

PATIENT

Annamay Agostino

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

35.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Salib

INVOICE

12960

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Overweight, tense on abdominal palpation. Owner has noticed increased drinking and some blood in urine. Straining to urinate. No meds.
Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. A >6 cm irregular heterogeneous mass effect appears to be arising from the ventral wall extending from the apex to the cystourethral junction. The mass is eroding through the serosal surface. No cystic calculi are observed. The wall at the cystourethral junction is irregular. The region of the trigone appears irregular and thickened. The walls of the cystourethral junction and proximal urethra are thickened. The proximal urethral lumen is not overtly dilated. The mesentery surrounding the urinary bladder is hyperechoic and irregular.

The left kidney is normal size (7.14 cm in length) with a slightly irregular shape. Severe hydronephrosis is present (2.55 cm in the longitudinal plane). The cortex is thinner than normal and there was moderate loss of corticomedullary distinction. There is no evidence of nephroliths or infarcts. The proximal ureter is severely dilated (1.89 cm in diameter). The ureter tapers to mild to moderate dilation a few cm from the renal pelvis (0.50 cm in diameter), after which it is not visualized.

The right kidney is normal size (7.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The adrenal glands are not definitively visualized due to left renal pathology and patient discomfort.

Spleen

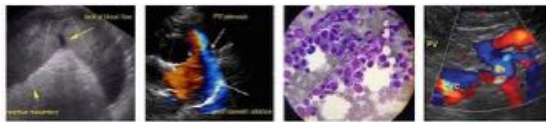
The spleen is normal in size (1.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is 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. No pathological hepatic lymphadenopathy observed. 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 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.



PATIENT

Pancreas

Annamay Agostino

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.

SPECIES

Canine

Free Abdomen

There is questionable trace free fluid adjacent to the urinary bladder. 1-2 enlarged medial iliac lymph nodes are visualized, the largest measuring 2.58 x 0.86 cm.

BREED

Labrador Retriever

SEX

Female, spayed

- Large transmural urinary bladder mass with regional peritonitis. Neoplasia (i.e., transitional cell carcinoma) is the top differential. The left renal hydronephrosis/hydroureter is suspected to be secondary to distal ureteral obstruction due to the urinary bladder mass. Concurrent pyelonephritis cannot be completely excluded.

AGE

9 Yrs.

- The medial iliac lymphadenopathy may be due to metastatic disease or reactive change.
- Mild degenerative right renal changes.

WEIGHT

35.6 kg.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test is recommended to further evaluate for lower urinary tract neoplasia.
- If an aggressive approach is desired, consider consultation with a board-certified oncologist to discuss chemotherapy options.
- If a palliative approach is desired, consider the following:
 1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
 2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
 3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Salib

INVOICE

12960

DATE

2/7/22





PATIENT

Annamay Agostino

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

35.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

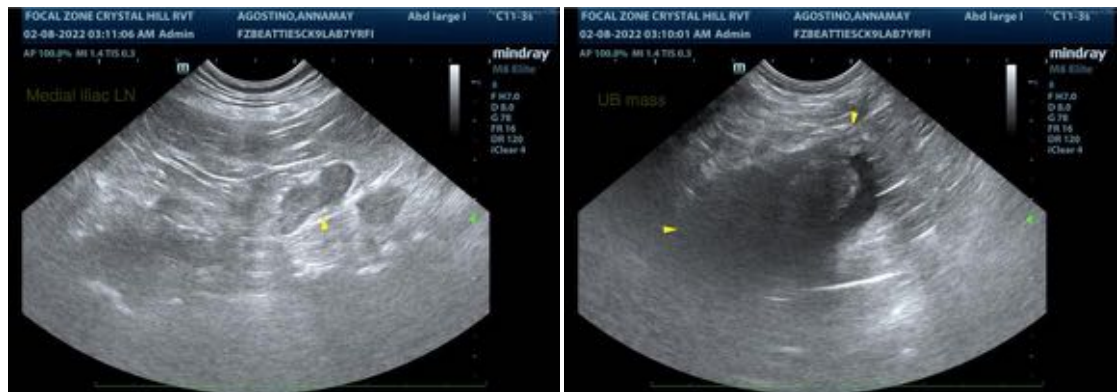
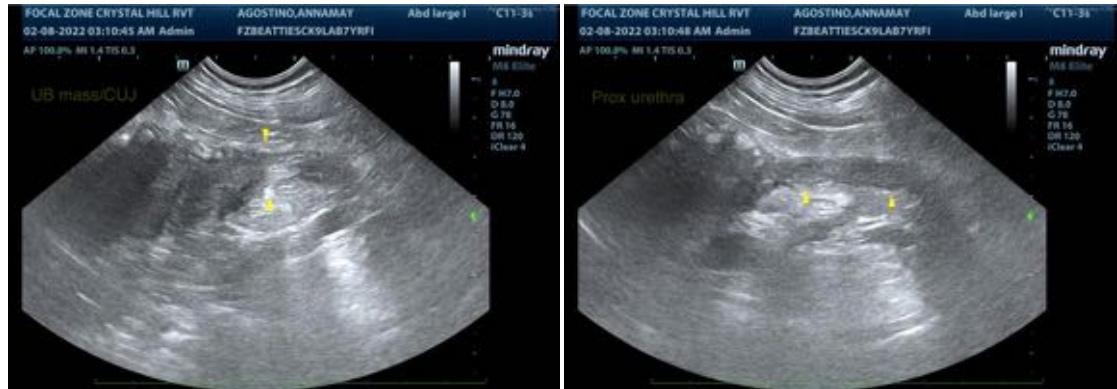
REFERRING VET

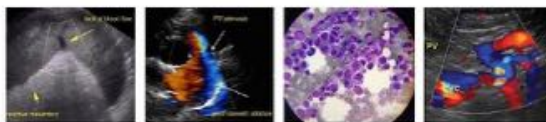
Dr. Salib

INVOICE

12960

DATE
2/7/22





PATIENT

Annamay Agostino

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

35.6 kg.



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

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

Andrea.nicastro@sonopath.com

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Salib

INVOICE

12960

DATE

2/7/22