



PATIENT PRESENTING CLINICAL SIGNS

Maisy Boyle History: Recurrent UTIs. There is sediment/mass in her bladder seen today during U/A. Blood work is pending. Study limited to urinary system. On Clavamox 500mg: 1 tab PO q12hr x10d.

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

BREED LIMITED ULTRASONOGRAPHIC EXAMINATION

Labrador Retr **Urinary System**

SEX The urinary bladder is moderately distended with mostly anechoic urine. The ventral and apical wall are mildly thickened (up to 0.52 cm) and irregular. The remaining bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

Neutered Male

AGE The left kidney is normal in size (6.97 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A thin, ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

11 years

WEIGHT The right kidney is normal in size (6.61 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. A thin, ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

76.5 lbs

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of emerging neoplasia.
- Mild bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Falmouth AH

- A urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample or 5-7 days following the last dose of antibiotics.
- A urine BRAF test can also be considered to further assess for lower urinary tract neoplasia. It should be noted that a positive BRAF test confirms cancer. However, a negative test does not rule out the possibility of neoplasia, and further testing (i.e., bladder wall biopsy) may be necessary to get a definitive diagnosis.

REFERRING VET

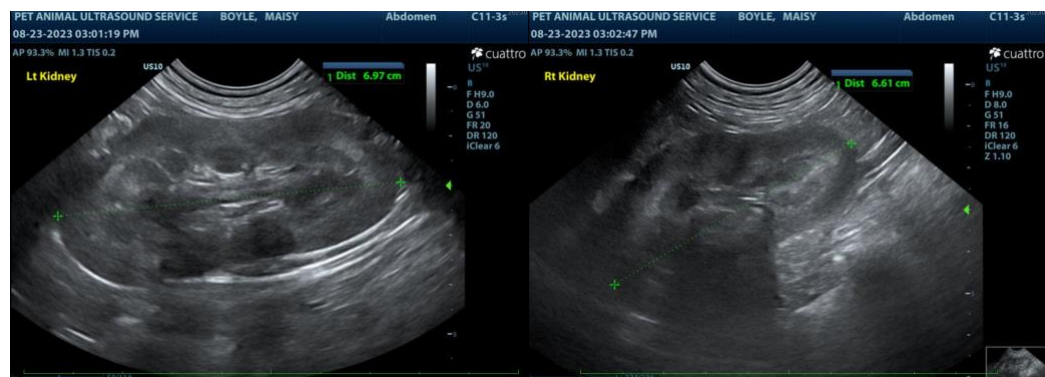
Lilan Hauser, DVM

INVOICE

14204

DATE

8.23.23





PATIENT

Maisy Boyle

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

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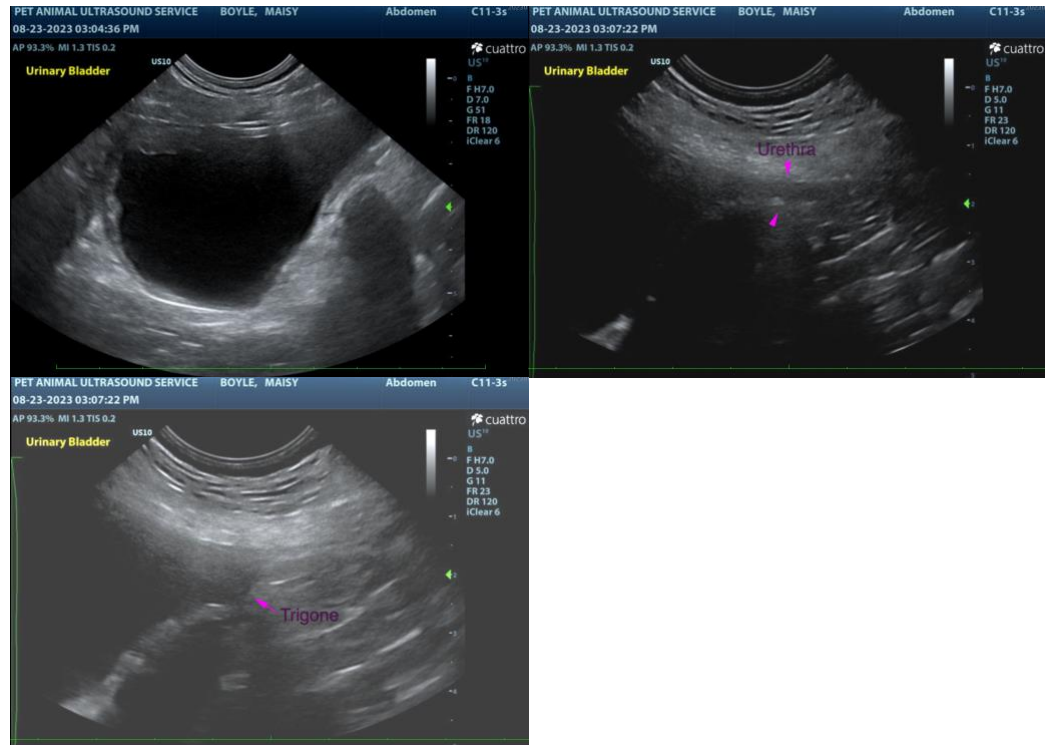
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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