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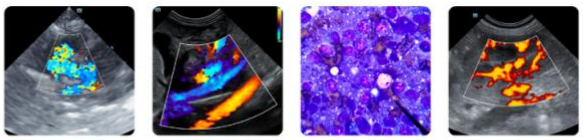

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lacey Pletcher

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

08/27/2012

WEIGHT

19.4

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

West Ashley VC

REFERRING VET

Dr Tierney

INVOICE

23116

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Patient has been straining to urinate (with hematuria). Ultrasound from September of 2025 revealed mild bladder wall thickening in the region of the apex, heterogenous liver changes, a nonobstructive cholelith, left adrenomegaly, age-related renal changes with nephrocalcinosis, and age-related changes in the pancreas.

Abnormal lab-work values: Chronic ALP elevation (currently >2000). ALT 161.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. At the dorsoapical aspect, a 2.2 x 1.3 cm irregular, heterogenous mass effect with mineralized foci is visualized. In the remainder of apex, the wall is variably thickened, with at least one finger-like projection. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal. Mineralized sand is observed within the proximal urethral lumen. The lumen is not overtly dilated.

The left kidney is normal in size (4.44 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. Several small cortical cysts are seen. Pinpoint mineralized, nonobstructive foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.87 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. Pinpoint mineralized, nonobstructive foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.37 cm at cranial pole) (0.72 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.77 cm at cranial pole) (0.51 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- to prominent-in-size (1.34 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively 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 moderately distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris/sludge is observed within the lumen. A 0.51 cm cholelith is also seen within the lumen. The cystic and common bile ducts are normal/not seen.

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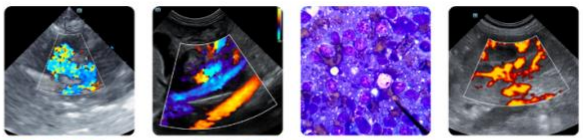

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Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal 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.

Pancreas
The right limb of the pancreas normal-in-size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A 0.64 x 0.38 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 wall mass effect at the dorsoapical aspect. Neoplasia (i.e., transitional cell carcinoma) is of top concern, with a lower possibility of a focal inflammatory process. Changes have progressed since the previous sonogram.
- The prominent medial iliac lymph node is most consistent with reactive change. However, early metastatic disease cannot be excluded.

Secondary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. Changes are similar to the previous sonogram.
- Gallbladder debris/sludge, non-mucocele. A nonobstructive cholelith is also present. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.
- Mild left adrenomegaly. Changes are similar to the previous sonogram.
- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis and left cortical cysts. Changes are similar to the previous sonogram.

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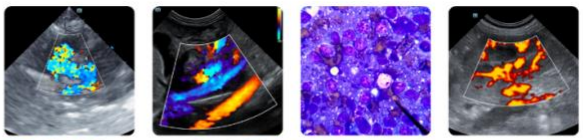

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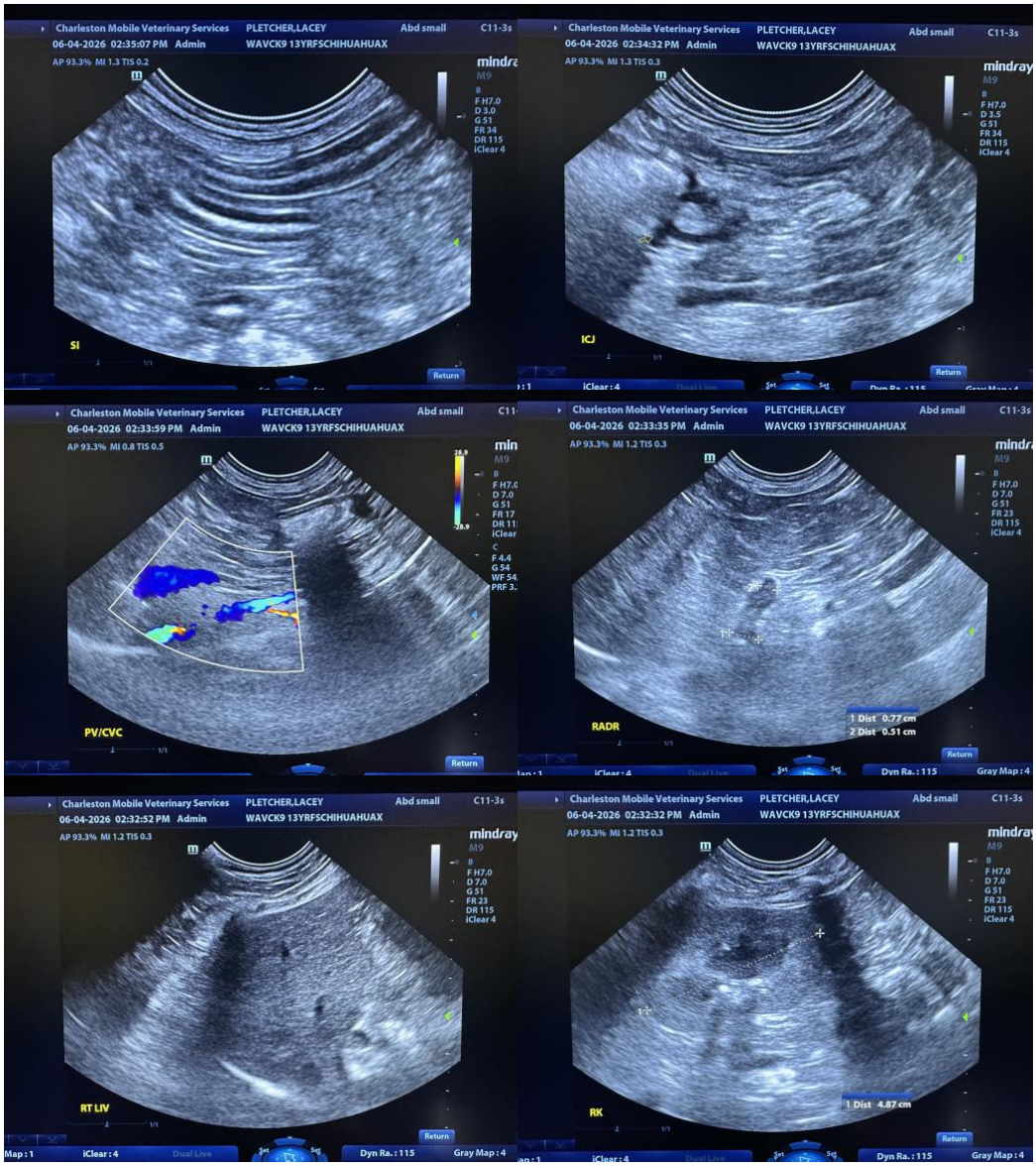
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.



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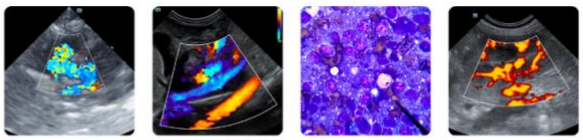

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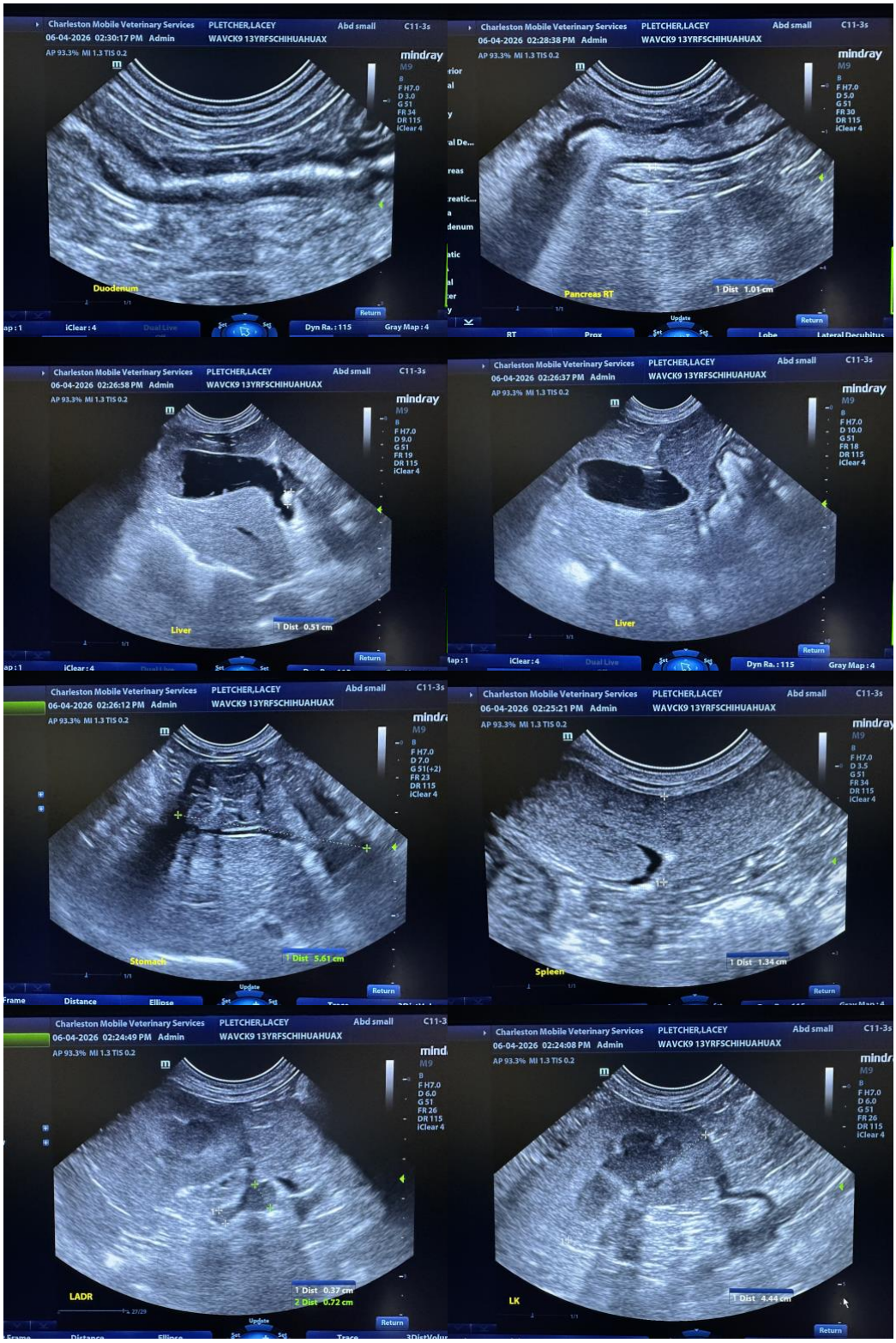

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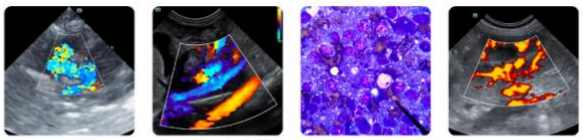

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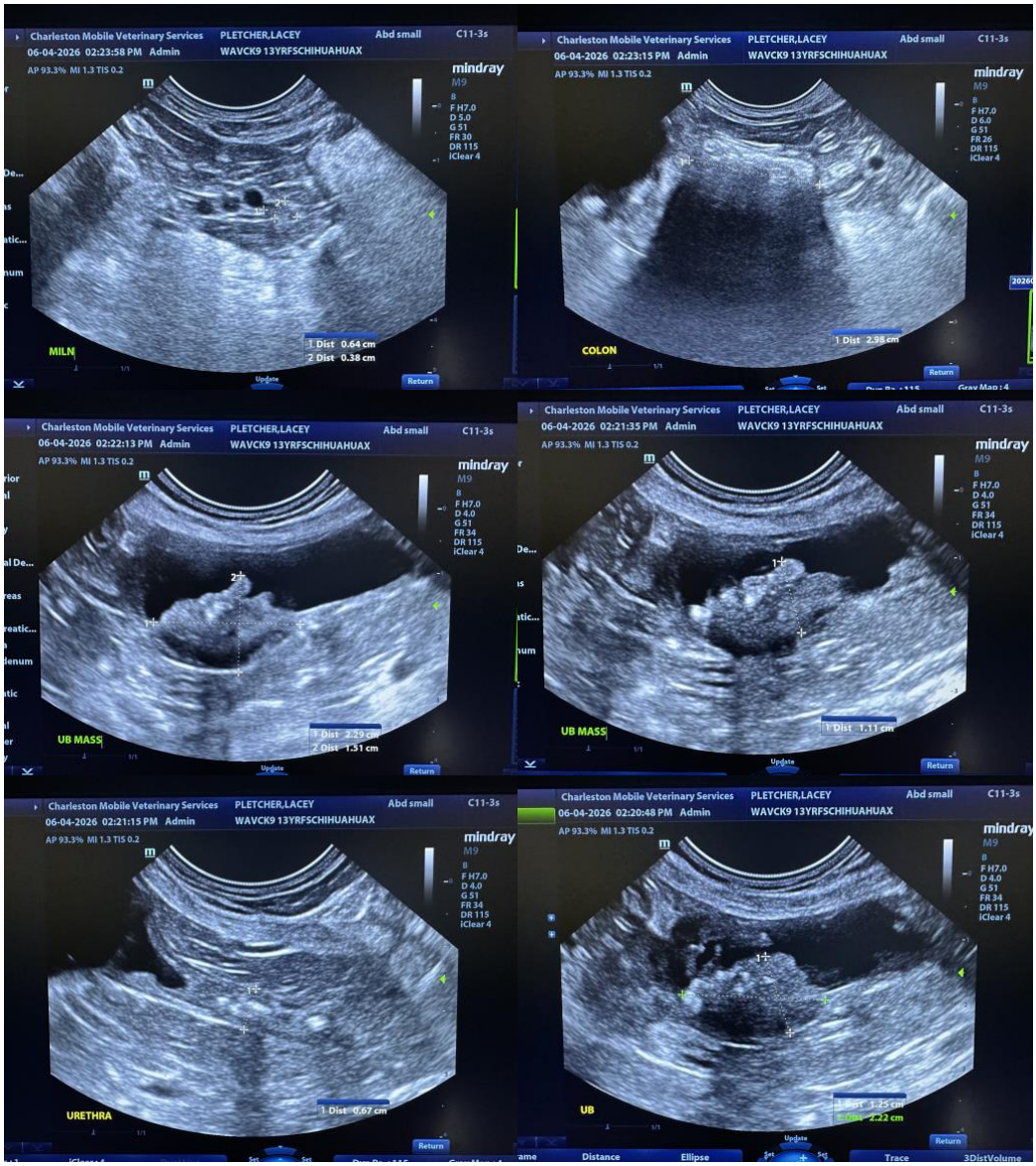

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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