



PATIENT

Daisy Rohrich

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

12 years

WEIGHT

26 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Mercer

DATE

5/4/22

INVOICE

10854

PRESENTING CLINICAL SIGNS

History: vulva is recessed behind skin fold. When skin fold is pushed up and vulva is exposed, some mucopurulent discharge is crusted to fur that is folded up under skin fold around vulva. Suspect that recurrent UTIs can be explained by recessed vulva, which can be corrected surgically. Still recommend AUS to make sure we are not missing other problems (could not palpate any bladder stones on exam), but if AUS is clear, we can schedule vulvoplasty.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary is moderately distended. A 1.40 x 1.38 cm irregular nodule/mass is arising from the ventroapical aspect. In addition, one to two smaller focal irregularities are arising from the wall adjacent to the mass. A small amount of suspended, echogenic debris is observed within the lumen. A small amount of gravity dependent mineralized sand is also seen. The region of the trigone and the visualized portion proximal urethra are normal.

The left kidney is normal size (4.52 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.65 cm in length); with a slightly irregular 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.62 cm at caudal pole) (1.87 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 (1.21 cm at cranial pole) (0.61 cm at caudal pole) (1.88 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 (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.45 cm hypoechoic nodule is observed approximately mid-spleen.

Liver

The liver is subjectively enlarged with slightly swollen 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated



PATIENT

Daisy Rohrich echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The portal vein to caudal vena cava ratio is approximately 1: 1.

SPECIES

Canine The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

BREED

Pug X **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 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.

SEX

Spayed Female

AGE

12 years

Pancreas

The left limb is visible/prominent, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

WEIGHT

26 lbs

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Sara Hansen

Primary Findings

- Urinary bladder mass (ventroapical aspect). Neoplasia (i.e., transitional cell carcinoma) is a possibility. However, polypoid cystitis can also not be excluded. Urinary bladder debris/sand.

HOSPITAL NAME

The Ark VC

Secondary Findings

- Bilateral, chronic age-related renal changes
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small, splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia) or similar. However, an emerging tumor cannot be completely excluded.

REFERRING VET

Dr. Mercer

DATE

5/4/22

INVOICE

10854



PATIENT

Daisy Rohrich

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

12 years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Mercer

DATE

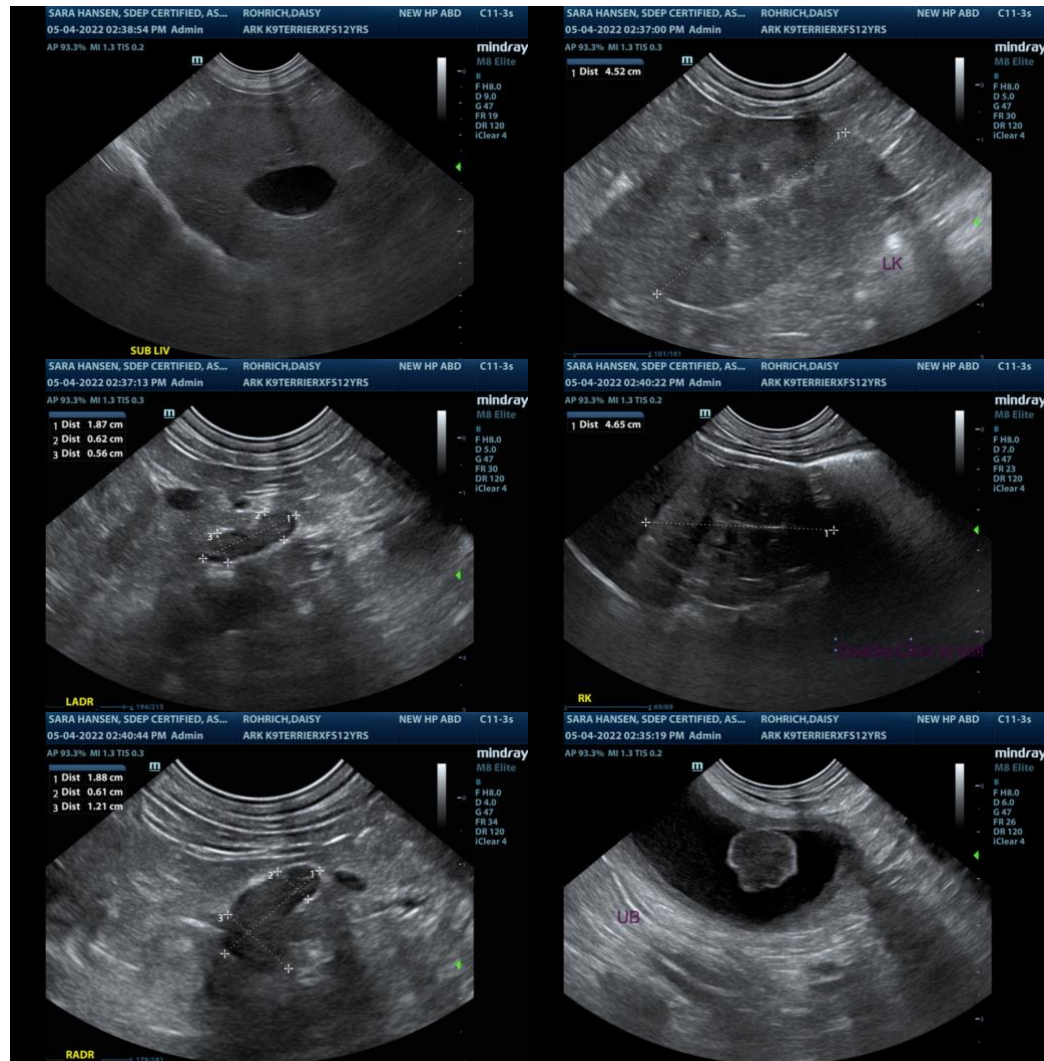
5/4/22

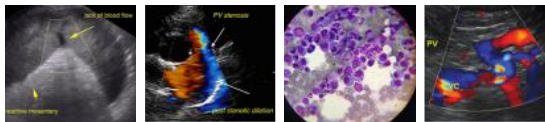
INVOICE

10854

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test is recommended to further screen for lower urinary tract neoplasia. However, it should be noted that a negative BRAF test does not completely exclude the possibility of cancer, and further testing (i.e., surgical biopsy/removal of the bladder mass) may be necessary to get a definitive diagnosis.
- A urine culture and sensitivity is also recommended, preferably on a free-catch or catheterized sample. Cystocentesis should be avoided to help prevent potential seeding of the abdomen with neoplastic cells.
- Thoracic radiographs (three-view) should also be considered to assess for pulmonary metastatic disease.





PATIENT

Daisy Rohrich

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

12 years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

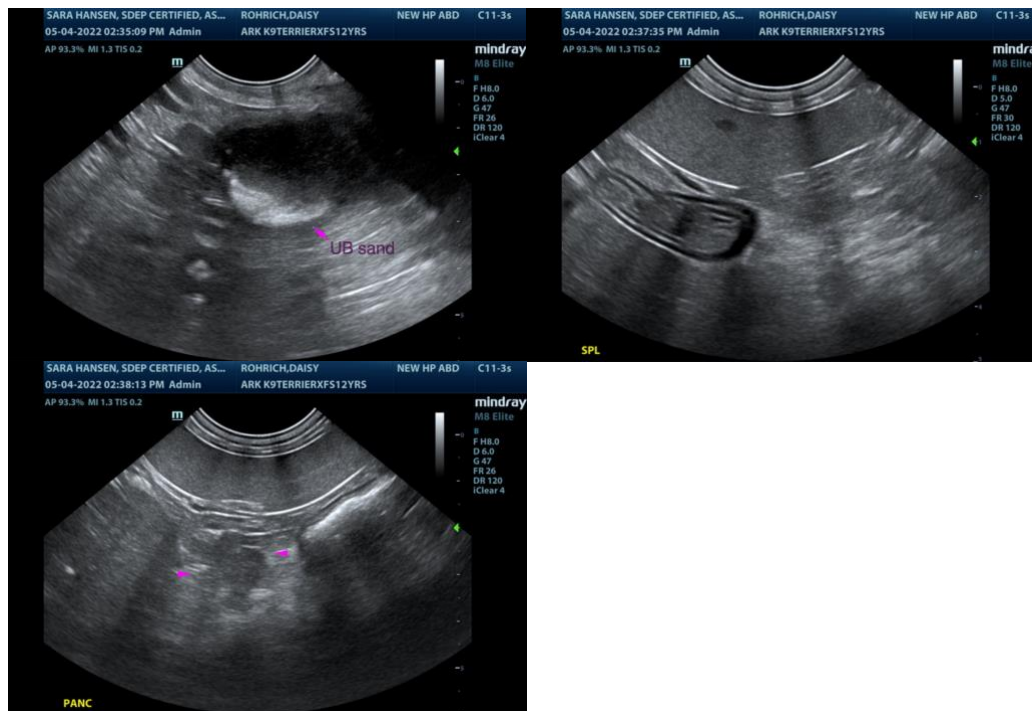
Dr. Mercer

DATE

5/4/22

INVOICE

10854



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 ACVIM (Small Animal Internal Medicine)
 andrea_nicastro2@hotmail.com