



**PATIENT**

Effie Jung

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Female, spayed

**AGE**

9 Yrs.

**WEIGHT**

43 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Charlie Rodriguez

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Mark Norman

**INVOICE**

11955

**DATE**

8/25/21

**PRESENTING CLINICAL SIGNS**

History: P is on metro, sucralfate, Rimadyl, gabapentin, Cerenia, Visbiome. Diagnosed with TCC in March. Was seeing oncologist and stopped Chlorambucil and trematanib 2 weeks ago because she was not doing well. Still has diarrhea and losing some weight.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. In the region of the urinary bladder neck, a 2.30 x 1.32 cm irregular mass effect is visualized. A small amount of echogenic debris is observed within the lumen. No cystic calculi are seen.

The left 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 loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.54 cm at cranial pole) (0.65 cm at caudal pole) (2.35 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 not definitively visualized.

*Spleen*

The spleen is normal in size 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenal lumen is mildly fluid distended. 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. The lumen of the descending colon contains soft shadowing fecal material.



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*Pancreas*

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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.

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*Free Abdomen*

Canine

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent jejunal lymph nodes are visualized, the largest measuring 3.53 cm in length.

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Primary Findings:

Female, spayed

- Urinary bladder mass- consistent with the previous diagnosis of transitional cell carcinoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**AGE**

9 Yrs.

\*An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include primary gastrointestinal disease, low-grade pancreatitis, drug-induced, underlying metabolic disease, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Consultation with the patient's veterinary oncologist is recommended to determine if the diarrhea may be a persistent drug side effect.

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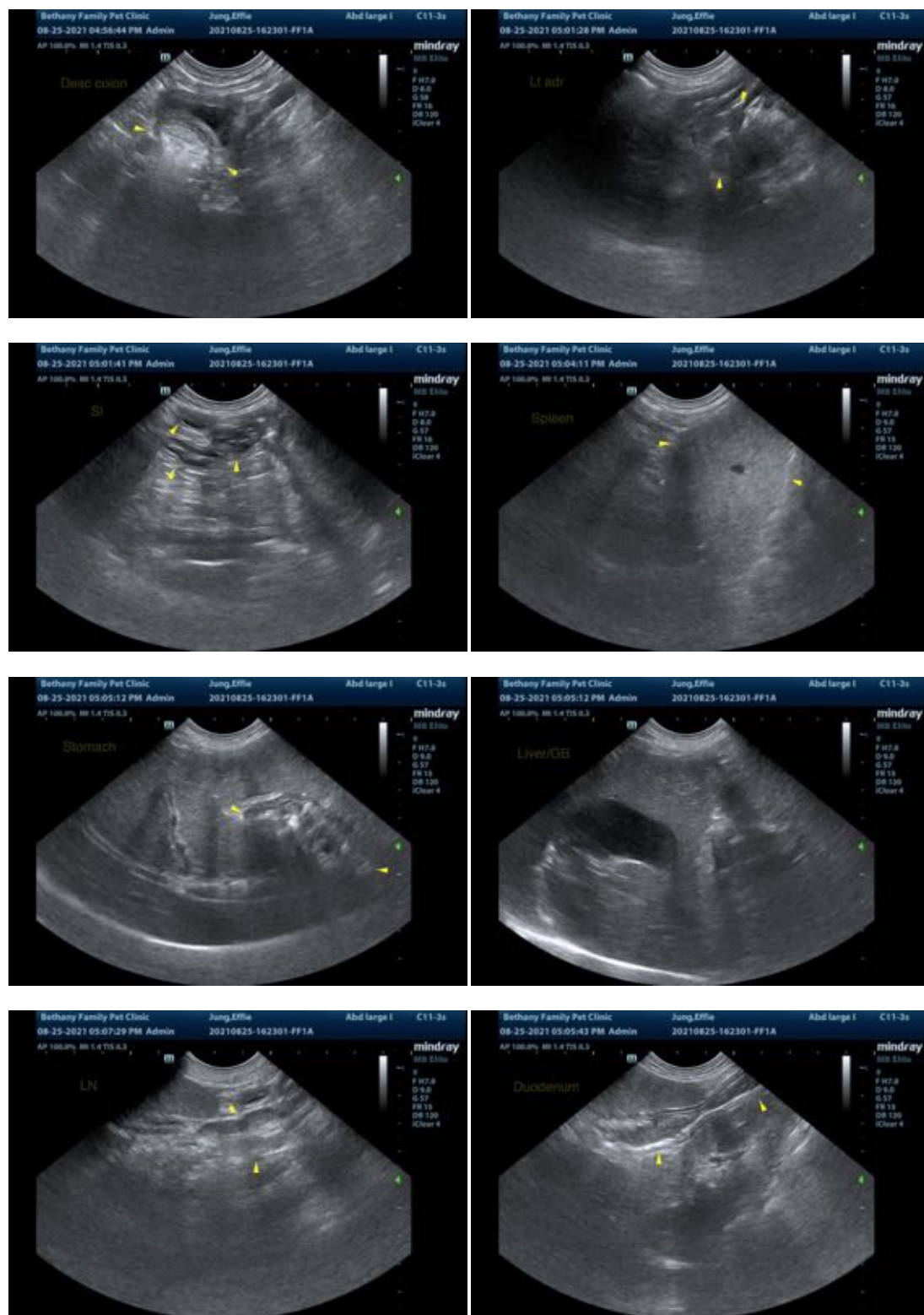
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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