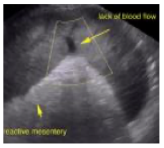
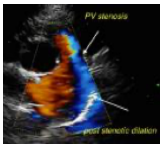
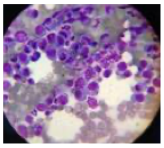
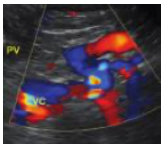
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Nina Daponte

SPECIES
Canine

BREED
Mini Pinscher

SEX
Spayed Female

AGE
13 years

WEIGHT
7.4 lbs

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Wantage Vet Hosp

REFERRING VET
Dr. Bullock

INVOICE
11554

DATE
9.1.22

PRESENTING CLINICAL SIGNS

History: PU/PD, no current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 188, AST 112, USG 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly to moderately distended with anechoic urine. In the region of the trigone, a 0.79 x 0.40 cm irregular nodule is arising from the wall. The remaining bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed.

The **left kidney** is normal size (3.47 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. Renal vasculature is normal.

The **right kidney** is normal size (3.06 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. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is upper limits of normal size (0.69 cm at cranial pole) (0.55 cm at caudal pole) (1.53 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 (0.68 cm at cranial pole) (0.50 cm at caudal pole) (1.31 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 (1.20 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris 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 mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

Pancreas
The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

- The urinary bladder lesion in the region of the trigone is concerning for an emerging tumor (i.e., transitional cell carcinoma). However, polypoid cystitis cannot be completely excluded.

- Bilateral degenerative renal changes

Secondary Findings

- Borderline left adrenomegaly. This may be a normal variant for this patient or may be secondary to early hyperplastic change.

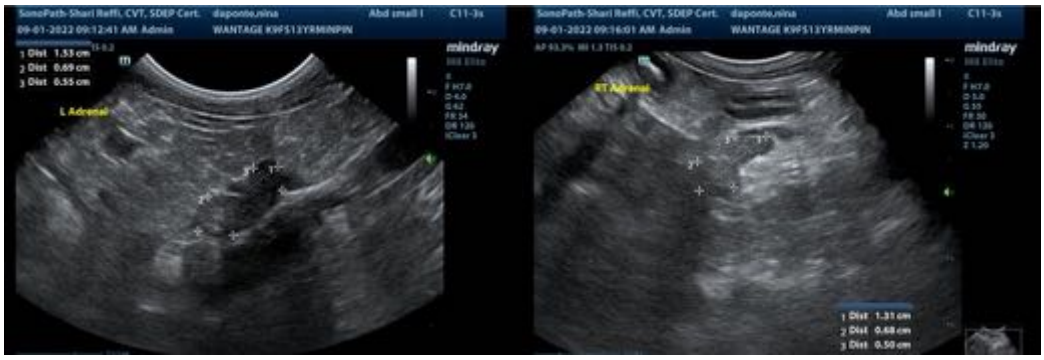
- Minor age-related pancreatic remodeling in the left limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the urinary bladder lesion, a urine BRAF test is recommended to further screen for neoplasia. It should be noted that a negative BRAF results does not completely rule out the possibility of cancer. Therefore, if a negative result is obtained, consider further diagnostics (i.e., biopsy).

Regarding the PU/PD, consider the following:

1. Urine culture and sensitivity to assess for occult pyelonephritis
2. Pre-and postprandial serum bile acids to assess for hepatic dysfunction
3. If the above diagnostics are inconclusive, a more advanced work-up (i.e., Leptospirosis testing, low-dose dexamethasone suppression test, DDAVP trial, modified water deprivation test) may be warranted.



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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