



PATIENT

Xavier Rudbart

PRESENTING CLINICAL SIGNS

History: Hematuria, phosphorus binder, renal diet.
Abnormal PE/Chem/CBC/UA Results: ++ blood, transitional cells 4-10/hpf

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed breed

The urinary bladder is moderately distended. A 1.01 x 0.57 cm irregular nodule is arising from the dorsal wall. The wall in the region of the apex is mildly thickened (up to 0.41 cm) with an irregular mucosal surface. A small to moderate amount of suspended 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 3-4 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (0.76 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

16 Yrs.

The left kidney is normal size (4.19 cm in length) with a slightly irregular shape. The cortex is thickened and there is moderate loss of corticomedullary distinction. A cortical infarct is observed at the caudal pole. A few small cortical cysts are seen. A few non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is evidence of hydroureter. Renal vasculature is normal.

WEIGHT

18 lbs.

The right kidney is normal size (4.00 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and there is moderate loss of corticomedullary distinction. There is a questionable cortical infarct at the cranial pole. 1-2 small cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is mildly enlarged (0.66 cm at cranial pole) (0.63 cm at caudal pole) (1.84 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.

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Shari Reffi CVT

The right adrenal gland is normal size (1.14 cm at cranial pole) (0.55 cm at caudal pole) (1.71 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.

HOSPITAL NAME

All Creatures Great
and Small Denville

Spleen

The spleen is subjectively normal in size (1.58 cm in width at the level of the hilus) with normal curvilinear peripheral contour. A light micronodular pattern is present throughout the organ. A few larger hypoechoic nodules are also seen, the largest measuring 0.29 cm in length. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Ashmore

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A few polypoid like lesions are arising from

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the luminal surface. A moderate to large amount of aggregated echogenic partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

SPECIES

Canine

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. In one segment of small intestine, a small amount of shadowing material is visualized. The small intestinal lumen is not otherwise 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.

BREED

Mixed breed

Pancreas

SEX

Male, neutered

The right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

AGE

16 Yrs.

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

WEIGHT

18 lbs.

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The dorsal urinary bladder wall lesion could be consistent with a tumor (i.e., transitional cell carcinoma) or a polypoid cystitis. The bladder wall thickening in the region of the apex is more consistent with cystitis with a lower possibility of infiltrative neoplasia.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with suspected cortical infarcts and non-obstructive nephrocalcinosis.
- The gallbladder changes could be consistent with cholestasis, a developing mucocele or secondary to fasting.

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Secondary Findings:

- Borderline left adrenomegaly.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- 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 pancreatic changes are consistent with age-related remodeling +/- fibrosis. If a positive Murphy's sign is present, chronic pancreatitis may also be present.

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- The shadowing material within the small intestinal lumen likely represents foreign material but is likely transient as there is no evidence of an obstructive pattern at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the urinary bladder nodule, a urine BRAF test is recommended to further assess for neoplasia. It should be noted that a negative BRAF test does not completely rule out the possibility of cancer. Therefore, if a negative test is obtained, additional diagnostics (i.e., traumatic urethral catheterization or surgical biopsy) may be necessary to get a definitive diagnosis. Also consider a urine culture and sensitivity on a catheterized urine sample.
- Regarding the gallbladder sludge, consider initiation of Ursodiol therapy. Alternatively, consider a repeat ultrasound of the gallbladder in 2-3 weeks, preferably 1-2 hours post small meal. If the gallbladder appears similar to today's scan, consider initiation of Ursodiol therapy at that time.
- Regarding the renal changes, serial monitoring of the patient's kidney values is recommended to assess for progressive disease.
- Regarding the splenic parenchymal changes, a fine needle aspirate can be considered to rule out round cell neoplasia, although a benign process is favored.

AGE

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WEIGHT

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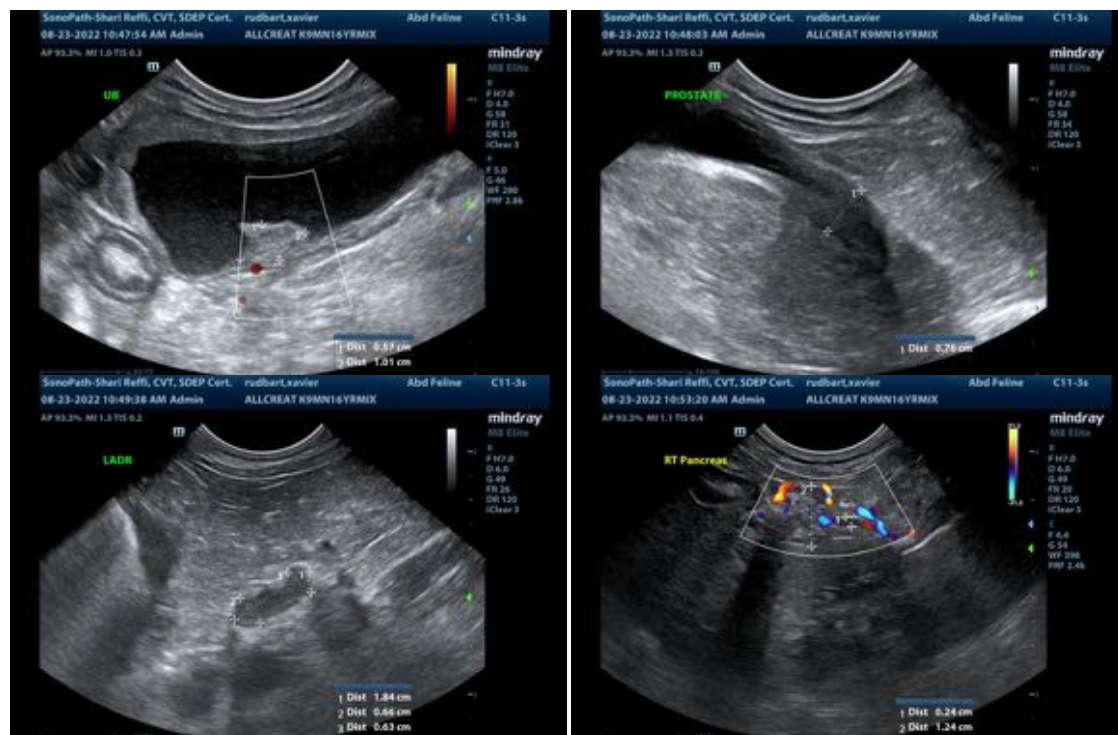
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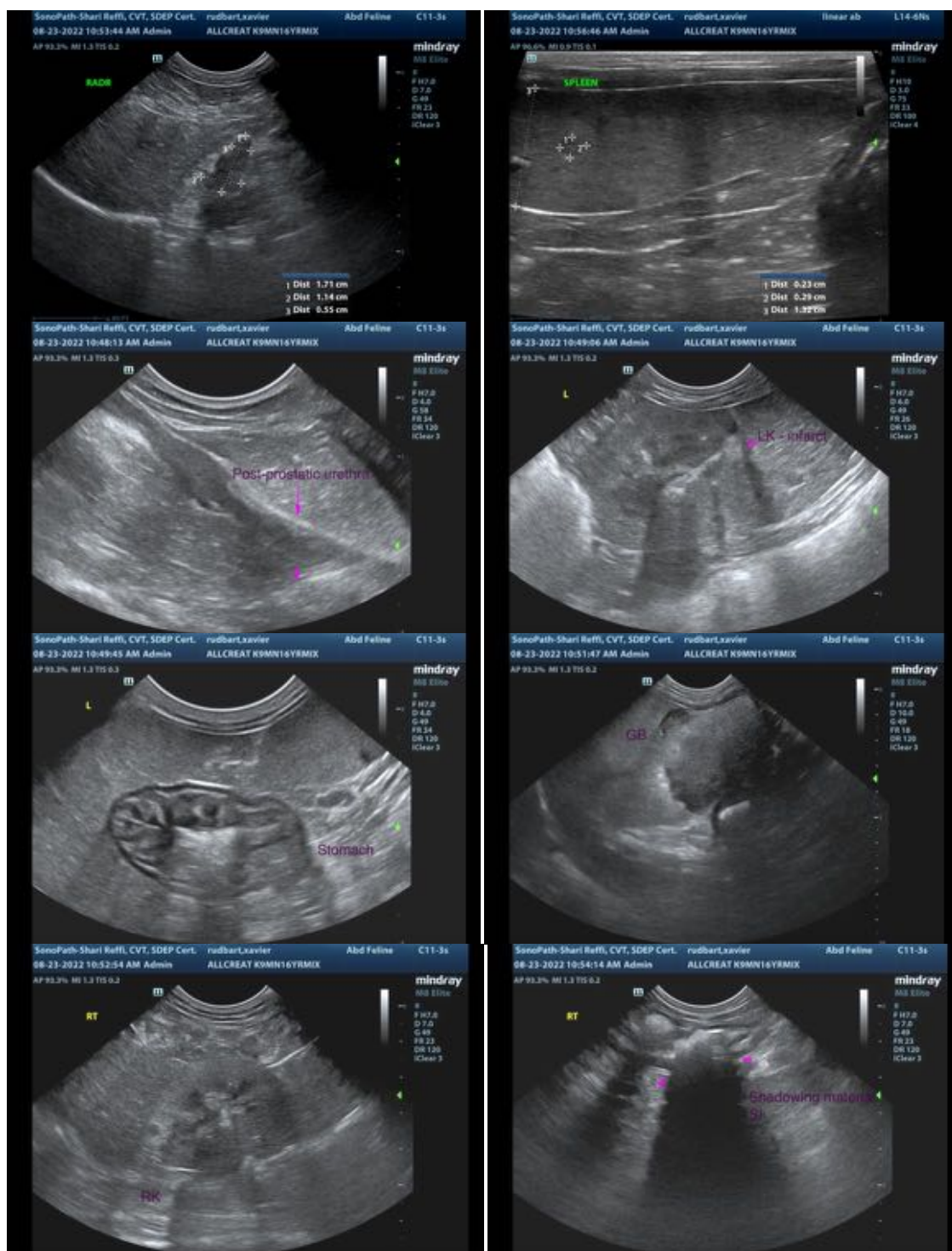
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Canine

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info@SonoPath.com

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