



**PATIENT**

Ava Ramsay

**PRESENTING CLINICAL SIGNS**

History: hx of TCC of the bladder and mammary adenocarcinoma. looking for evidence of metastasis

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents. The wall is diffusely irregular and thick, measuring 0.56 cm at the apex, consistent with a chronic cystitis. However, in addition, there is a solitary heterogenous mass lesion in the trigone, measuring 2.8 cm long x 1.5 cm thick. No cystoliths are observed.

**BREED**

Corgi

Left kidney is normal is size (6.19 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.

**SEX**

Spayed Female

Right kidney is normal is size (6.48 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.

**AGE**

12

**Adrenal Glands**

Left adrenal gland is normal in size (0.44 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**WEIGHT**

37

Right adrenal gland is normal in size (0.48 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

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.

**IMAGING PERFORMED BY**

Brian Klug, Technician

**Liver**

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. An approximately 1.0 cm in diameter, hyperechoic nodule is noted in the caudal liver, adjacent to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

**HOSPITAL NAME**

Sondel Family VC

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.

**REFERRING VET**

Dr. Elana Frankenthal

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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**Pancreas**

**SPECIES**

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Canine

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**Free Abdomen**

There is no evidence of peritoneal effusion. There is no discrete lymphadenopathy. In the medial iliac lymph node area, there is a 1.1 cm x 1.4 cm heterogenous, primarily hyperechoic structure, that is most consistent with fat, but an atypically enlarged lymph node can't be ruled out.

Corgi

**SEX**

**Other**

Spayed Female

Ring-downs are noted at the level of the diaphragm.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

12

- 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.

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37

- Liver nodule – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

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DACVIM

- Ring-downs- suggestive of lung pathology such as infiltrative neoplasia, thromboembolic disease, chronic inflammatory disease, etc.

**IMAGING PERFORMED BY**

Brian Klug, Technician

- Atypical appearing medial iliac lymphadenopathy is possible, however, the lesion described above is more consistent with fat vs other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Given the ring-downs noted above, if not recently evaluated, 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.

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A fine needle aspirate of the atypical appearing medial iliac lymph node area could be considered if patients coagulation status is appropriate. However, the appearance of the lesion is atypical for a metastatic lesion, and therefore, monitoring is a reasonable approach as well.

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Additionally, there is no evidence of intraabdominal metastatic disease for the reported transitional cell carcinoma or mammary gland adenocarcinoma reported.

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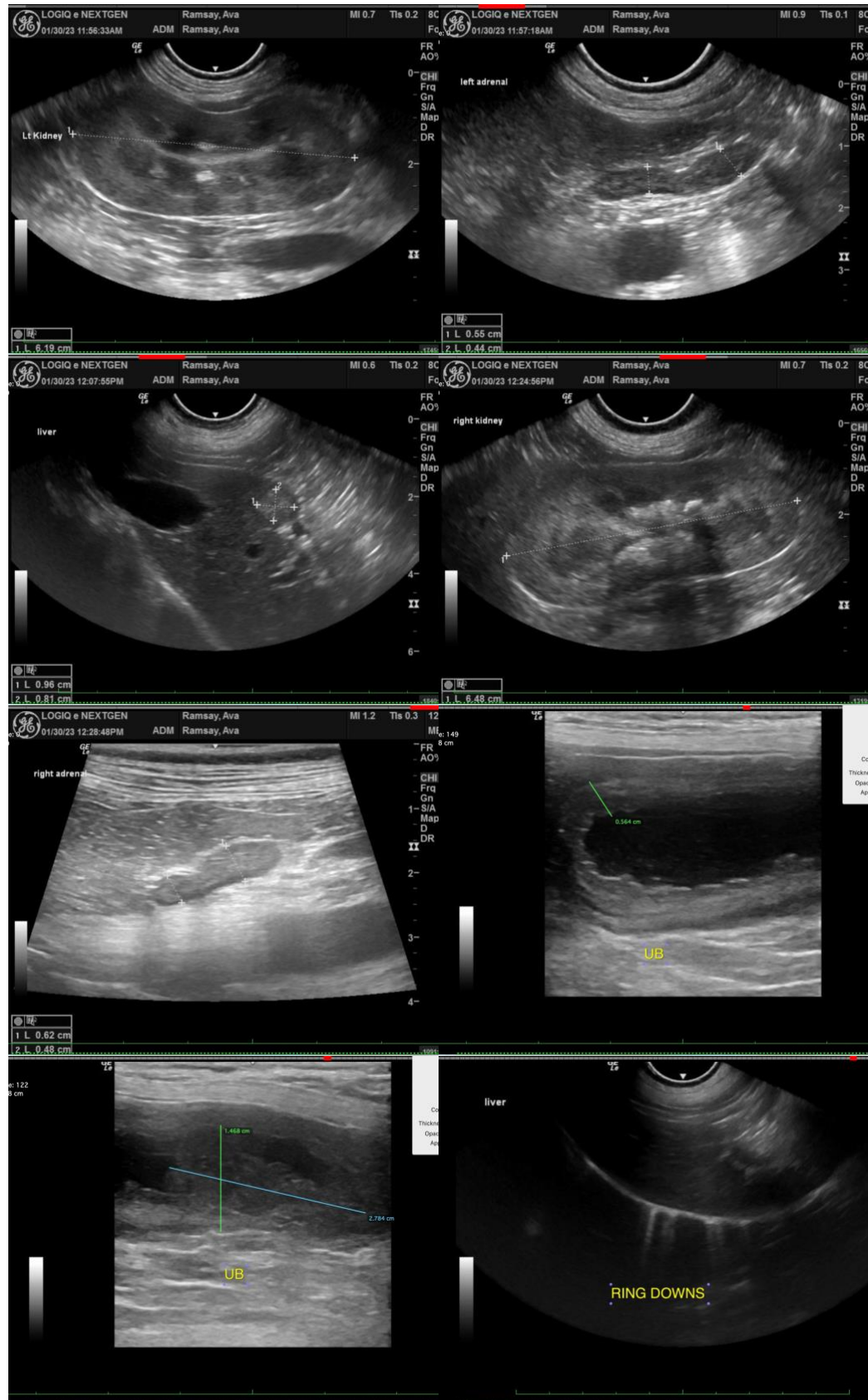
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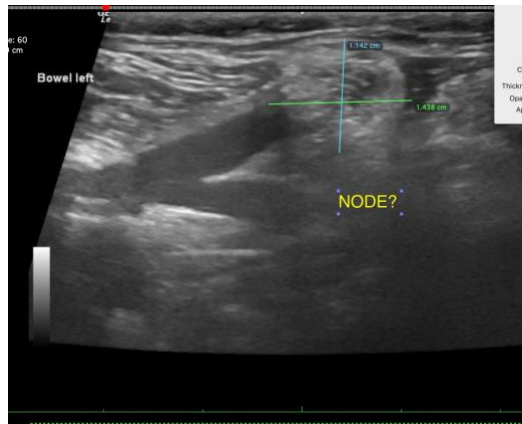
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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