



PATIENT

Gunnar Byrnes

SPECIES

Canine

BREED

Mountain Feist

SEX

Male, neutered

AGE

4/21/2010

WEIGHT

12 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

AH of South Carolina

REFERRING VET

Dr. Getson

INVOICE

13641

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Pt sedated with Butorphanol for this study. Has a history of blood in the urine which did not respond to the first round of antibiotics. It did respond to the second round of antibiotics but hematuria recurred. Does not have a prior history of urinary tract infections.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly distended. A mass effect is observed at the dorsal and ventral aspects of the cystourethral junction. The wall in this region is thickened (up to 0.75 cm) and irregular with mineralization along the mucosal surface. The mass effect appears to extend caudally into the proximal urethra. The urinary bladder wall in the region of the apex is normal in thickness with a smooth mucosal surface. No cystic calculi are observed.

The prostate is normal in size (0.90 cm in width) with smooth peripheral contours. The parenchyma is homogeneous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (3.60 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.07 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 corticomedullary distinction. Mild to moderate pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.41 cm at cranial pole) (0.51 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.

The right adrenal gland is normal in size (0.49 cm at cranial pole) (0.50 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 (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. At least one small meylolipoma 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass effect in the region of the cystourethral junction with suspected extension into the proximal urethra. The prostate appears sonographically normal. However, microscopic extension into prostatic parenchyma cannot be excluded. Neoplasia (i.e., transitional cell carcinoma) is of top concern with a lower possibility of a focal inflammatory process.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with right pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD if applicable, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a urine BRAF test to further assess for lower urinary tract neoplasia. Depending on the results, palliative care or consultation with a board-certified oncologist can be considered.



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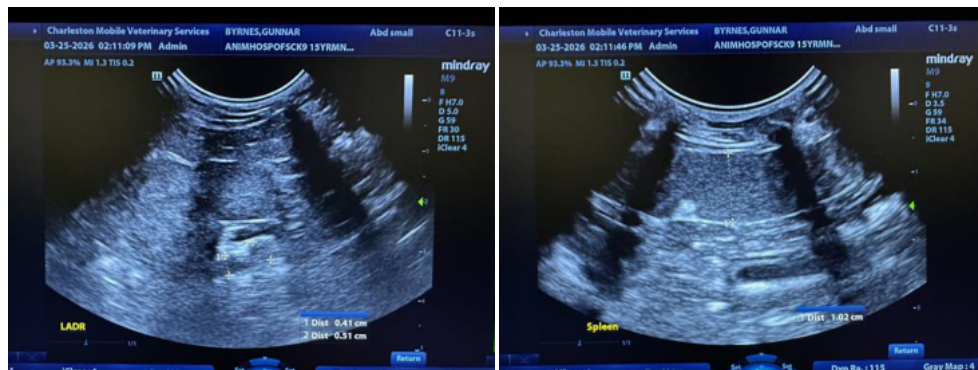
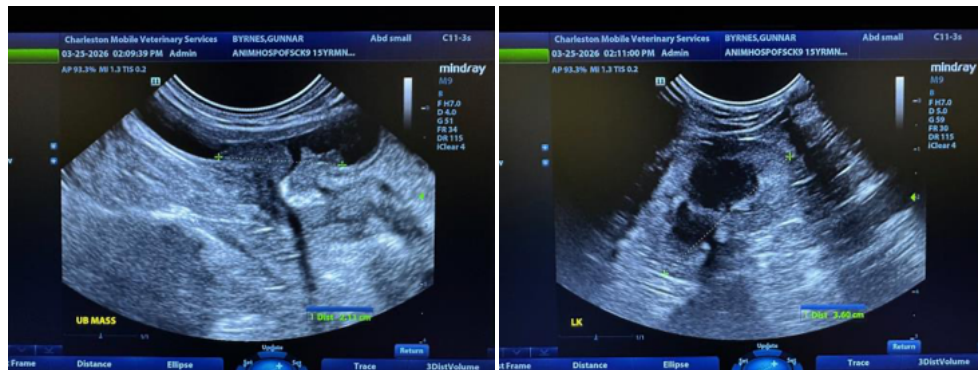
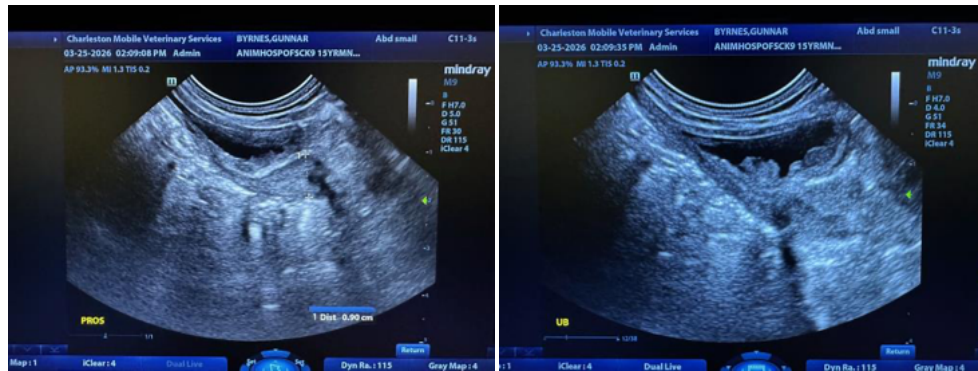
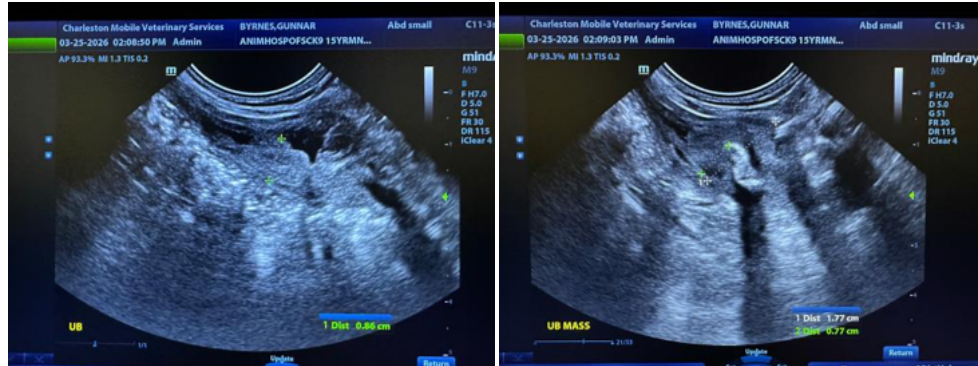
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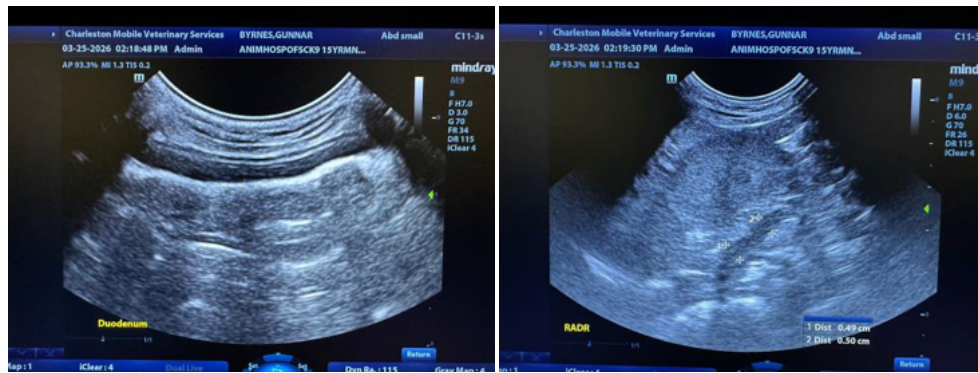
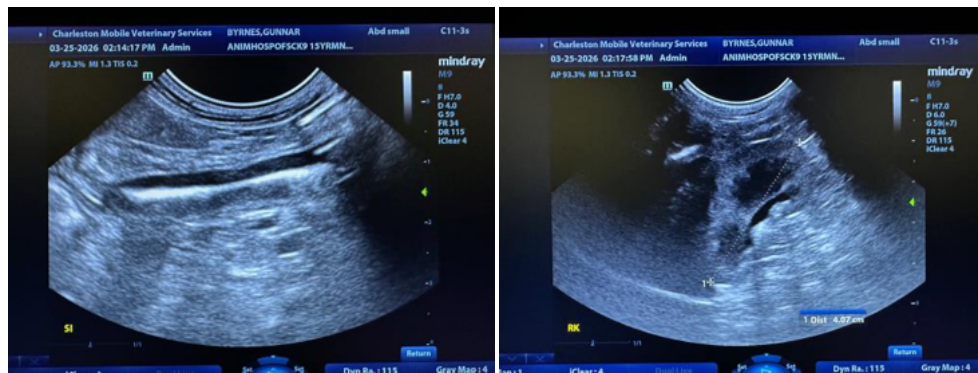
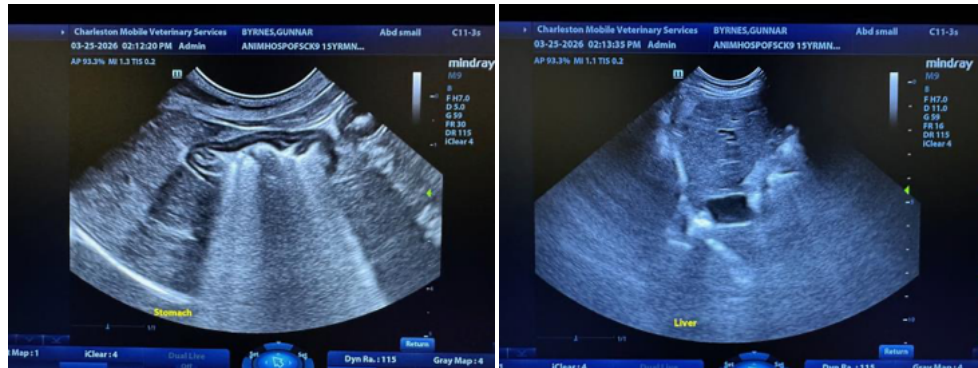
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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