



PATIENT

Rosie Morrison

SPECIES

Canine

BREED

West Highland white
terrier

SEX

Female, spayed

AGE

4/21/13

WEIGHT

17.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Waterway

REFERRING VET

Dr. Roland

INVOICE

13599

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Incomplete bladder emptying and hematuria. Pt is on Rimadyl and a urinary supplement. CBC chem/T4 WNL. USG 1.021, 1+ proteinuria with hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 3.0 x 2.1 cm irregular heterogeneous mass with mineralized foci is observed in the region of the trigone. The mass is invading into the distal aspect of the right ureter resulting in right hydroureter. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The proximal urethra, visible to a depth of 2.5 cm, is sonographically unremarkable.

The left kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomodullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.93 cm in length) smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomodullary distinction. Severe pyelectasia/hydronephrosis is present (1.47 cm in the longitudinal plane). There is diffuse hydroureter (up to 0.50 cm). A mass effect is observed in the distal ureter arising from the urinary bladder trigone. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.88 cm at cranial pole) (0.62 cm at caudal pole) with swollen peripheral contours. A 1.08 x 0.88 cm hyperechoic to heterogeneous 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 in size (0.59 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and 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 (1.15 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.5 x 1.3 cm ill-defined hyperechoic to heterogeneous area is observed in the region of the hilus. 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. 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 mobile echogenic 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 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The base and right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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.

Lymph nodes

A 0.86 x 0.35 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass in the region of the trigone with invasion into the distal right ureter. The invasion is resulting in severe right renal pyelectasia/hydronephrosis.
- There is evidence of bilateral age-related renal changes.
- The prominent medial iliac lymph node is likely reactive. However, early metastatic disease cannot be excluded.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hyperechoic splenic lesion likely represents a benign meylolipoma with a lower possibility of more insidious splenic pathology.
- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma or emerging adenocarcinoma, pheochromocytoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider a urine BRAF test to further confirm lower urinary tract neoplasia.
3. Also consider consultation with a board-certified oncologist for chemotherapy recommendations. If consultation is not pursued, palliative care (i.e., piroxicam) can be considered.



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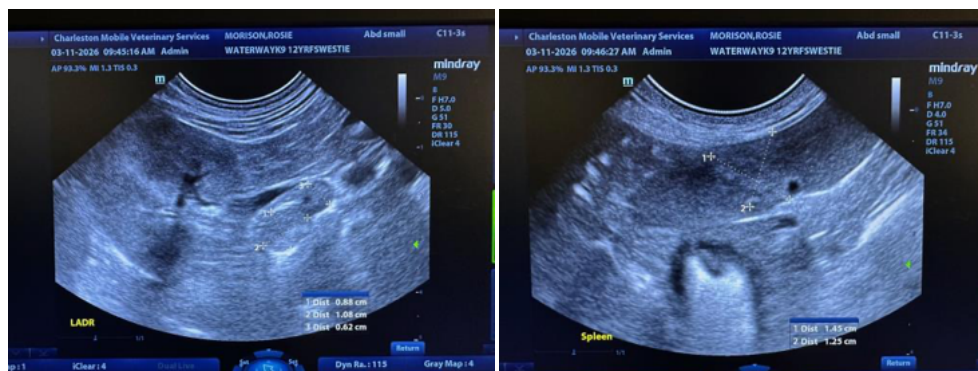
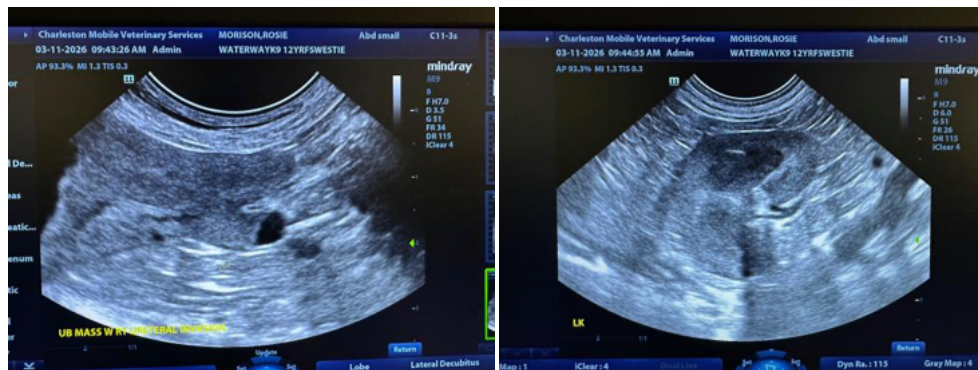
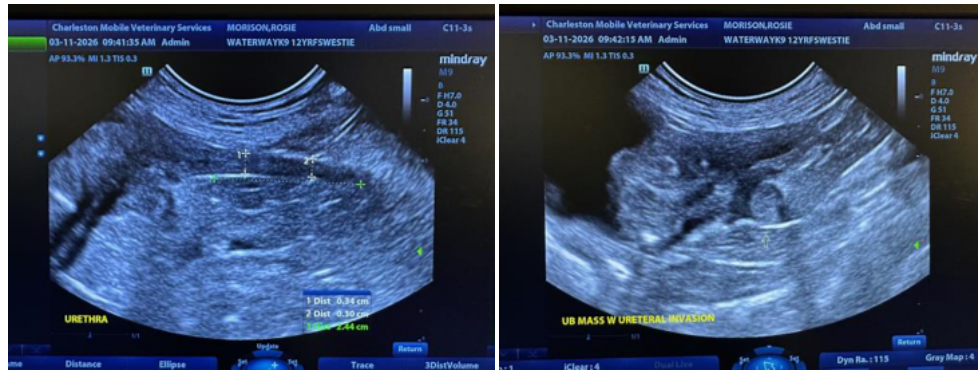
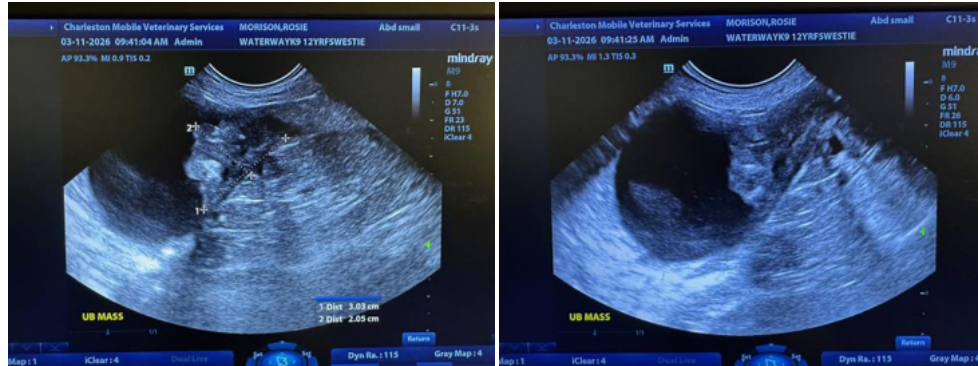
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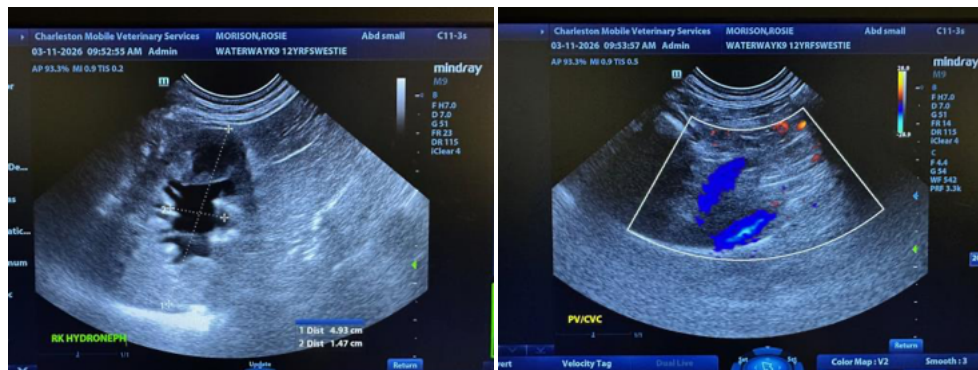
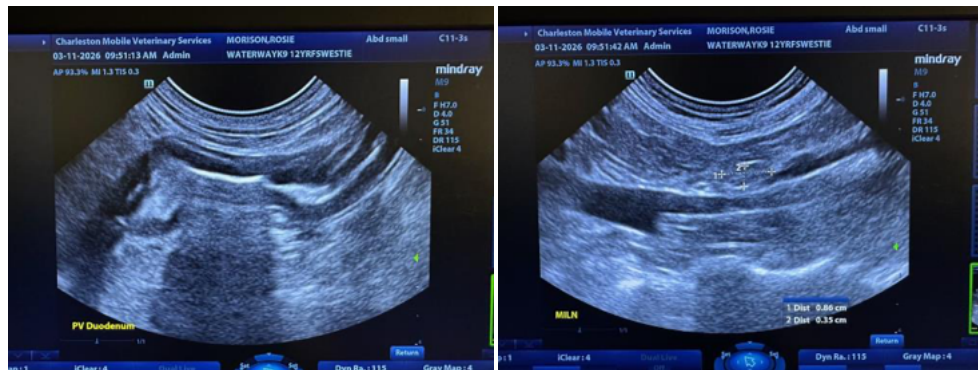
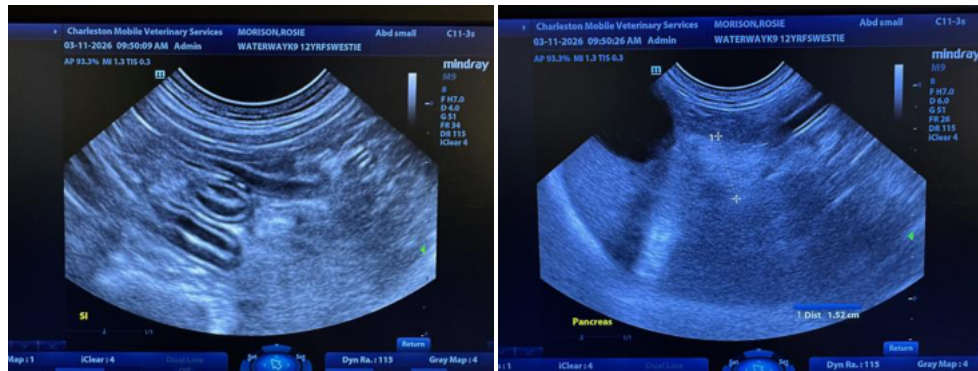
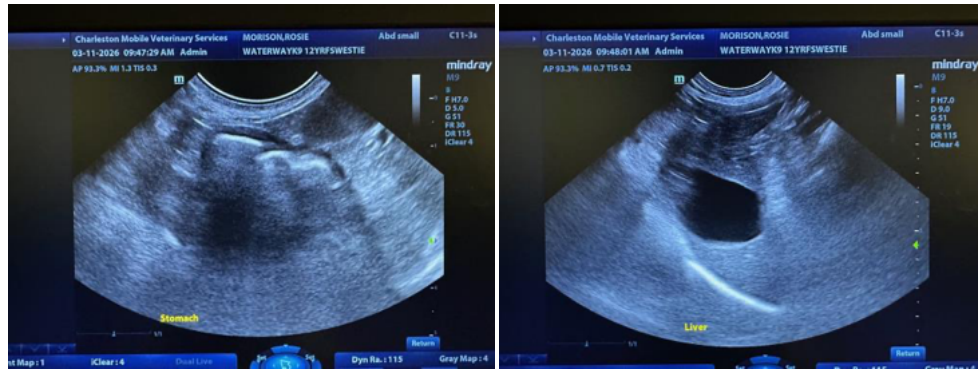
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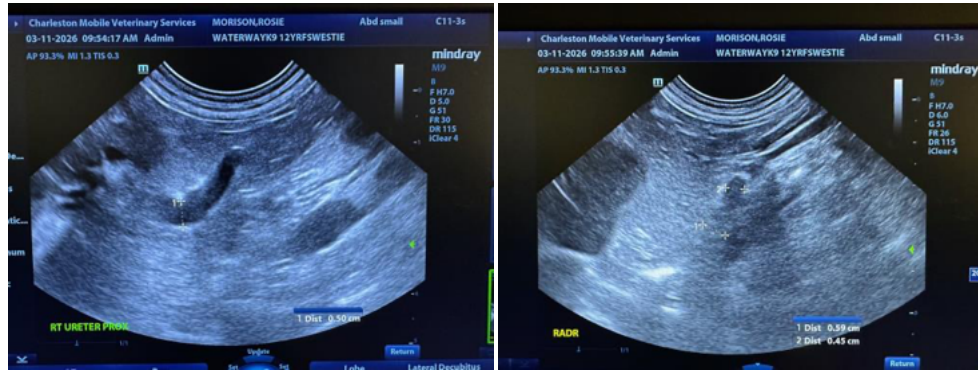
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com