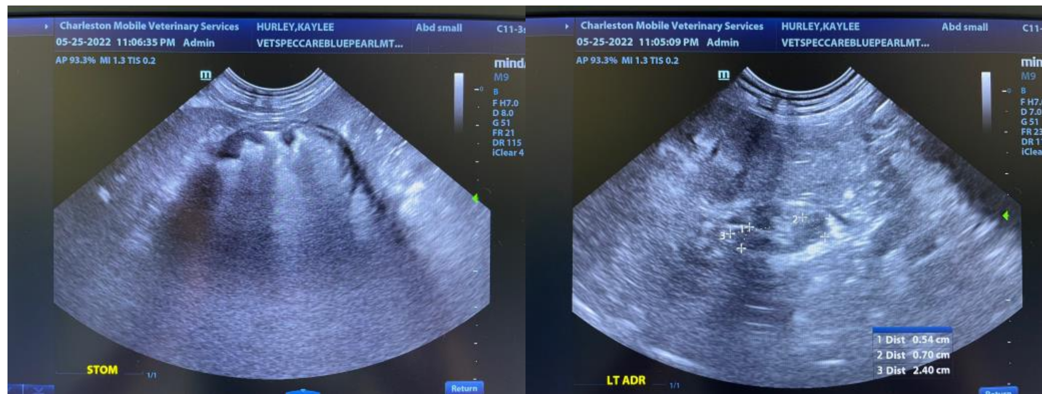
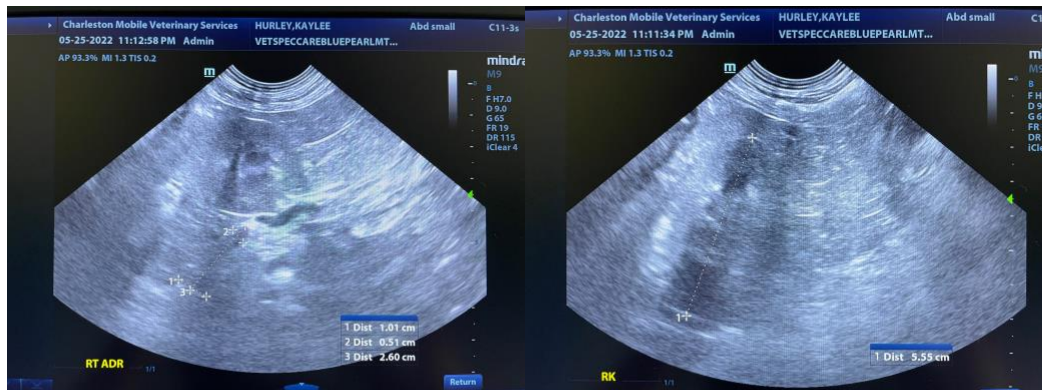
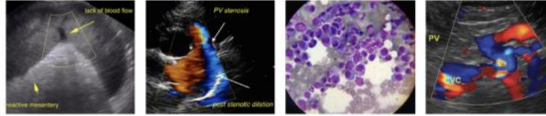
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- With regard to the urinary bladder mass, the treatment and follow-up will be decided by the overseeing oncologist
- Regarding the developing gall bladder mucocele, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 4-6 weeks) of the gall bladder to assess for progression.









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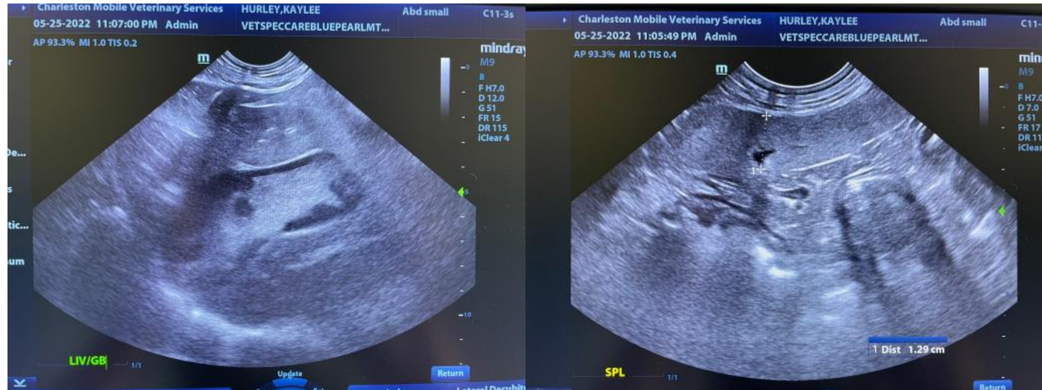
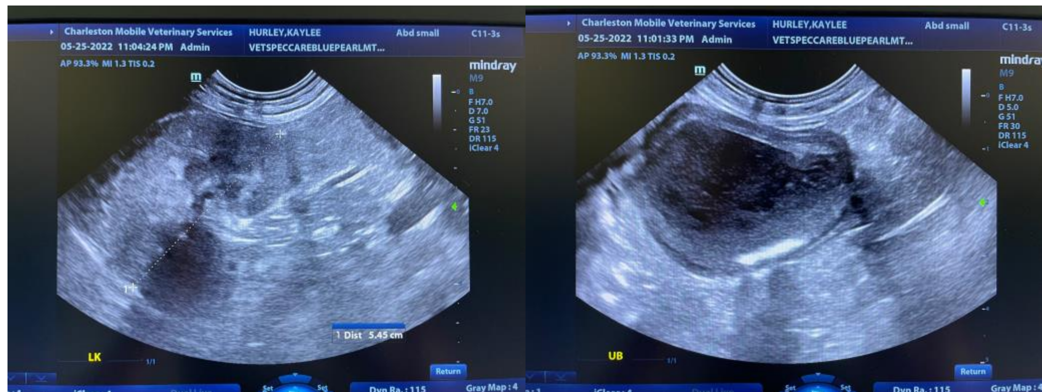
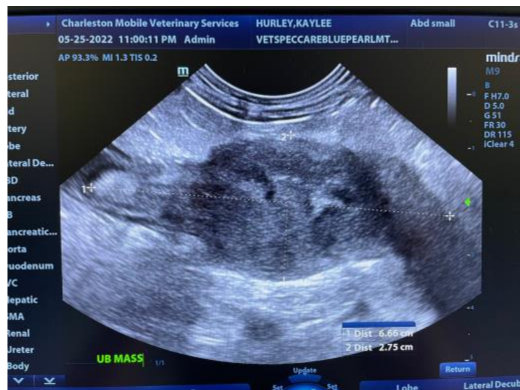


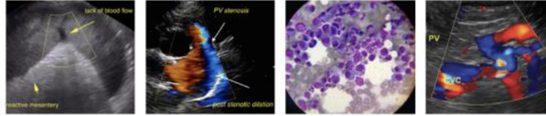




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com



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