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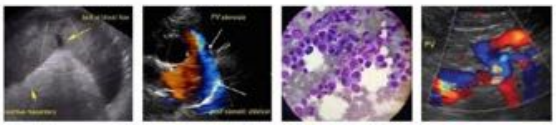

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tripper Reynolds

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 years

WEIGHT

32.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Allo

INVOICE

11182

DATE

6.29.22

PRESENTING CLINICAL SIGNS

History: large bladder mass suspected, huge bladder on rads with no clinical urination issues noted
Abnormal PE/Chem/CBC/UA Results: anemia with elevated retic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The **prostate** is not definitively visualized due to the large caudal abdominal mass.

The **left kidney** is normal size (7.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.53 cm at cranial pole) (0.76 cm at caudal pole) (2.59 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 (1.62 cm at cranial pole) (0.62 cm at caudal pole) (2.50 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 (2.14 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 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

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, gravity dependent debris/sludge 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 is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated 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. There is no evidence of an obstructive pattern.

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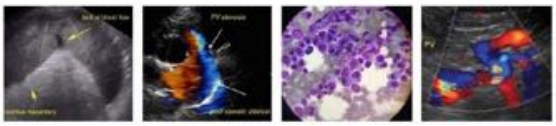

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Pancreas
The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
There is no obvious evidence of free fluid. There is no evidence of inflammation or effusion.

Lymph nodes
(See "Other" category)

Other
A >17 cm well-circumscribed, heterogenous, cavitated mass is observed in the caudal abdomen, and appears to extend into the pelvic inlet. The mass is compressing the caudal aspect of the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large caudal abdominal mass, the origin of which is unclear. It may be arising from mesentery/fascia, blood vessels, lymph node, prostate, other. Neoplasia (i.e., sarcoma, adenocarcinoma, round cell tumor) is considered likely with a low possibility of benign pathology (i.e., inflammatory focus).

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. However, correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal/pelvic CT scan would be useful in presurgical planning.
- If surgery is not to be pursued, symptomatic care is recommended, when needed.

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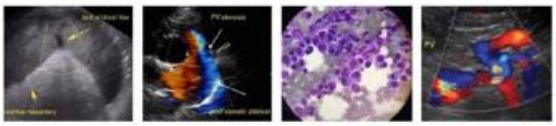

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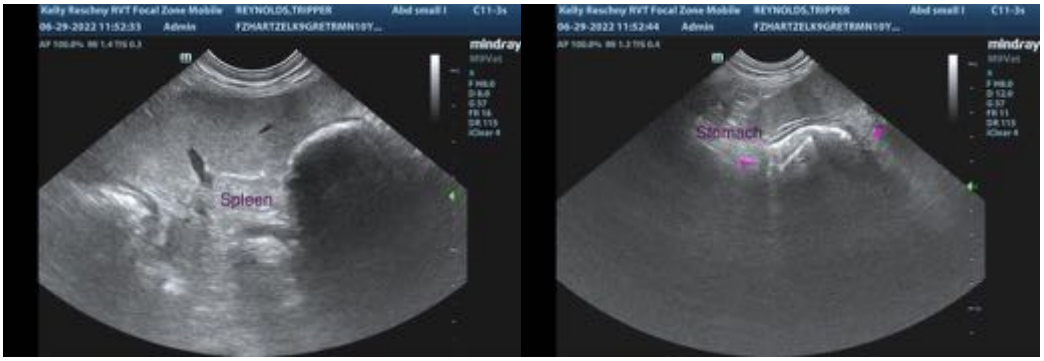

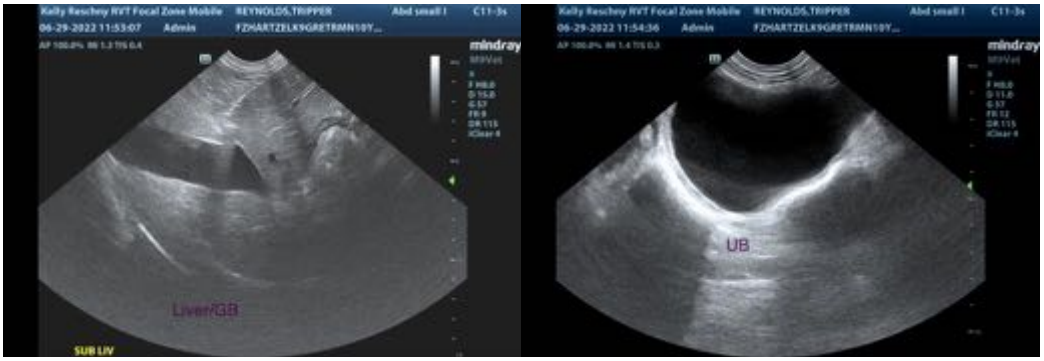

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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