

PATIENT

Daisy Reichert

SPECIES

Canine

BREED

Boxer mix

SEX

Female, spayed

AGE

6/11/13

WEIGHT

40 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. Stone

INVOICE

13581

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Pt presented with bloody urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is focally thickened (0.54 cm in width) and irregular at the ventral apical aspect. There is also a focal thickening/irregularity along the dorsal wall (0.36 cm in width). A mass effect is observed at the level of the cystourethral junction/trigone/proximal urethra measuring 3.0 x 1.5 cm. The tissue is heterogeneous in this region. Within the lumen, a small amount of suspended echogenic debris is observed. No cystic calculi are observed.

The left kidney is normal in size (6.70 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 (7.37 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.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.60 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 (0.91 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 (1.23 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 overall normal in size with irregular contours on the right side. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous with at least one ill-defined hyperechoic nodule. In addition, a 3.2 x 2.5 cm expansile cyst is observed in the right lateral lobe. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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



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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 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

A 1.46 x 0.60 cm periportal lymph node is visualized. In addition, a few prominent mesenteric lymph nodes are seen, one of the nodes measuring 0.99 x 0.86 cm.

Free Abdomen

Trace free fluid is observed adjacent to the cystourethral junction.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass effect at the level of the cystourethral junction/proximal urethra. Neoplasia (i.e., transitional cell carcinoma) is of top concern with a lower possibility of a non-neoplastic process. The focal thickening along the dorsal and ventral walls could be consistent with infiltrative neoplasia or polypoid cystitis.
- Trace ascites

Secondary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. Right hepatic cyst.
- Bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider a urine BRAF to further confirm lower urinary tract neoplasia.
3. If an aggressive approach is desired, consider consultation with a board-certified oncologist to discuss chemotherapy options. Otherwise, palliative care (i.e., piroxicam, misoprostol) can be considered. With piroxicam, renal values should be monitored due to the risk of nephrotoxicity.



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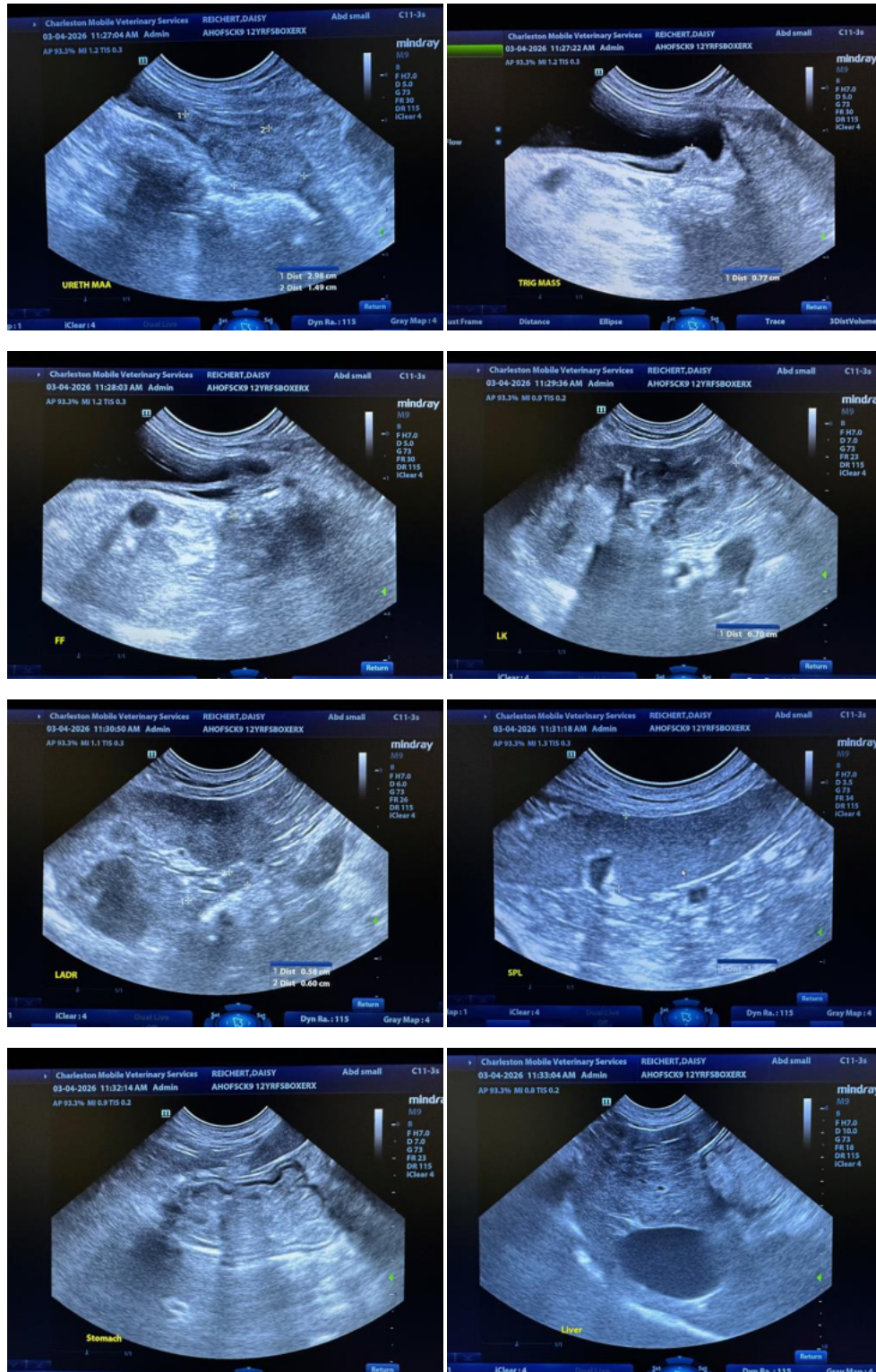
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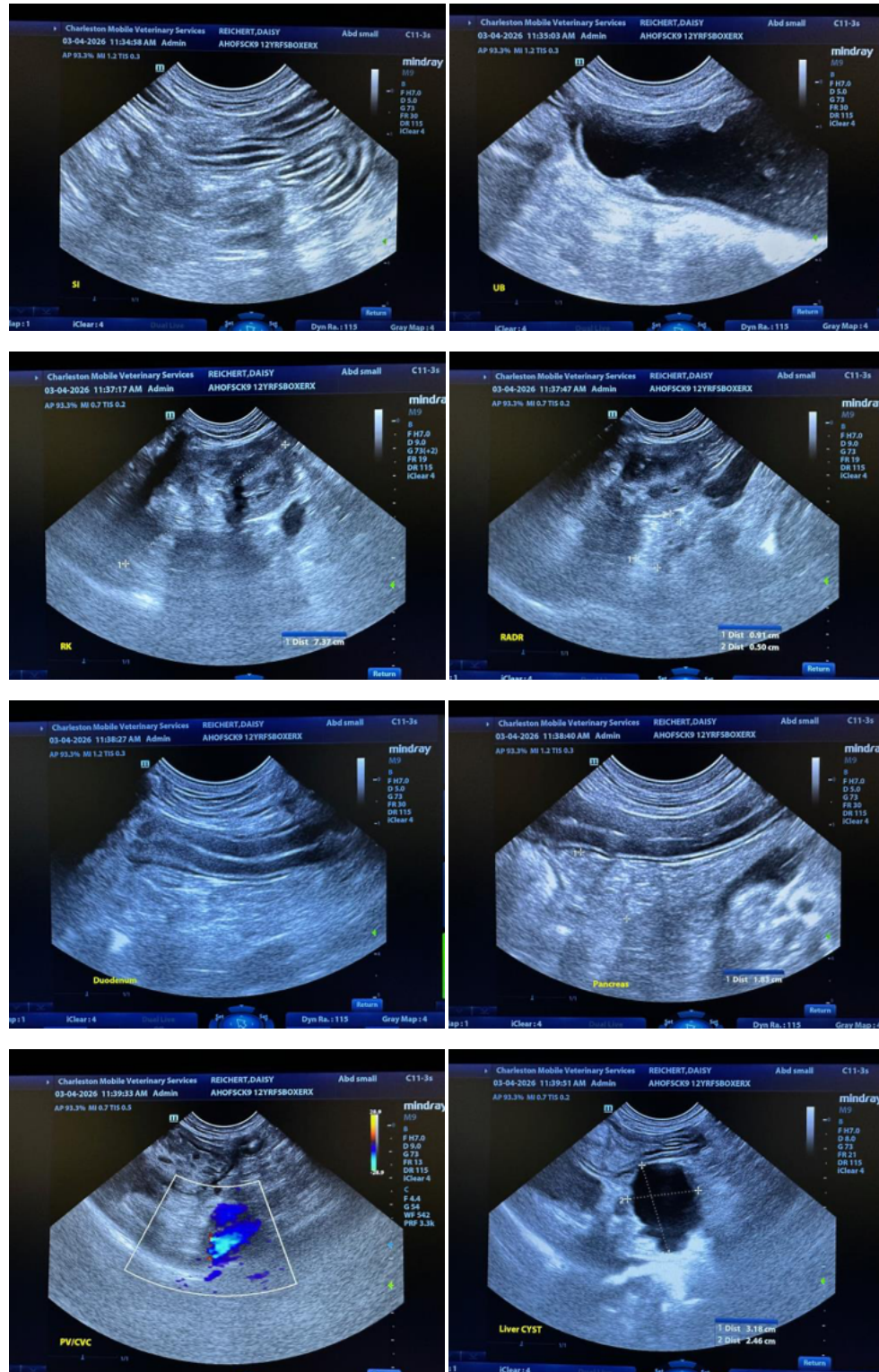
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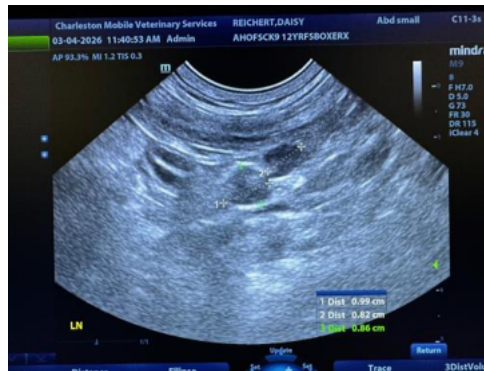
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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