IMAGING PERFORMED BY

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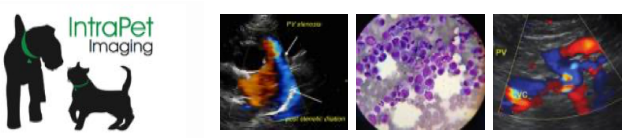

SonoPath
Clinical Sonography & Telecytology
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DATE

9/27/21

PATIENT

Holly Hubler

SPECIES

Canine

BREED

Labrador retriever

SEX

Female, spayed

AGE

1/2/2009

WEIGHT

88.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Medical Clinic of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

12266

PRESENTING CLINICAL SIGNS

History: Transitional cells found in urine, looking for mass in bladder.
Current Medications: Attached separately. Should have had a much higher ct. of WBC if this was just an infection.
Lab Results: Baytril 68 mg 1& 1/2 BID Started 9/17. Urine culture negative.
Radiographs: Right lateral abdominal X-ray unremarkable.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor IV.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. A >4 cm irregular, vascular mass is visualized and appears to be arising from the ventral wall. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney is normal size (6.86 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.

The right kidney is normal size (7.18 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 (1.09 cm at cranial pole) (0.81 cm at caudal pole) (3.08 cm in length) with a normal shape and smooth peripheral contours. A 1.27 x 0.73 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.87 cm at cranial pole) (0.71 cm at caudal pole) (2.93 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 (2.06 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal in thickness. A 1.09 cm choledocolith is observed within the lumen along with a small amount of aggregated echogenic mostly gravity-dependent debris. 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. A 1.49 x 0.50 cm sublumbar lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Urinary bladder mass. Based on the urinalysis and sonographic changes, neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of polypoid cystitis.
- The prominent sublumbar lymph node is likely reactive. However, emerging neoplasia cannot be completely excluded.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Choledocolith- incidental.
- The left adrenal nodule most likely represents nodular hyperplasia with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test is recommended to confirm lower urinary tract neoplasia. If confirmed, consider referral to a board-certified veterinary oncologist if aggressive chemotherapy is desired. Otherwise, palliative care (see below) can be considered:

    1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
    2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
    3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity


IntraPet Imaging SPIILLC IntraPet I...
HUBLER,HOLLY
Adult ABD
C6-2Gs
09-27-2021 12:56:46 PM Admin
DULhhk9labfs2009abd
SPLEEN
mindray


IntraPet Imaging SPIILLC IntraPet I...
HUBLER,HOLLY
Adult ABD
C6-2Gs
09-27-2021 12:57:32 PM Admin
DULhhk9labfs2009abd
LT
LK
1 Dist 6.86 cm
mindray


IntraPet Imaging SPIILLC IntraPet I...
HUBLER,HOLLY
Adult ABD
C6-2Gs
09-27-2021 12:58:04 PM Admin
DULhhk9labfs2009abd
LT
Lt adr
1 Dist 3.08 cm
2 Dist 0.81 cm
3 Dist 1.09 cm
mindray


IntraPet Imaging SPIILLC IntraPet I...
HUBLER,HOLLY
Adult ABD
C6-2Gs
09-27-2021 12:59:50 PM Admin
DULhhk9labfs2009abd
RT
RK
1 Dist 7.18 cm
mindray


IntraPet Imaging SPIILLC IntraPet I...
HUBLER,HOLLY
Adult ABD
C6-2Gs
09-27-2021 01:00:44 PM Admin
DULhhk9labfs2009abd
RT
Rt adr
1 Dist 2.93 cm
2 Dist 0.84 cm
3 Dist 0.87 cm
mindray


IntraPet Imaging SPIILLC IntraPet I...
HUBLER,HOLLY
Abd small I
C11-3s
09-27-2021 01:09:52 PM Admin
DULhhk9labfs2009abd
sublumbar lymph
1 Dist 1.49 cm
mindray

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com