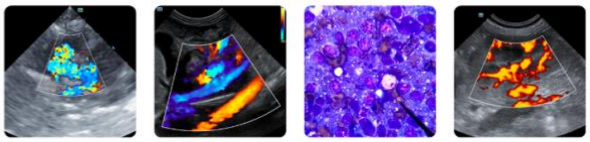


PATIENT

Marcello Tiwana

SPECIES

Canine

BREED

Mini Pinscher

SEX

Neutered Male

AGE

17

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Little Creek VH

REFERRING VET

Little Creek Vet

INVOICE

23221

DATE

6-17-26

PRESENTING CLINICAL SIGNS

History: Intermittent inappetence and weight loss.
Abnormal PE/Chem/CBC/UA Results: Mild monocytosis Elevated platelets IRIS stage 2 at least Mild ALT elevation and marked ALP elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mostly anechoic urine. A 1.92 x 0.92 cm (longitudinal plane) irregular heterogenous vasculature mass, with hyperechoic- to mineralized foci, is visualized. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few cortical cysts are seen. Mild pyelectasia is present (0.20 cm in the transverse plane). Nonobstructive mineralized foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal- to borderline small-in-size (3.07 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few cortical cysts are seen. Trace pyelectasia is present (0.16 cm in the longitudinal plane). Nonobstructive mineralized foci are visualized. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.0.48 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.

The right adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.72 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.

Spleen

The spleen is normal in size (0.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

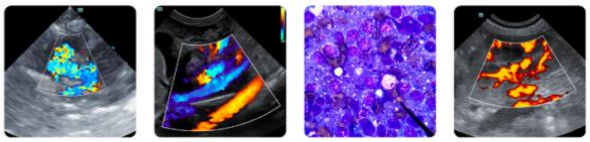
Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance, with a few, small, ill-defined hypoechoic nodules. 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Several irregular, avascular polypoid-like lesions are arising from the mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is prominent-in-size, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

Lymph Nodes

A few prominent medial iliac lymph nodes are visualized (one measuring 1.20 x 0.90 cm). In addition, a 1.34 x 0.59 cm cystic periportal lymph node is seen.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder mass along the ventral wall. Neoplasia (i.e., transitional cell carcinoma) is of top concern.
- The medial iliac lymphadenopathy could be consistent with metastatic disease or reactive change. The significance of the prominent cystic periportal lymph node is unclear.
- The pancreatic changes could be consistent with mild acute- or chronic active pancreatitis.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- The gallbladder wall changes are most consistent with polyps, with a lower possibility of infiltrative neoplasia.
- Mild right adrenomegaly
- Splenic myelolipomas
- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis, pyelectasia, and cortical cysts.
- It is unclear whether the patient's urinary bladder mass, pancreatic changes, or some other disease process is resulting in the inappetence and weight loss.

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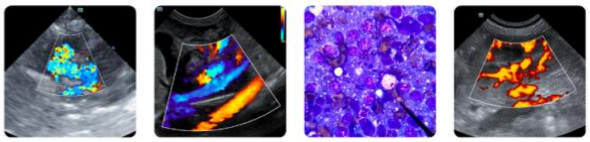

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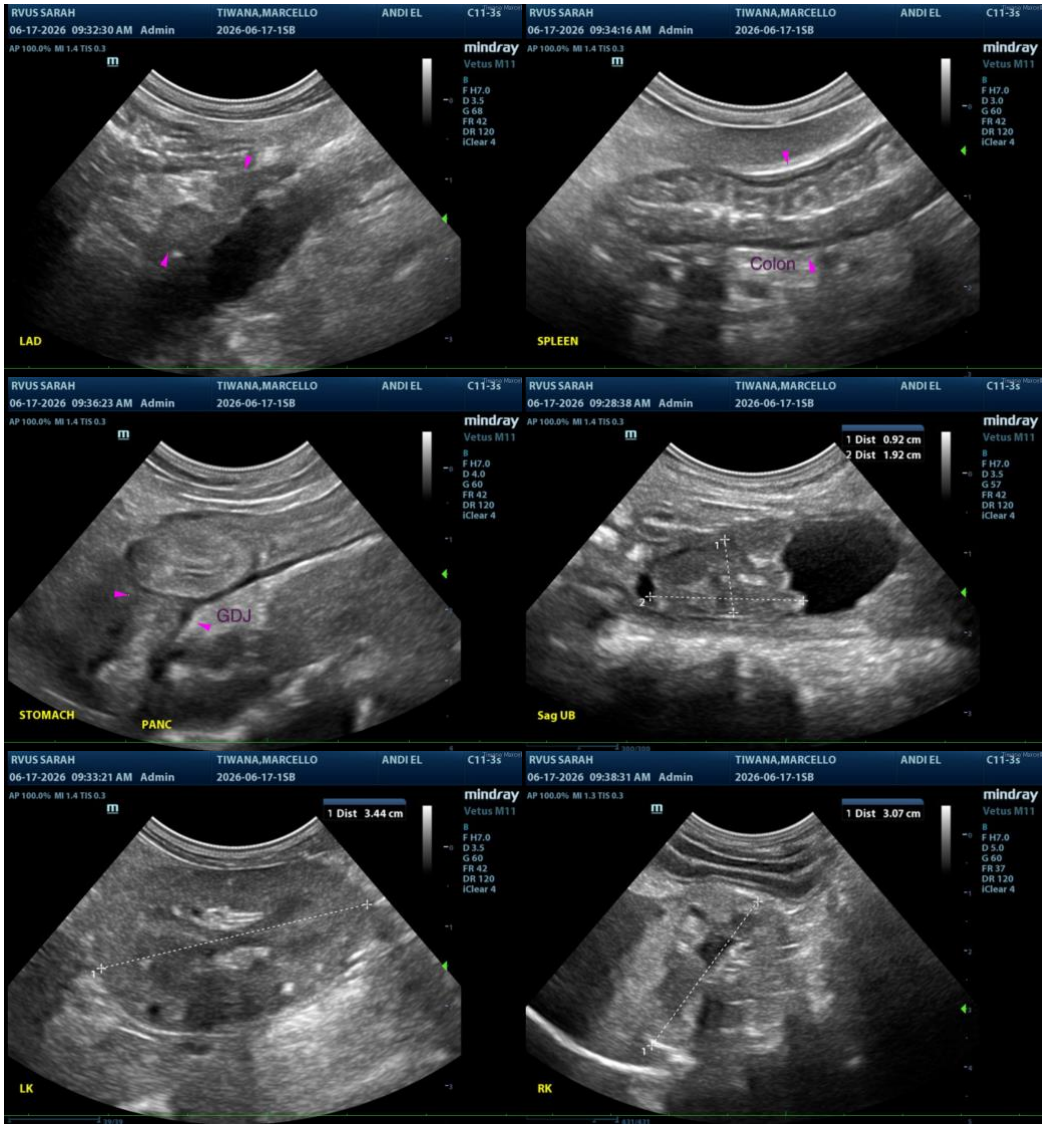
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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 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 warranted. If further testing is not pursued, palliative care is recommended.
- While awaiting test results, symptomatic care is recommended.



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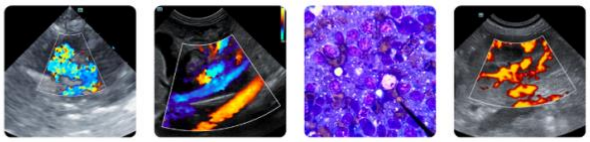

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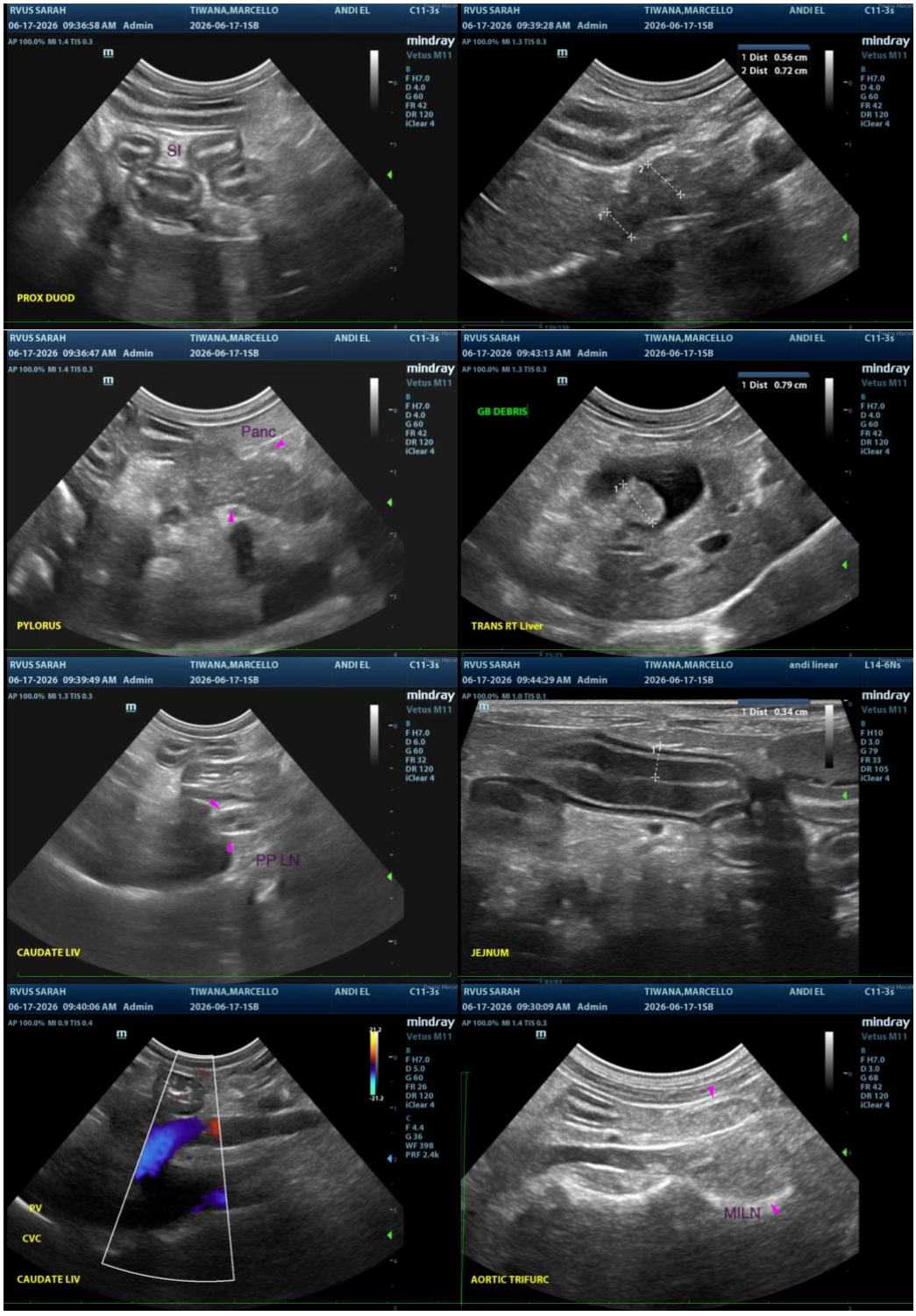

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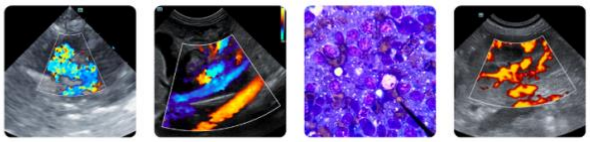

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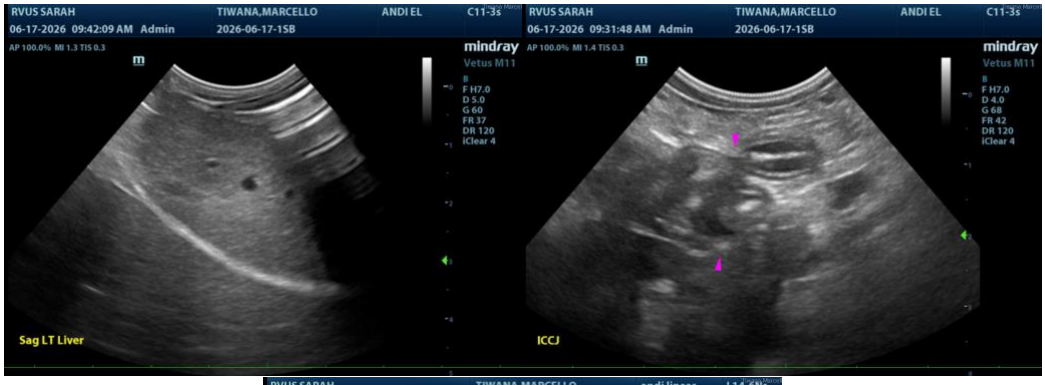

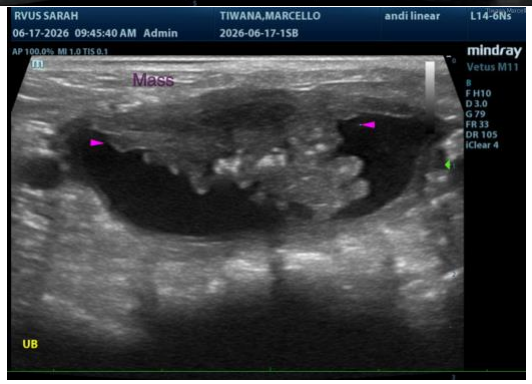

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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