Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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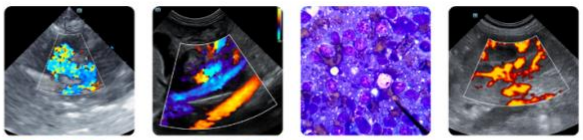

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jada Overturf

SPECIES

Canine

BREED

Am Staffordshire Terrier

SEX

Female Spayed

AGE

9

WEIGHT

91.5 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

Dr Gjivoje

INVOICE

23119

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Presented for dysuria. Urinalysis revealed hematuria, pyuria and proteinuria. USG 1.018. Urine culture revealed no growth. No obvious prior history of urinary tract infections. A possible mass was seen when obtaining urine for cystocentesis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 1.8 x 1.7 cm irregular mass is arising from the mucosal surface at the apex. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.0 cm, are normal.

The left kidney is normal in size (8.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 in size (0.52 cm at cranial pole) (0.61 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 normal in size (0.84 cm at cranial pole) (0.60 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 (1.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.11 x 0.69 cm isoechoic- to heterogenous nodule is observed approximately mid-body. Splenic vasculature is normal.

Liver

The liver is normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and 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 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.

Gastrointestinal

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 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.

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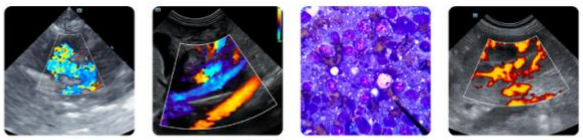

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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
A 1.51 x 0.79 cm medial iliac lymph node is visualized.

Free Abdomen
There is no obvious evidence of free fluid.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder mass in the region of the apex. Neoplasia (i.e., transitional cell carcinoma) is of top concern, with a lower possibility of a focal inflammatory process.
- The prominent medial iliac lymph node could be consistent with reactive change or early metastatic disease.

Secondary Findings

- Bilateral nonspecific 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 disease, infiltrative neoplasia and other hepatopathies are considered less likely. However, correlation with the patient's liver values is recommended.
- Gallbladder changes, non-mucocele
- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar). However, an emerging tumor cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. Alternatively, consider excisional biopsy of the mass with submission for histopathology. Three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

Regarding the splenic nodule, a fine needle aspirate can be considered. Alternatively, consider a recheck ultrasound in 2-3 months to assess for growth.

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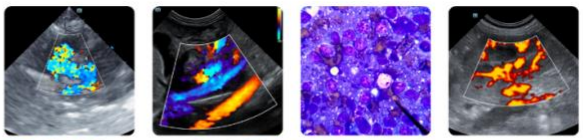

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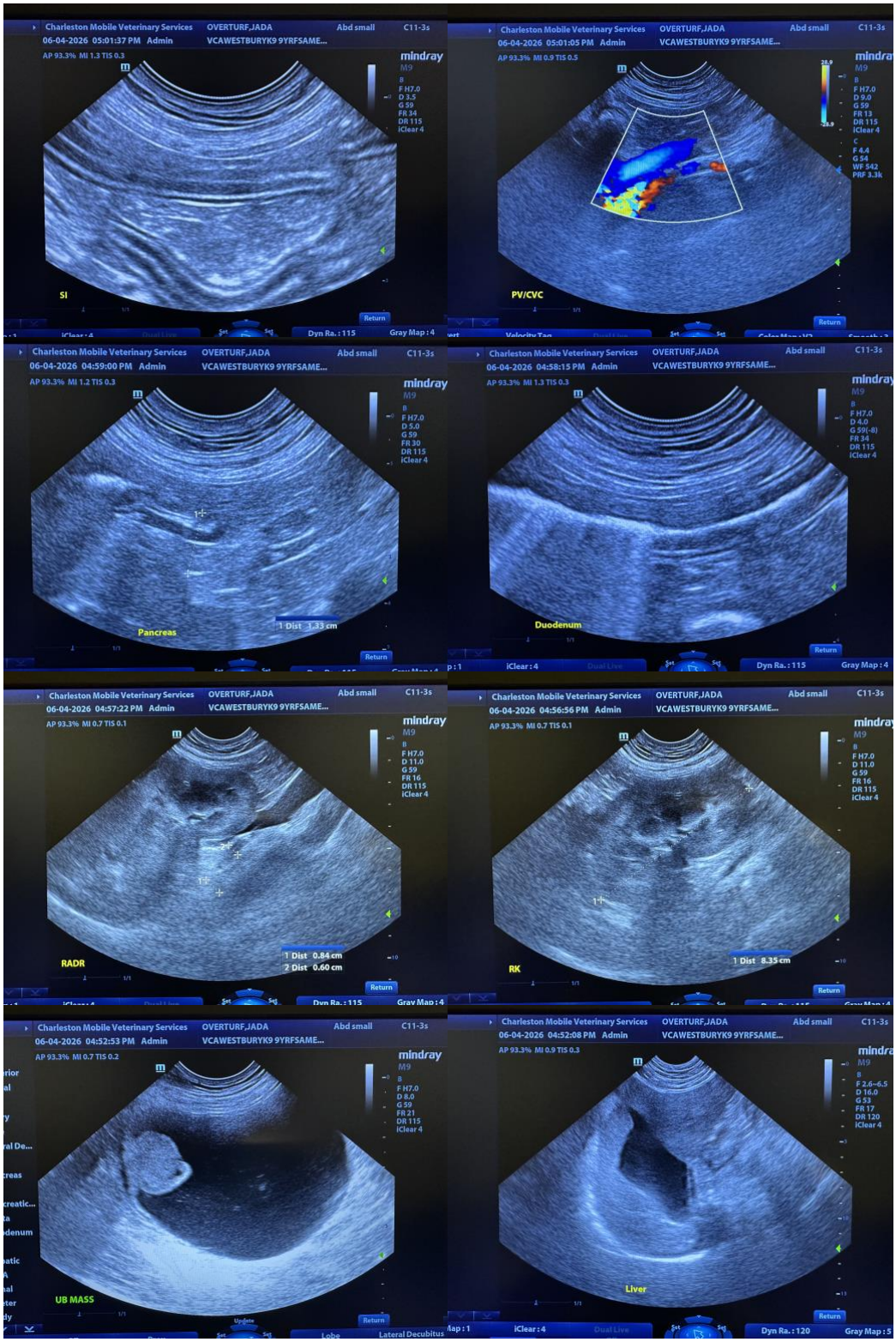

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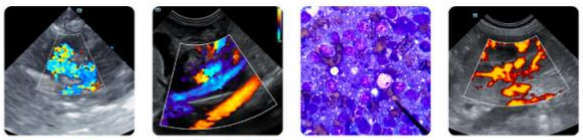

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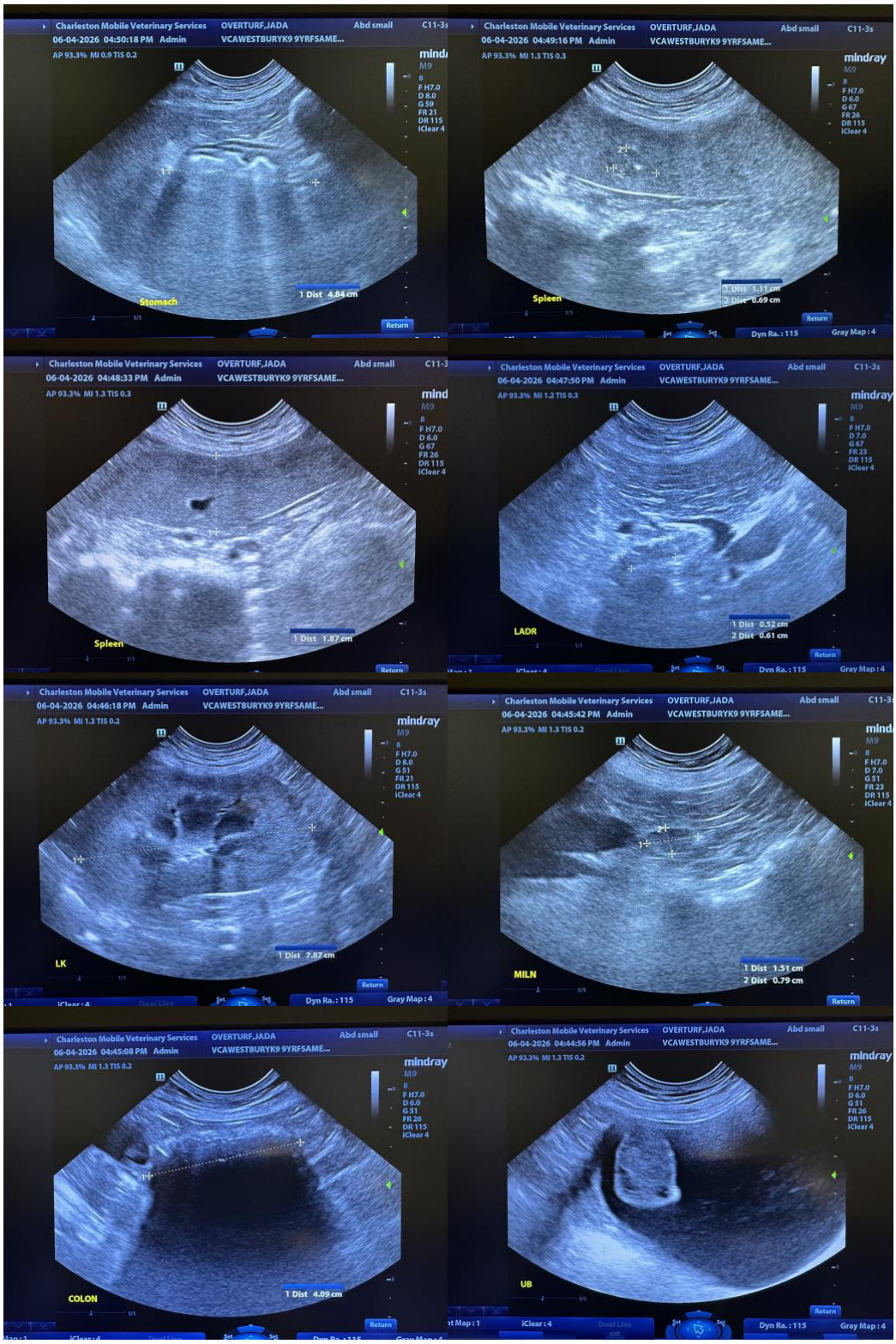

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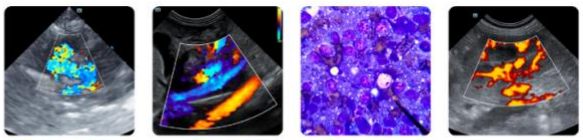

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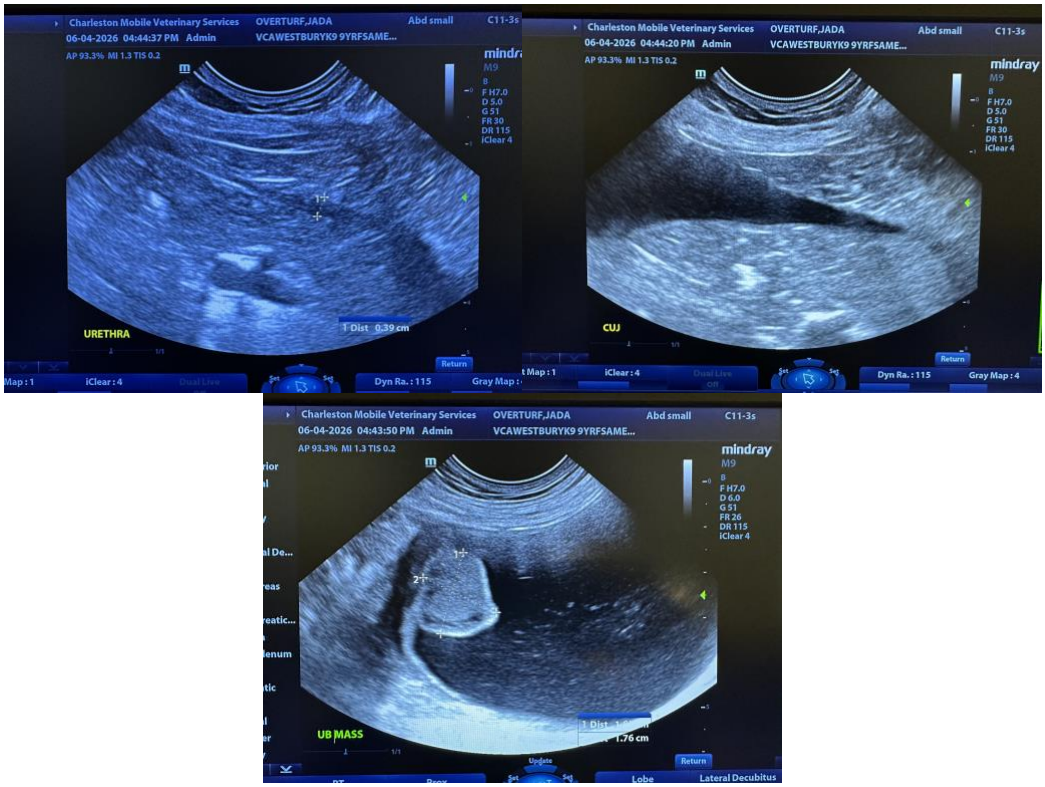

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com