

**DATE PRESENTING CLINICAL SIGNS**

8/10/22

Hematuria, pyuria, lethargy, discomfort on bladder palpation, some diarrhea. Pt diagnosed with UTI (urine results below) and treated with Clavamox x10days and Gabapentin x10days. Symptoms improved, then regressed as of Aug 01, 2022. Rechecked UTI- still present. NSF radiographs. Treated with gabapentin x14days and Enrofloxacin x14days.

PATIENT

Callie Tees

Current Medications: 07/15/22- Clavamox 375mg BID PO x10days and Gabapentin 300mg BID PO x10days. 08/01/22- Gabapentin 300mg BID PO x14days and Enrofloxacin 136mg SID PO x14days, Trazodone 100mg: 2-3 tablets PO 1-2hrs prior to appointment.

SPECIES

Canine

Lab Results: In house urinalysis July 15, 2022: USG >1.050, WBC >50, RBC >50, pH 7.0, suspected rods, struvites 1-5. In house urinalysis Aug 01, 2022: WBC >50, RBC >50, rods present

Radiographs: Aug 01, 2022- no radiopaque uroliths present.

Date of Previous IntraPet Ultrasound: No previous.

BREED

Labrador Retriever

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson BS, RDMS

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

9/14/2014

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

Urinary System**WEIGHT**

69.5 lbs.

The urinary bladder is mildly distended. The majority of the wall is normal in thickness with a smooth mucosal surface. A moderate to large amount of aggregated echogenic suspended debris is observed within the lumen. In the region of the cystourethral junction/proximal urethra, a 3.12 x 2.27 cm well circumscribed, echogenic, avascular mass effect is observed. Within the lesion, foci of mineralization is seen.

INTERPRETED BY

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

The left kidney is normal size (5.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.15 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.

HOSPITAL NAME

Eldersburg VH

ULTRASONOGRAPHIC FINDINGS**REFERRING VET**

Dr. Alper

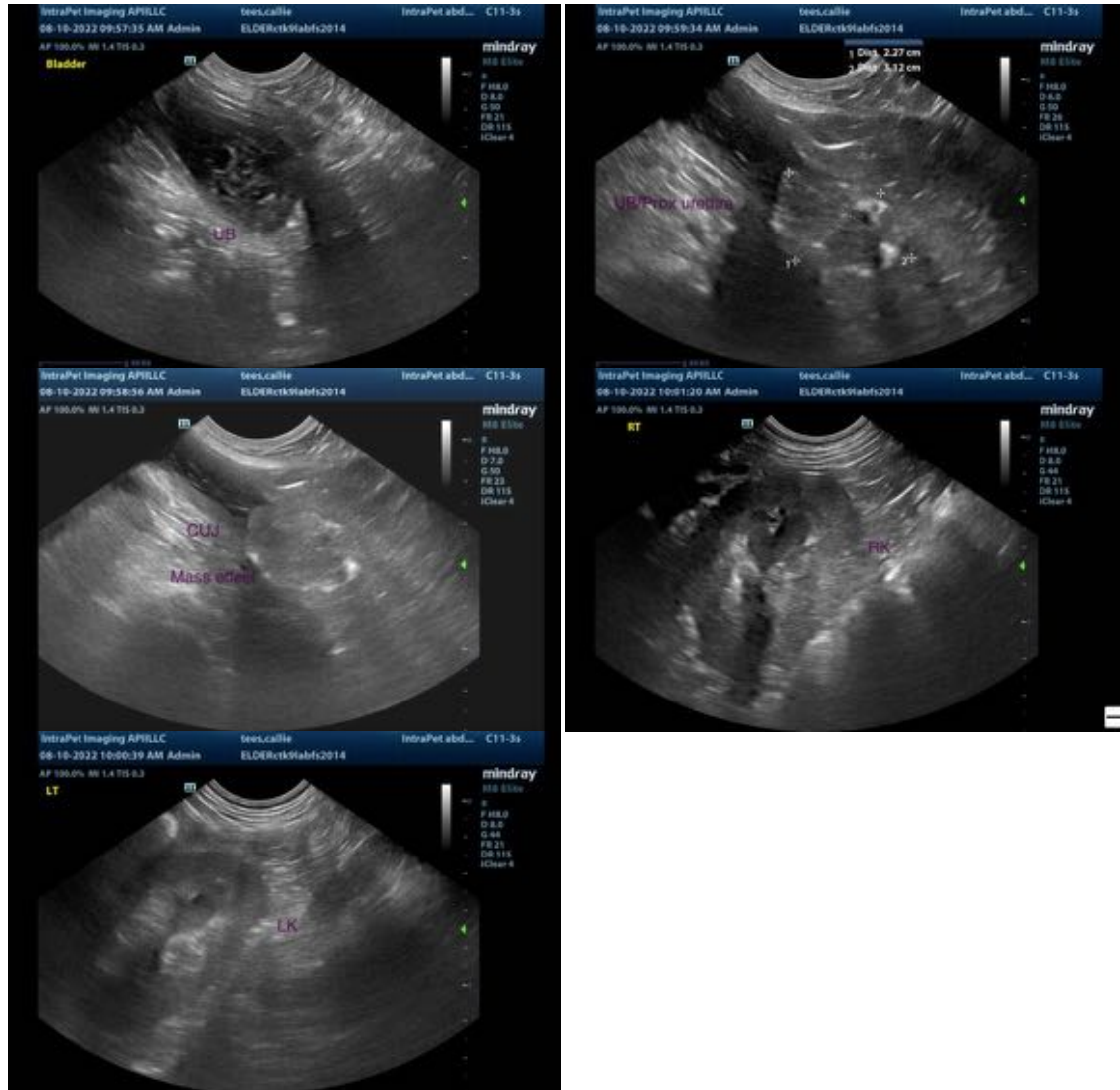
- The echogenic lesion at the cystourethral junction could be consistent with a mass (i.e., transitional cell carcinoma), inflammatory focus or blood clot.
- Urinary bladder debris is present.

INVOICE

13813

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. However, a negative result does not completely rule out the possibility of cancer. If a negative result is found, consider additional diagnostics (i.e., traumatic urethral catheterization or surgical biopsy) to get a definitive diagnosis. If cancer is diagnosed, consider a full abdominal ultrasound, three-view thoracic radiographs (to assess for evidence of metastatic disease) and consultation with a board-certified oncologist.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com