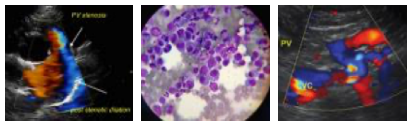
IMAGING PERFORMED BY

IntraPet.com



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DATE

7/19/22

PATIENT

Riley Demos

SPECIES

Canine

BREED

Mixed breed dog

SEX

Male, neutered

AGE

3/5/2008

WEIGHT

28.2 kg.

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

13747

PRESENTING CLINICAL SIGNS

Bladder mass recently seen on AFAST at ER. Also, PUPD, polyphagic, constant panting/pacing (normal LDDST last week at rDVM), new grade 2/6 heart murmur, lumbar/LS pain, possible cervical pain, possible cognitive dysfunction, R head tilt, proteinuria, hypertension, elevated ALP (769), elevated BUN (34) w/normal creat (1.2). Historically hypothyroid. PE--Lumbar/LS pain, caudal abdominal pain, tissues surrounding prepuce questionably edematous, mild R head tilt, several SQ masses on ventrum/trunk

Current Medications: Adequan q3weeks, levothyroxine 0.3mg BID, Selegeline 10mg BID, gabapentin 300mg q8h, amantadine 100mg once daily, Galliprant 60mg once daily, melatonin once daily at bedtime 2.5-3.5mg, glucosamine chews once daily.
Lab Results: ALP 769, BUN 34 with normal creat.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. Along the right dorsal wall, a 3.18 x 1.56 cm irregular vascular mass is visualized. The mass appears slightly cranial to the ureteral papilla. At the bladder apex, the wall is mildly thickened (up to 0.49 cm) with a slightly irregular mucosal surface. The remaining bladder wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The cystourethral junction and proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (6.33 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is diffusely thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal size (6.34 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is diffusely thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.73 cm at cranial pole) (0.93 cm at caudal pole) (2.25 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 mildly enlarged (0.88 cm at cranial pole) (0.73 cm at caudal pole) (2.54 cm in length) with a slightly irregular shape. A 1.27 x 0.70 cm hyperechoic to slightly heterogeneous nodule is observed at the caudal pole. The parenchyma at the cranial pole is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several small ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

Liver
The liver is subjectively normal in size with normal curvilinear 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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.

Pancreas
In the region of the right limb, a 3.85 x 1.57 cm irregular hypoechoic to slightly heterogeneous nodule/mass is present. The remainder of the pancreas is largely isoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

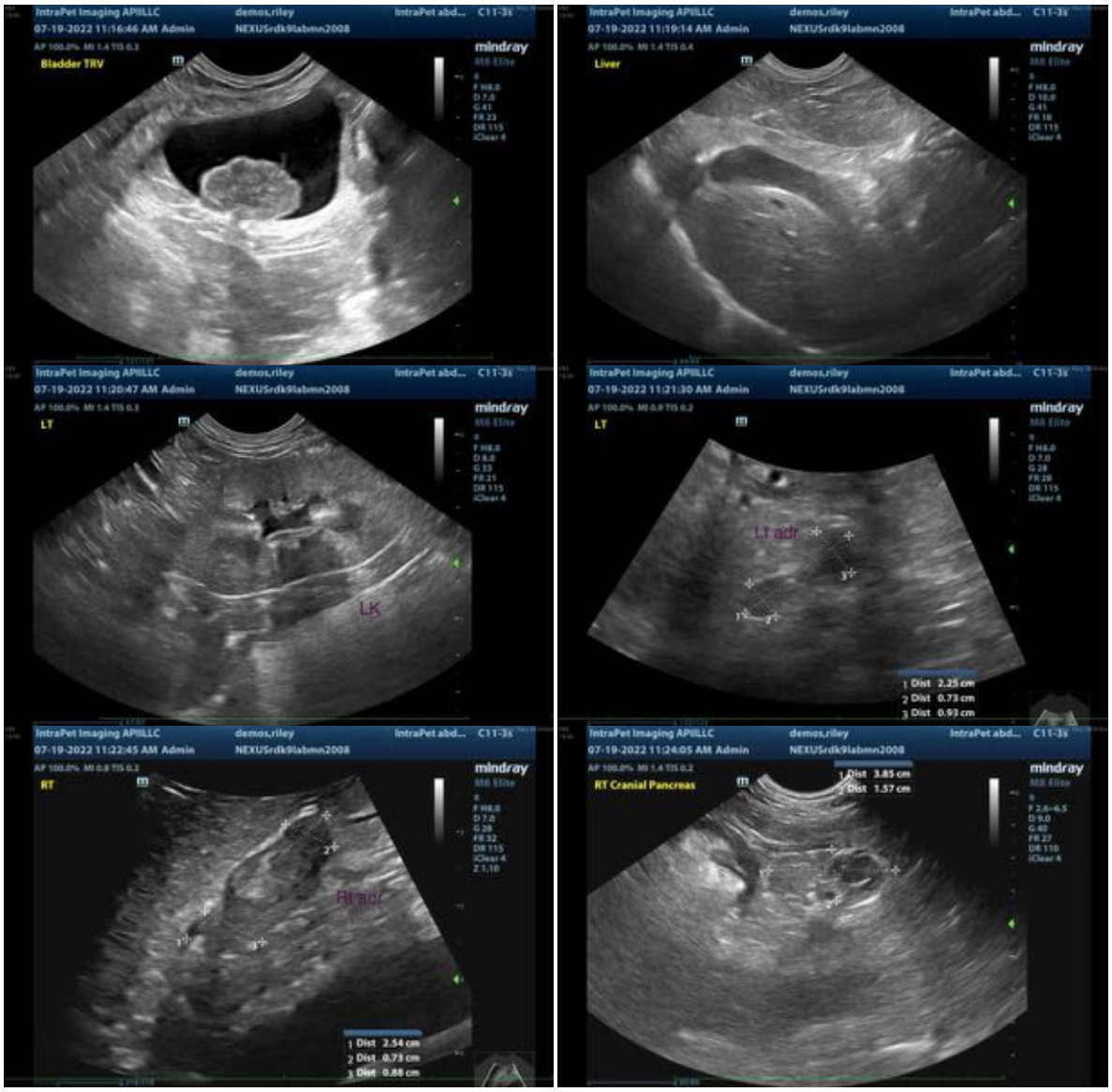
- Urinary bladder wall mass (right dorsal). Neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of benign pathology (i.e., focal/polypoid cystitis).
- The pancreatic nodule/mass could be consistent with neoplasia (i.e., adenocarcinoma). Alternatively, a benign process (i.e., nodular hyperplasia) may be present. A neoplastic process is favored.
- Bilateral adrenomegaly. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor cannot be completely excluded.

Secondary Findings:

- Bilateral, chronic age-related renal changes with dystrophic mineralization and pyelectasia, more pronounced in the left kidney.
- The hyperechoic nodule/areas likely represent a benign process (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- 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, particularly in light of the sonographic appearance and normal ALT.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic and treatment recommendations to be implemented by Dr. Cara Steele.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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*)
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