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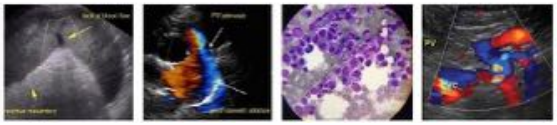


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Chance Rogers

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

22.8 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

St. Catherines AH

REFERRING VET

Dr. Boctor

INVOICE

12455

DATE

11/2/21

PRESENTING CLINICAL SIGNS

History: suspected bladder tumor or urethral tumor based on UA results
Abnormal PE/Chem/CBC/UA Results: Large number of transitional epithelial cells on urinalysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is slightly thickened with a subtly irregular mucosal surface. A focus of mineralization is also observed at the region of the apex. The remaining bladder wall is normal. Luminal contents are mostly anechoic. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.97 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is slightly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.99 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is poor 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 size (4.77 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is poor 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 enlarged (0.97 cm at cranial pole) (0.73 cm at caudal pole) (2.51 cm in length) with an irregular shape. A 1.53 x 0.95 cm heterogeneous nodule is observed at the cranial pole. The nodule causes capsular expansion. The glandular echogenicity and detail at the caudal pole are unremarkable. Surrounding vasculature appears normal.

The right adrenal gland is enlarged (1.14 cm at cranial pole) (0.84 cm at caudal pole) (2.47 cm in length) with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. Surrounding vasculature appears normal.

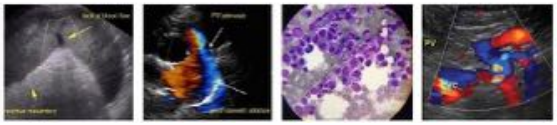
Spleen

The spleen is normal in size (1.26 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined hyperechoic nodules are observed throughout the organ, particularly in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas 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 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The urinary bladder wall changes are most consistent with cystitis with suspected mineralization in the apical wall although an adherent cystic calculus cannot be excluded. Although the changes are most consistent with cystitis, microscopic neoplasia cannot be is still possible, particularly in light of the urinalysis findings.

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization.
- Bilateral adrenomegaly with a left adrenal nodule. Differentials include bilateral nodular hyperplasia, left adrenal tumor with right nodular hyperplasia, other.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. Also consider a urine culture and sensitivity (obtain via urethral catheterization).
- Given the adrenal changes, consider a repeat ultrasound in 1-2 months to assess for progression. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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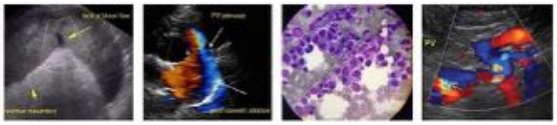

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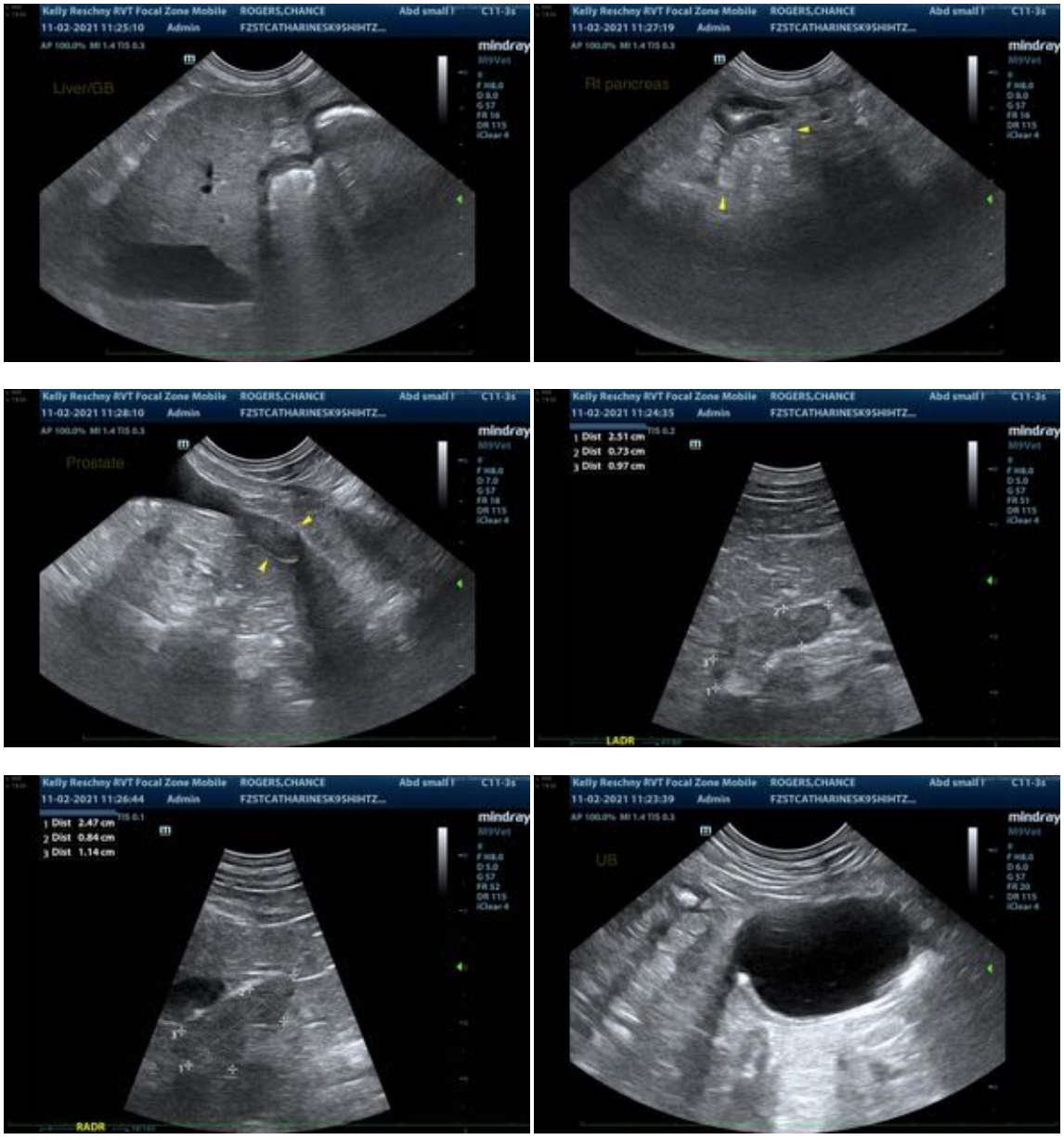
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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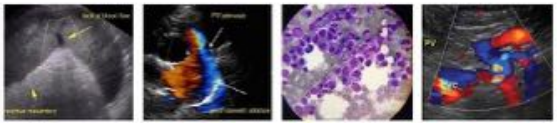

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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