

PATIENT

Sandy Abraham

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

55 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

VCA Vitality AH

REFERRING VET

Dr. Clawson

DATE

8/13/21

INVOICE

11635kk

PRESENTING CLINICAL SIGNS

History: 4/27/21: Pet started out leaking urine while sleeping. Client has been letting dog out to urinate more often. Urinated in the house owner noticed blood clot in urine. Pet squatting more deeply than normal when urinating. Some Bloody residue around vulva pet has also been less active. Owner noticed that there is blood when pet starts to urinate and throughout urination.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall along the dorsal, apical, and ventral apical aspect is thickened (up to 0.96 cm) and irregular with a mass-effect. The wall is vascular in this region. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.27 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.46 cm at caudal pole) (2.94 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.

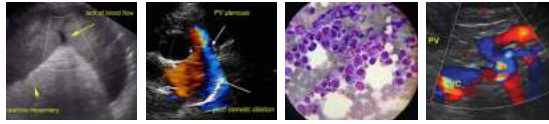
The right adrenal gland is normal size (1.17 cm at cranial pole) (0.46 cm at caudal pole) (2.16 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.02 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 gall bladder lumen is moderately



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distended. The wall is thin and smooth. A small amount of aggregated, echogenic, gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is moderately distended with ingesta and soft shadowing material. The gastric wall is 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 disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The urinary bladder wall changes are most consistent with infiltrative neoplasia (i.e., transitional cell carcinoma). Benign pathology (i.e., polypoid cystitis) is also possible but considered less likely.

Secondary Findings:

- Bilateral, age-related renal pathology.
- The gastric luminal contents could be consistent with ingesta and/or foreign material (i.e., grass).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. If results are negative/inconclusive, a bladder wall biopsy may be necessary to get a definitive diagnosis.
2. If palliative care for the bladder mass is desired, consider the following regimen:
 - a. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
 - b. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
 - c. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity
3. Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.

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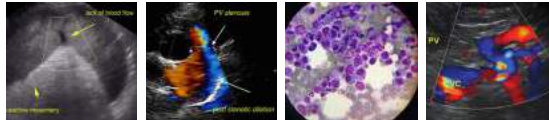
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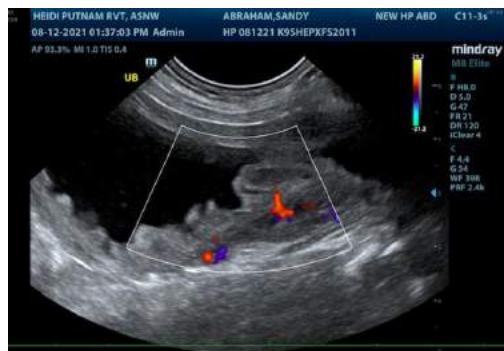
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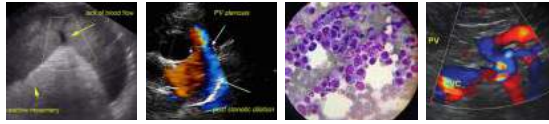
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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