


PATIENT

Peggy Sue Garman

PRESENTING CLINICAL SIGNS

History: Suspected bladder mass; Urine contains squamous and transitional cells, along with WBC's/RBC's, rods and struvites. Protein +++; pH 6.5. She is on c/d diet and takes piroxicam daily.

Abnormal PE/Chem/CBC/UA Results: All BW WNL

SPECIES

Canine

BREED

Pit Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Spayed Female

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

8 years

The left kidney is normal in size (6.17 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

81 lbs

The right kidney is normal in size (5.77 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Tasha

The right adrenal gland is normal size (1.38 cm at cranial pole) (0.75 cm at caudal pole) (2.30 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.

HOSPITAL NAME

Dillsburg VC

Spleen

The spleen is normal in size (2.21 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Crow

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

INVOICE

10995

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

5/27/22

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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

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

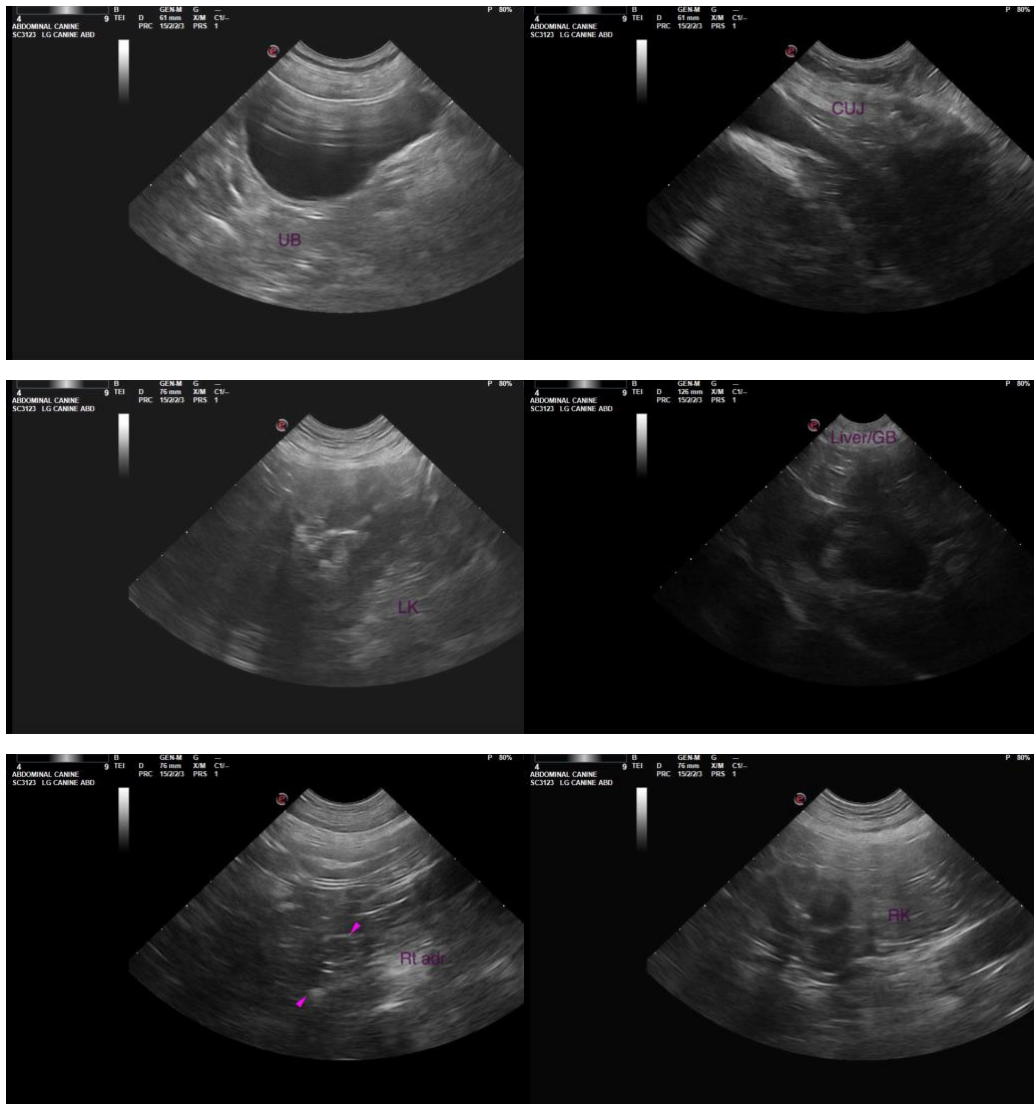
- There is no obvious evidence of urinary bladder mass on today's sonogram. The irregular mucosal surface at the level of the apex is most consistent with cystitis. However, emerging neoplasia cannot be completely excluded.

Secondary Findings

- Bilateral, age-related renal changes with dystrophic mineralization
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. It should be noted that a negative result does not rule out the possibility of lower urinary tract cancer.
- Given the urinalysis results, a urine culture and sensitivity is recommended. However, given the concern for neoplasia (based on the urinalysis results) a cystocentesis should be avoided. Consider submitting a free-catch sample.



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