



PATIENT PRESENTING CLINICAL SIGNS

Daisy Clayton History: Persistent UTI, possible bladder thickening/mass seen on clinic US.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

***The images on this report are labeled "Jeff Clayton" but they are the images for Daisy Clayton.*

Urinary System

BREED

Jack Russell Terrier
Mix

The urinary bladder is moderately distended. A vascular mass-effect is occupying the majority of the urinary bladder lumen. The point of origin is unclear due to its extensive nature. The region of the trigone cannot be appreciated due to the presence of the mass. No cystic calculi are observed.

SEX

Female Spayed

The left kidney is normal size (5.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 Years

The right kidney is normal size (6.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

18 kgs.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.62 cm at caudal pole) (1.79 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (1.37 cm at cranial pole) (0.62 cm at caudal pole) (2.31 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

The spleen is normal in size (1.52 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.

HOSPITAL NAME

Yates VH

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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Kait

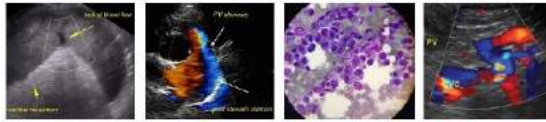
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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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

DATE

9/21/21



PATIENT

Daisy Clayton

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

SPECIES

Canine

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.

BREED

Jack Russell Terrier
Mix

Free Abdomen

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

SEX

Female Spayed

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass occupying the majority of the lumen. Neoplasia (i.e., transitional cell carcinoma) is likely with a low possibility of a severe inflammatory process.

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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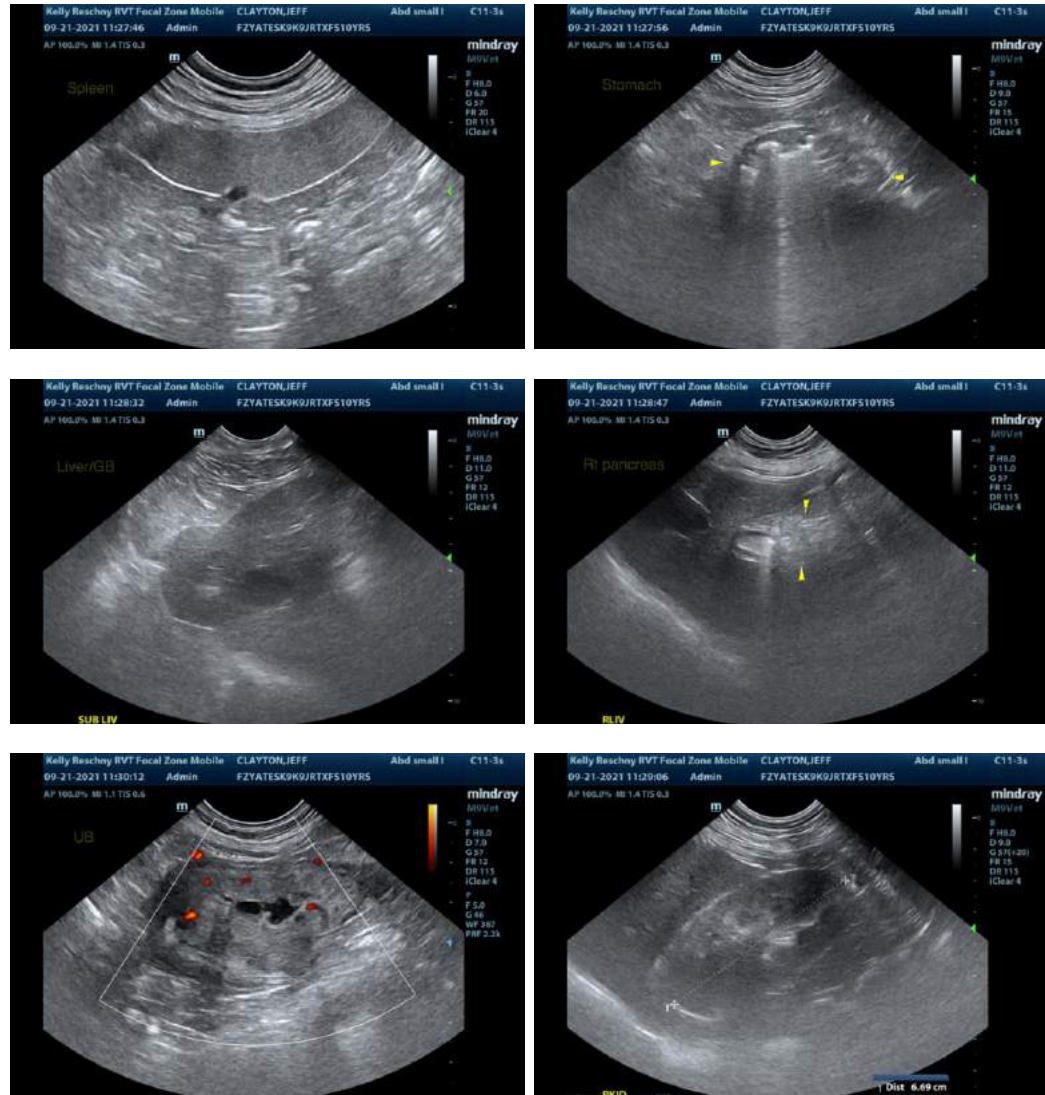
Yates VH

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11862kk**

**DATE
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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.

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