IMAGING PERFORMED BY

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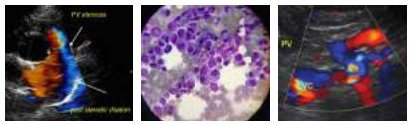

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DATE

8/17/21

PATIENT

Bella Jackson

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

2011

WEIGHT

20.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

North East Animal Hospital

REFERRING VET

Dr. Simpson

INVOICE

11656kk

PRESENTING CLINICAL SIGNS

History: Bloody urine.

Current Medications: Baytril 68mg/ Carprofen 25mg.

Radiographs: Possible misalignment T3-L1.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. An approximately 2.7 cm irregular, heterogeneous, vascular mass is observed in the left caudodorsal wall with extension towards the trigone. Foci of mineralization are observed within the mass. The remaining bladder wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The proximal urethra is grossly normal.

The left kidney is normal size (5.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.48 cm at cranial pole) (0.48 cm at caudal pole) (2.22 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 (0.60 cm at cranial pole) (0.55 cm at caudal pole) (1.75 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 (1.33 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic, partially

dependent to suspended sludge is observed within the lumen. 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

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is considered likely with a low possibility of benign pathology.

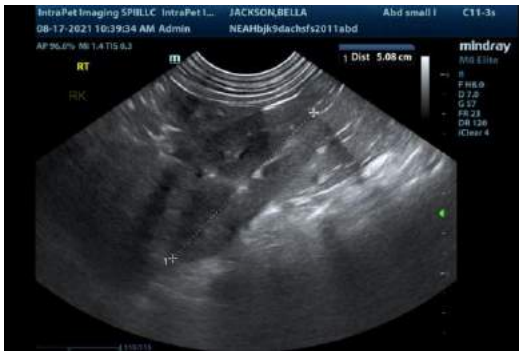
Secondary Findings:

- The gallbladder changes could be consistent with a developing mucocele, cholestasis, or less likely, fasting.
- Bilateral, age-related renal changes with dystrophic mineralization.
- 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. However, correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A urine BRAF test is recommended to further confirm bladder neoplasia. If the results are inconclusive, a bladder biopsy may be necessary to get a definitive diagnosis.
3. If palliative care for the bladder mass is desired, consider the following regimen:
    a. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
    b. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
    c. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity
    d. **Carprofen should be discontinued at least 3-5 days (as a washout period) prior to initiation of Piroxicam.

4. Given the gall bladder changes, consider initiation of Ursodiol therapy. Alternatively, a repeat ultrasound of the gall bladder can be performed in 2-3 weeks, preferably 2 hours following a small meal. If gall bladder changes are similar to the current scan, Ursodiol therapy can be initiated at that time.



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.

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