Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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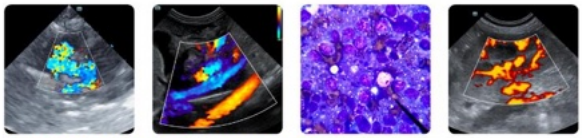

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Prim Jones

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Female, spayed

AGE

4/12/16

WEIGHT

25.6 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. McCalla

INVOICE

13560

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Presenting with anorexia and hematuria
Last known meal Wednesday. Vomiting started Tuesday. Sometimes clear after drinking water. Mostly yellow.
Dripping blood from vulva. Not straining to urinate. Normal amounts of urine at a time. Is going more frequently.
Drinking water normally.

Microalbuminuria - 27.9, pH - 7.5, Platelet Count - 483, Neutrophils - 84, Lymphocytes - 10, Absolute Neutrophils - 11844, AST (SGOT) 14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly to moderately distended. The wall is diffusely thickened (up to 0.84 cm) and irregular. A moderate amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.5 cm, are normal.

The left kidney is normal in size (4.98 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.57 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.57 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 (0.64 cm at cranial pole) (0.63 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 overall normal in size (0.93 cm in width at the level of the hilus). There is appropriate echogenicity and echotexture. A 2.0 x 1.6 cm hypoechoic to heterogeneous slightly cavitated vascular expansile mass is arising from the parenchyma approximately mid to caudal aspect of the spleen. In addition, a 0.63 cm anechoic lesion is also seen mid-body. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 mural detail. Discreet masses are not identified. The ileocecocolic 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
The abdominal lymph nodes are normal/not visible.

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

Other
The uterine stump is visible measuring 0.51 cm in width. No obvious pathology is seen.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of infiltrative neoplasia (i.e., transitional cell carcinoma).
- The splenic nodule/mass is concerning for emerging tumor (i.e., hemangiosarcoma, hemangioma, round cell tumor). However, a benign process (i.e., focus of lymphoid hyperplasia or similar) cannot be excluded. The small anechoic splenic lesion could be consistent with a metastatic lesion or a benign focus (i.e., cyst, other).

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hematuria, a urine culture and sensitivity is recommended. If negative, consider urinary bladder wall biopsies for further evaluation, as a negative urine BRAF test does not completely rule out the possibility of neoplasia.
- Regarding the splenic mass, consider the following:
  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  2. Splenectomy with submission of the spleen for histopathology
  3. Fine needle aspiration of the mass can be considered. However, there is a risk of iatrogenic hemorrhage with the procedure.

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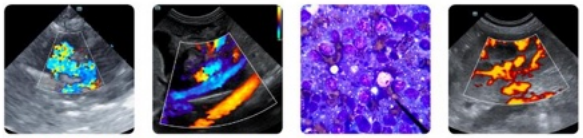

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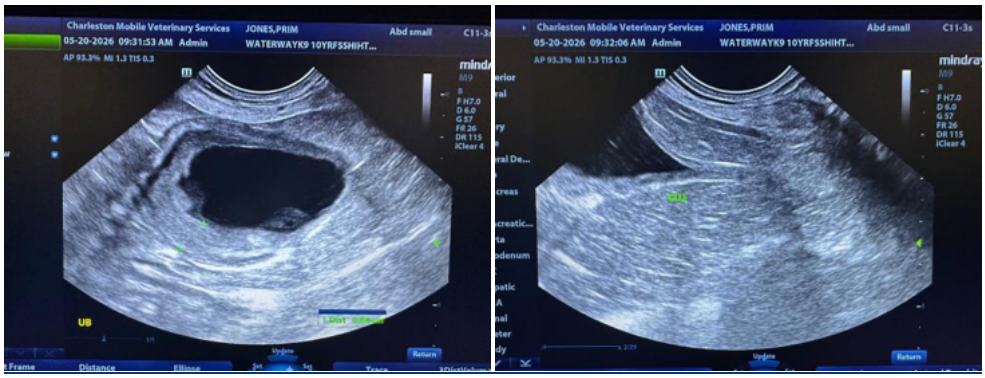

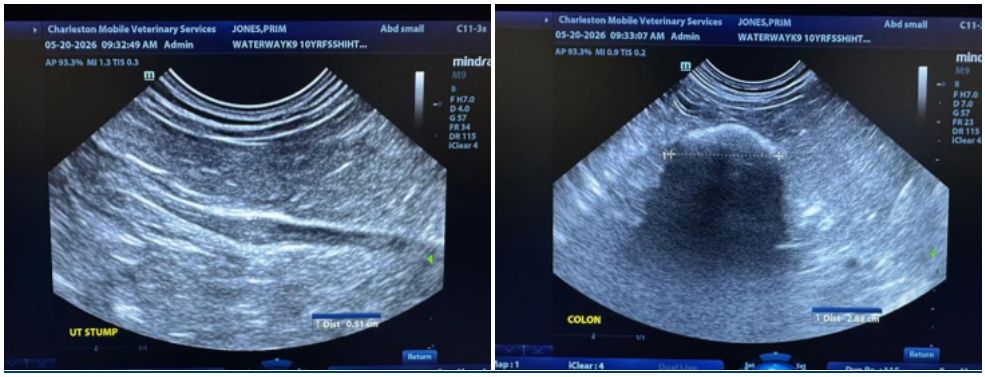

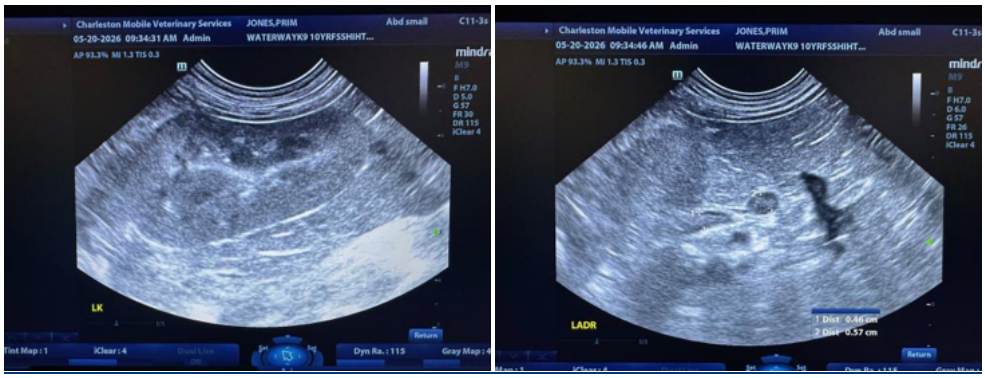

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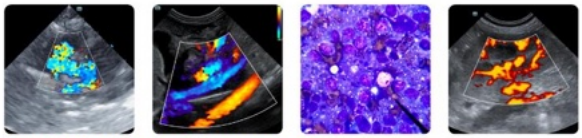

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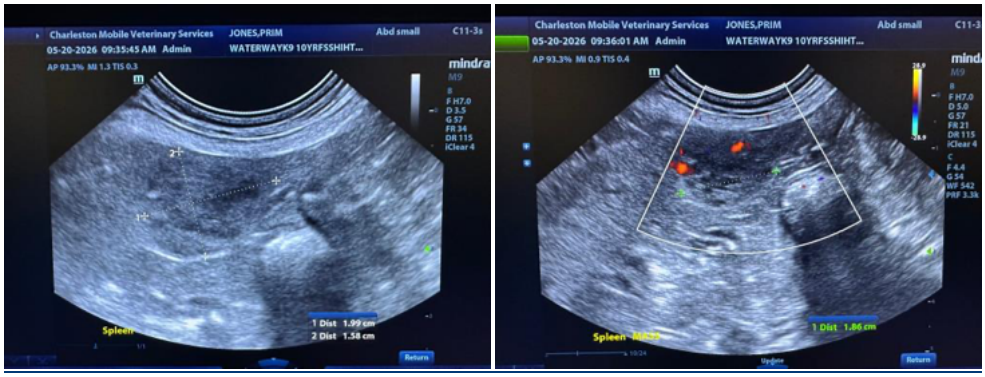

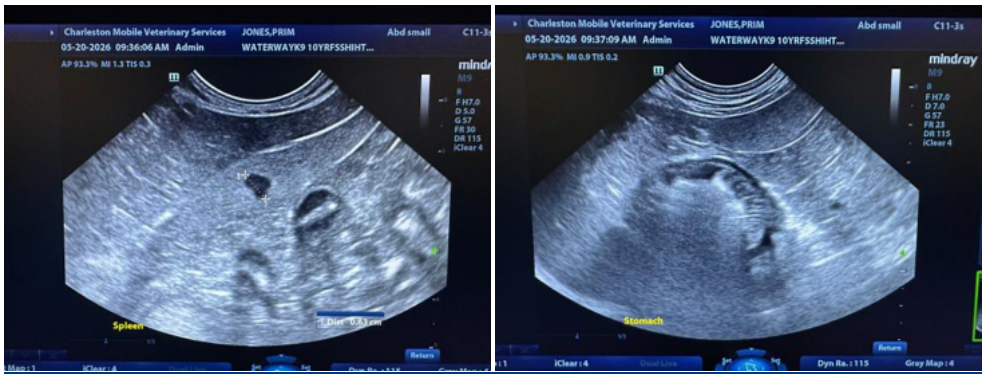

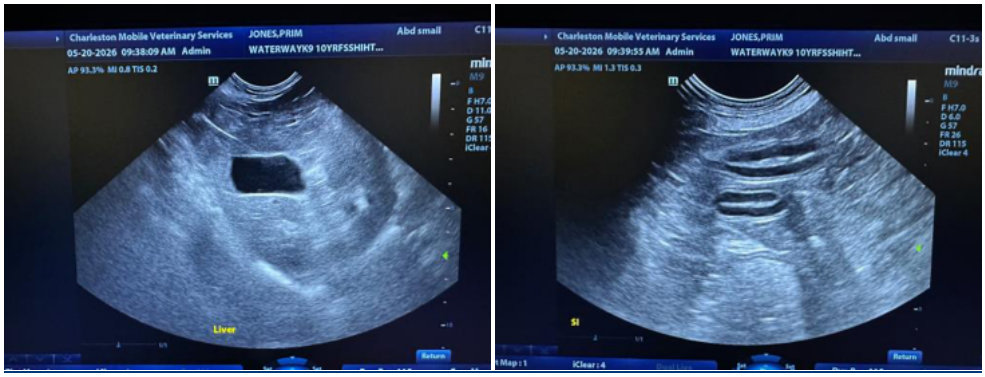

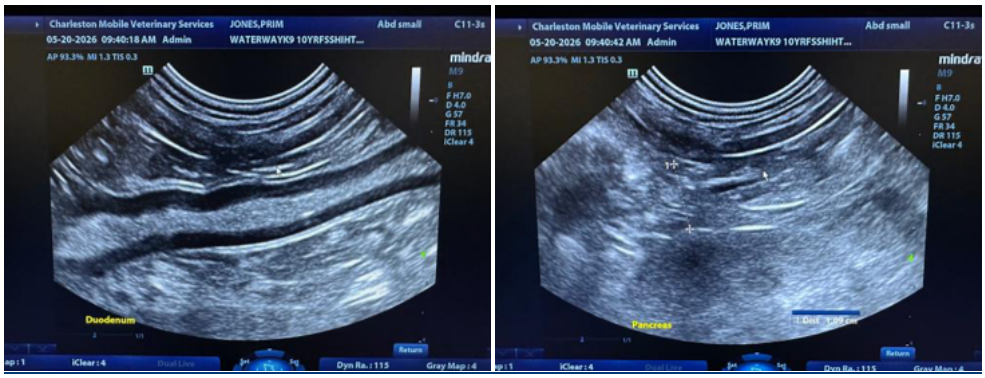

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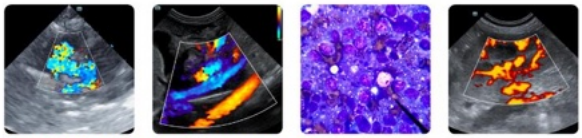

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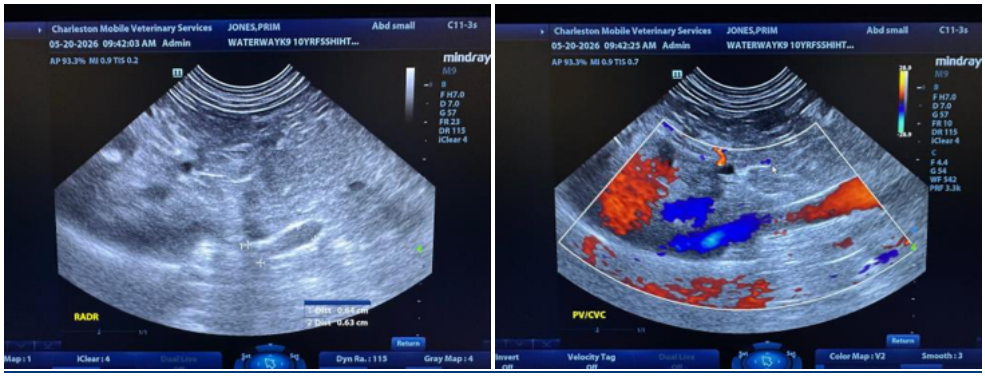

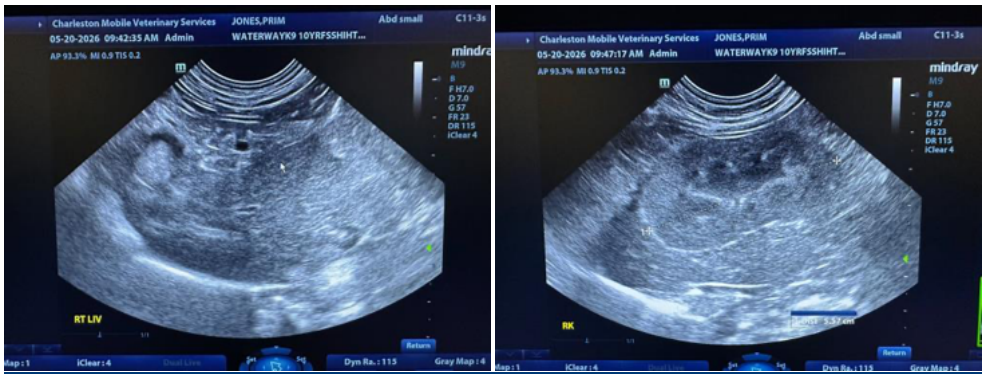

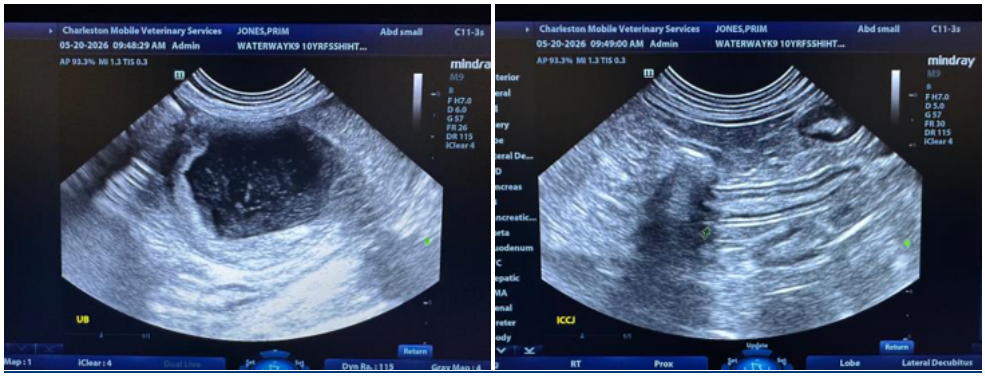

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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