

**DATE PRESENTING CLINICAL SIGNS**

9/29/21

History: Persistent hematuria with no evidence of bacteria/stones and progressive set of clinical signs. Concern about possible neoplasia to wall of bladder or other section of urinary tract.

**PATIENT**

Toby Kalayan

Current Medications: Not provided by the veterinarian.

Lab Results: Hematuria (visible). Frequent accidents around the house.

Radiographs: No stones visible. WNL.

**SPECIES**

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Stat Report: STAT report not requested by the veterinarian.

Canine

**BREED**

Spitz

\*\*\*Sedation was declined for the scan. Patient was uncooperative during imaging. Several organs, including the kidneys, adrenal glands and spleen could not be assessed due to patient temperament. A complete evaluation would require sedation.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

7/10/2004

**Urinary System**

The bladder lumen is moderately distended. A 2.38 cm x 2.16 cm irregular vascular mass is arising from the dorsoapical wall. The remaining wall is normal in thickness with a normal layering pattern. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**WEIGHT**

21.7 Pounds

The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**INTERPRETED BY**

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**Kidneys:**

Unable to assess the kidneys due to patient temperament.

**Adrenal Glands**

Unable to assess due to patient temperament.

**HOSPITAL NAME**

Fork VH

**Spleen**

Unable to assess due to patient temperament.

**REFERRING VET**

Dr. Doherty

**Liver**

The liver is subjectively enlarged with rounded peripheral contours. The parenchyma is diffusely heterogenous with numerous ill-defined hypoechoic nodules. Numerous varying sized ill-defined hypoechoic nodules are seen throughout the parenchyma. A 4.47 cm x 3.29 cm anechoic cyst appears to be arising from the tip of the left lateral lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

13383

The gall bladder is distended. A moderate to large amount of aggregated echogenic mostly gravity dependent debris/sludge is observed within the lumen.

**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 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 or overt infiltrative disease is noted.

### ***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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**

- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is considered likely with a lower possibility of an inflammatory process (i.e., polypoid cystitis)
- The diffuse hepatic parenchymal changes could be consistent with infiltrative neoplasia, multifocal inflammatory disease, benign pathology (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy), other hepatopathy

### **Secondary Findings**

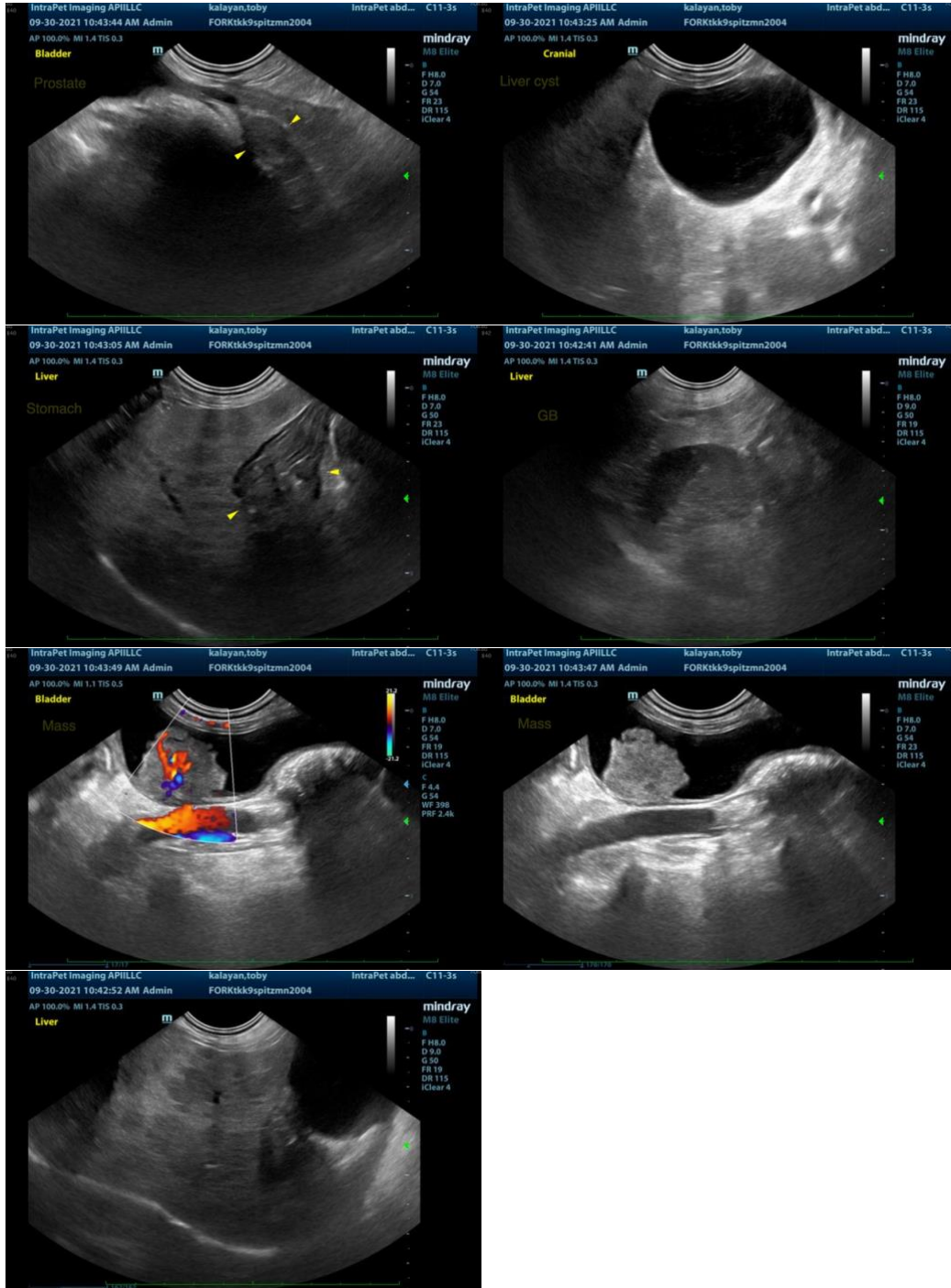
- Gallbladder debris/sludge- incidental

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Baseline lab work including a CBC/Chemistry panel, urinalysis and T4 are recommended, if not already performed.

A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. If confirmed, consider referral to a board-certified veterinary surgeon to discuss bladder mass removal and liver biopsy. Consultation from a board-certified oncologist is also recommended to discuss chemotherapy options. If palliative care for the bladder mass is desired, consider the following regimen:

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



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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