SonoPath
Clinical Sonography & Telecytology
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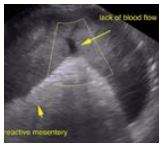
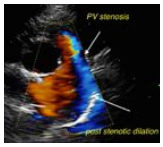
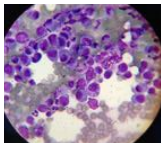
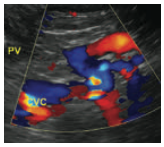

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1-800-838-4268 info@sonopath.com

PATIENT
Lucy Castillo

SPECIES
Canine

BREED
Golden Retriever

SEX
F

AGE
7Y

WEIGHT
90#

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Val Shumskaya

HOSPITAL NAME
Ridge Road Animal Hospital

REFERRING VET
Dr. Pathak

INVOICE
10134

DATE
3/22/2023

PRESENTING CLINICAL SIGNS

R/o bladder mass/pancreatitis. P brought to emergency for V/D for 2 days. Doing better today. If bladder mass, is it resectable Current meds: cerenia, famotidine, sucralfate,

Abnormal PE/Chem/CBC/UA Results: CPL snap +, elevated lipase UA: Protein +1, Blood/hb 3+, SG 1.012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended, however very scant anechoic contents are visible due to the complete filling of the lumen with a solitary heterogenous vascular mass. The mass measure 7.3 cm x 3.1 cm in size, extending from the apex to the trigone and adhering to the ventral and dorsal wall. No cystoliths are observed.

The right kidney is normal in size (6.68 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.49 long, cranial 0.69 cm, caudal 0.61 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.63 long, cranial 0.36 cm, caudal 0.64), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

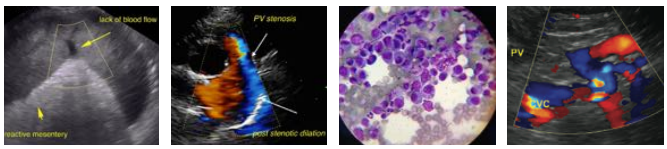
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Urinary bladder mass –** Urinary bladder wall changes are most concerning for infiltrative neoplasia such as transitional cell carcinoma vs other. Benign inflammatory disease (cystitis) cannot be ruled out but is considered less likely given the location and appearance of the tissue.

- **Gastroenteritis –** Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

Additionally, as is reportedly already in place continued supportive/symptomatic medical management of gastroenteritis is recommended, in the form of antiemetics, gastro protectants, a probiotic such as Visbiome or Proviable, etc. In addition, empirical deworming with 5-day course of Panacur is recommended. If gastrointestinal signs recur additional workup recommendations may be warranted.

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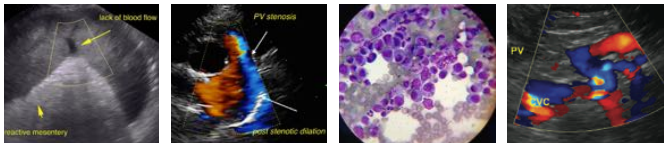

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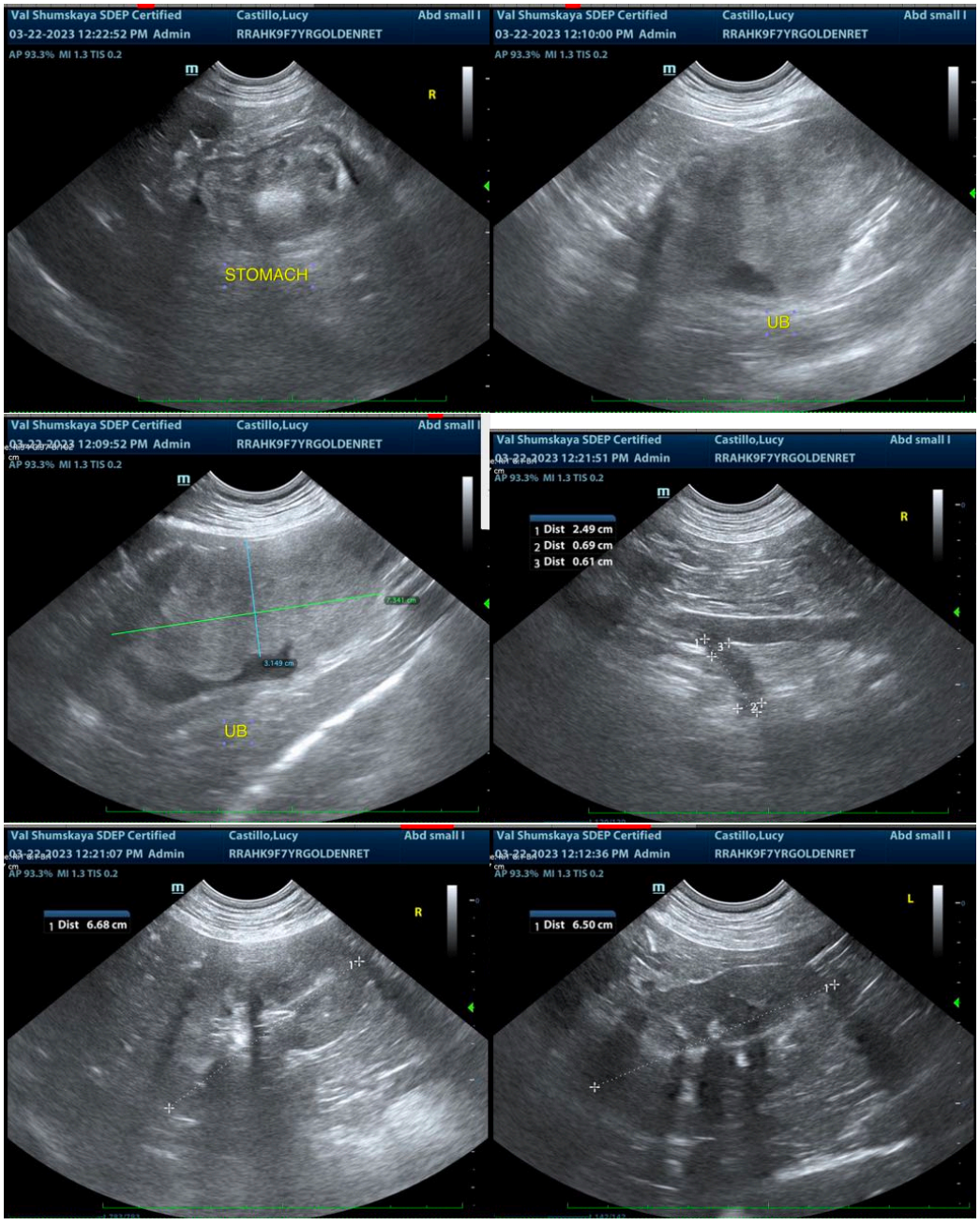

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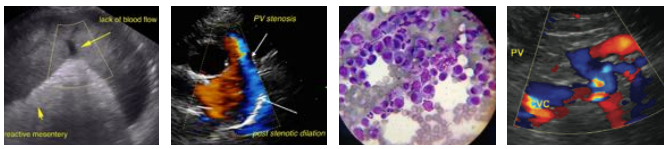

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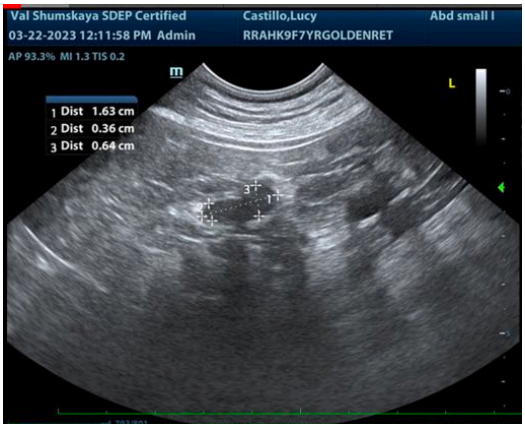

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com