



PATIENT

Violet Strouse

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.1 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Rebecca Risbon, VMD,
DACVIM (Oncology)

INVOICE

72031

DATE

1/7/26

PRESENTING CLINICAL SIGNS

Recheck AUS following Urinary Bladder TCC. Currently being managed with BP Malvern Oncology service. History/Presenting complaint: Violet was evaluated at the beginning of September for pollakiuria that was first noted 1 month prior. A u/a was submitted and revealed blood and rafts of atypical epithelial cells. An ultrasound revealed a mass in the bladder suspicious for TCC. AUS performed on 9/10/2025 and 10/29/2025. Current medications: Piroxicam 0.7 mg SID, Lapatinib 120 mg Daily, HepatoTruBenefit SID Diet: Chicken and Rice since Oct (prev pancreatitis). At AUS- ID diet given to O to transition to. Recommended a balanced diet. Post AUS: urinated multiple times (5+) on floor, small amount, yellow, no blood, no straining.

Abnormal PE/Chem/CBC/UA Results: 11/28/25 CBC WBC 10,800K, Neut 6,400, Hct 46.4%, Plt 722K CHEM ALP 564 (was 933, 833), else wnl 10/29 AUS UB adequately distended w/ anechoic contents & mild-mod amt of suspended echogenic & mineral debris. Apical wall is norm in thickness & appearance. Trigone is thick & irregular, extending into the very prox urethra. Thickness measures 0.40-0.60 cm thick. An approx 0.60 cm diameter bright echogenic shadowing density consistent w/a cystolith along the mid dependent dorsal wall. In that area an approx 0.80 cm in size echogenic density that may represent different views of the cystolith but is more consistent in some views w/tissue. This could represent a benign inflamm change although infiltrative neoplasia, given pts hx, resulting in a 2nd mass-like lesion can't be r/o.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as a mild to moderate amount of suspended echogenic debris. Additionally, there is a 0.50 cm in diameter shadowing mineral density settled along the cranial dependent wall, consistent with a cystolith. Within the trigone there is a 0.93 cm x 1.6 cm irregular, echogenic density/mass lesion extending into the proximal urethra, where the urethral wall/mass measures approximately 0.67 cm thick. Within the proximal urethra there are several pinpoint mineral densities that may represent mineralized tissue/mass, although intraluminal sand can't be definitively ruled out.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left measures 4.57 cm. Right measures 4.82 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.73 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.63 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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



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(hyperechoic to liver), except for an approximately 1.0 cm x 1.7 cm mildly heterogeneous, mixed, non-capsule disrupting nodule near the tail of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogeneous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. In particular, the mid to right liver has an especially rounded, almost emerging mass-like appearance in once view, measuring 6.5 cm x 8.0 cm in size. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of 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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogeneous to hyperechoic in echogenicity.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- The urinary bladder mass appears static to subjectively slightly progressive in terms of size and involvement of the trigone as well as possible mineralization within the proximal urethra. Having said that, some of the measurements as well as the view could be differences in positioning, as the previously noted area adjacent to the cystolith I believe is the pedunculated portion of the trigone mass and was potentially the same last ultrasound.
- The splenic nodule is static to slightly progressive in size as well, with differentials unchanged and possibly representing both benign lesions as well as infiltrative neoplasia or even metastatic nodule that can't be differentiated without tissue sampling.



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- Moderately Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. *An emerging mass-like lesion resulting in a subjectively slightly more rounded appearance to the right caudal liver can't be ruled out.

SECONDARY FINDINGS

- Age related kidney changes.
- Chronic low-grade smoldering pancreatitis.
- Mildly to moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations depend in part on what previous diagnostics i.e., sampling, etc. have been done, but having said that, fine needle aspirates of the liver, splenic nodule +/- enlarged mesenteric lymph nodes (if they can safely be reached) could all be considered if patient's coagulation status is appropriate.

Ultimately, continued consultation with patient's oncologist is recommended.

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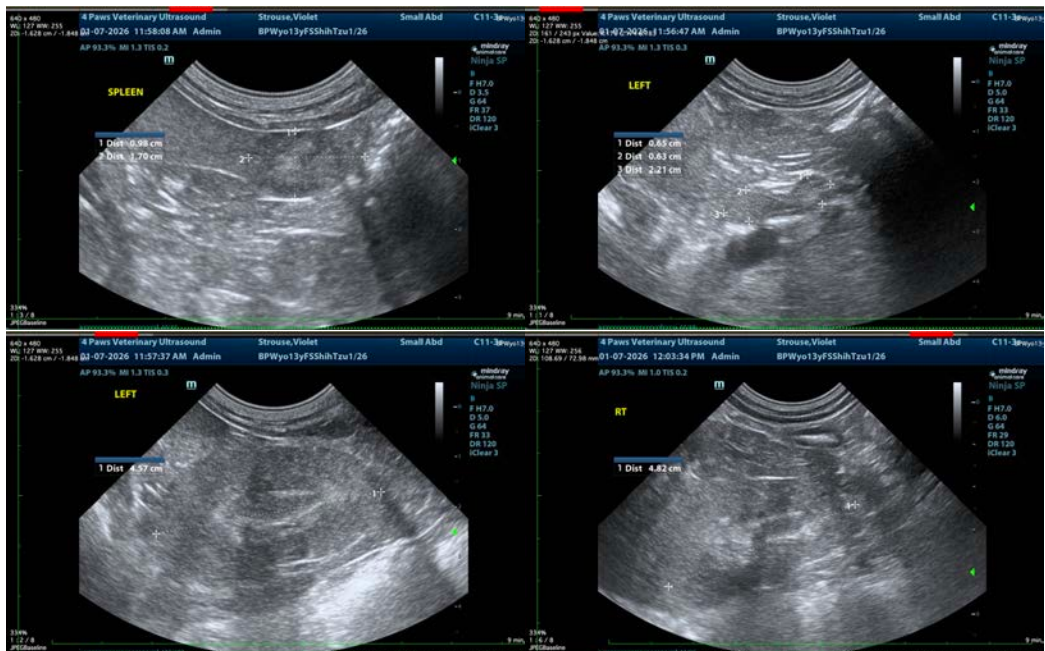
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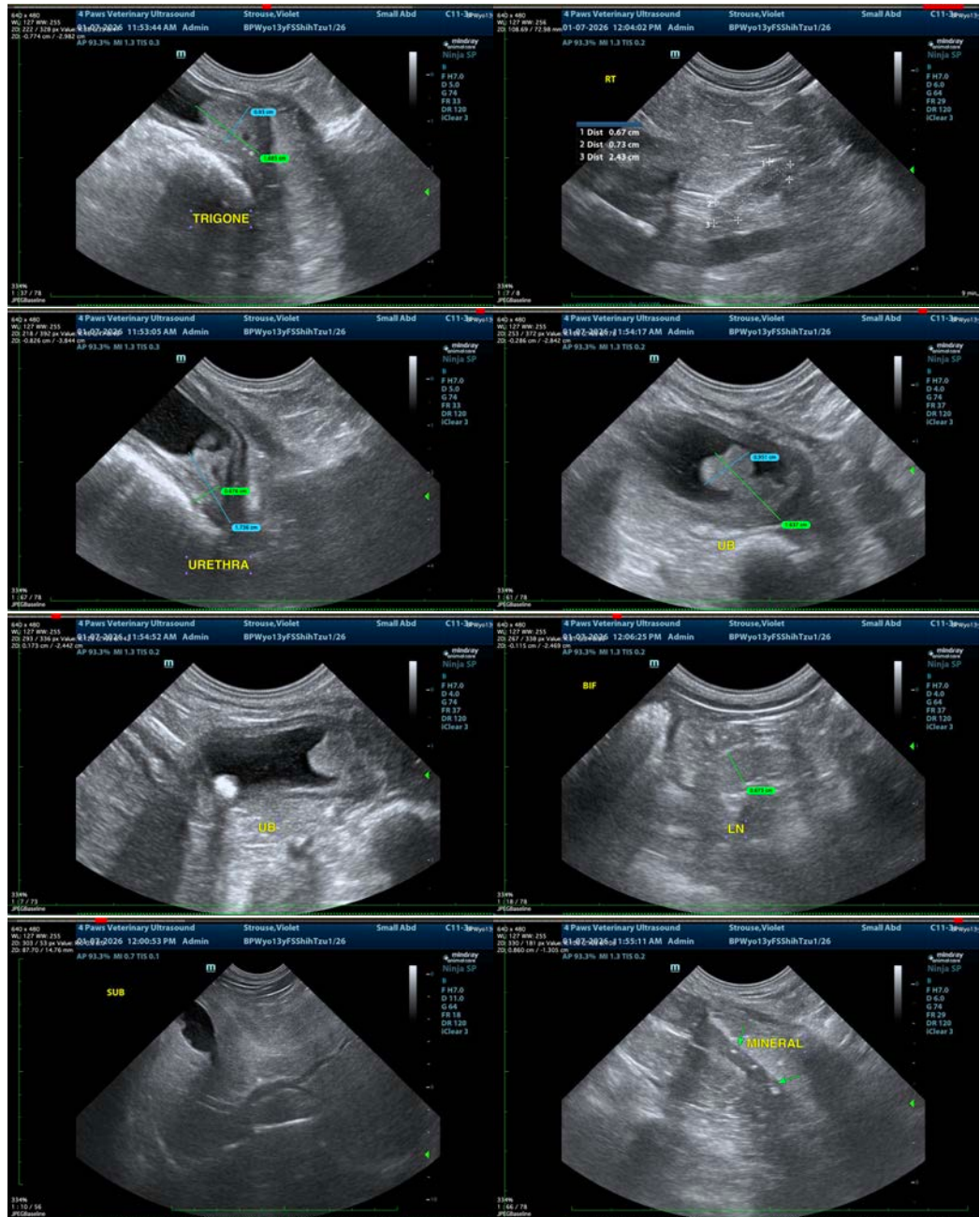
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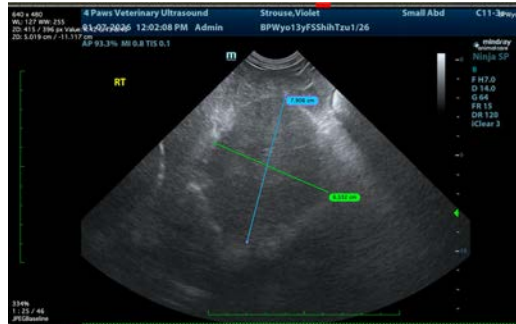
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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