



## PATIENT

Violet Strouse

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed Female

## AGE

13 Years 3 Months

## WEIGHT

6.22 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Dr. Rebecca Risbon,  
Oncology

## INVOICE

74113

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

Recheck AUS following urinary bladder TCC and progressive ALP elevations. 10/1/25: BRAF detected. Currently being managed with BP Malvern Oncology service. Violet was initially evaluated at the beginning of September for pollakiuria that was first noted 1 month prior. Previous ultrasounds also noted stable splenic nodule, chronic low-grade pancreatitis (did have a bout a pancreatitis that resolved), moderate heterogenous liver parenchymal changes and a possible emerging mass-like lesion resulting in a subjectively slightly more rounded appearance, mild- mod reactive mesenteric LNs. At home, O reports that Violet is doing ok, still remains with urinating small frequent amounts, no increase in straining, no hematuria. Does whine more at night now.

Chemo protocol: Piroxicam 0.7 mg SID, Lapatinib 120 mg Daily, HepatoTruBenefite Daily

No sedation for ultrasound. Reactive over ultrasound of the bladder, mildly over the right kidney.

Abnormal PE/Chem/CBC/UA Results: AUS: 9/10/25, 10/29/25, 1/7/26 1/7/26: UB- 0.50 cm diam shadowing mineral density along cranial dependent wall, cystolith. W/in the trigone- 0.93cm x 1.6cm irreg, echogenic density/mass lesion extending into prox urethra, where urethral wall/mass measures approx 0.67cm thick. W/in the prox urethra- several pinpoint mineral densities-mineralized tissue/mass vs intraluminal. Splenic nodule 1.0 cm x 1.7 cm mildly heterogeneous, mixed, non-capsule disrupting nodule near the tail of the spleen, static to slightly progressive in size. Liver- Mod heterogenous, mid to rt liver has a rounded, almost emerging mass-like appearance measuring 6.5cm x 8.0cm. Chronic low-grade panc. Mild-mod reactive mesenteric LNs CBC: WBC 9K-, Neut 5,090, Hct 47.3, Plt 430 CHEM: ALP 1502 (was 933, 833, 564, 937), NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended with anechoic contents as well as a mild to moderate amount of suspended echogenic debris and some mineral/sand debris, including an approximately 0.70 cm in diameter suspect cystolith along the cranial dependent wall. Within the trigone is an approximately 1.3 cm x 1.0 cm or 1.2 cm x 2.0 cm in size (depending on the view) irregular, echogenic, partially mineralized density/mass extending into the proximal urethra, where the urethra measures approximately 0.87 cm thick and contains pinpoint mineralizations.

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 mineral or infarcts observed. Left kidney measures 4.63 cm. Right kidney measures 5.35 cm. Marked pyelectasia is present in the right kidney measuring 0.90 cm in the transverse view with concurrent dilated ureter measuring 0.30 cm dilated at the level of the ureteral papilla.

### Adrenal Glands

The right adrenal gland is normal in size (0.76 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.83 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



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## 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). An approximately 0.70 cm x 0.80 cm mildly heterogeneous, non-capsule disrupting, largely hyperechoic nodule is noted near the cranial aspect of the spleen. A 2<sup>nd</sup> 1.0 cm x 1.5 cm mildly heterogeneous, primarily hypoechoic non-capsule disrupting nodule is noted near the caudal aspect of the spleen. Splenic vasculature appears normal.

## Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogeneous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The previously suspected emerging mass is not visible in these images at this time. 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 empty with 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 of the small intestine is empty with 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 hypoechoic in echogenicity.

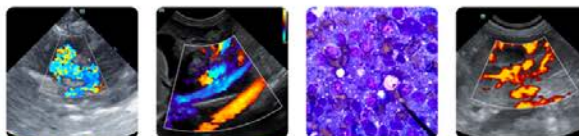
## Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- The urinary bladder mass is static to subjectively slightly progressive in size, with a new progressive finding of emerging right hydronephrosis and hydroureter, I suspect as a result of tumor invasion of the right ureteral papilla.
- The other change is a new/2<sup>nd</sup> splenic nodule, which as previously discussed could represent benign and/or metastatic lesion and can't be differentiated without tissue sampling. Otherwise, the previously noted splenic nodule, the mild liver and pancreatic changes, mild gallbladder debris, etc. are static in appearance.



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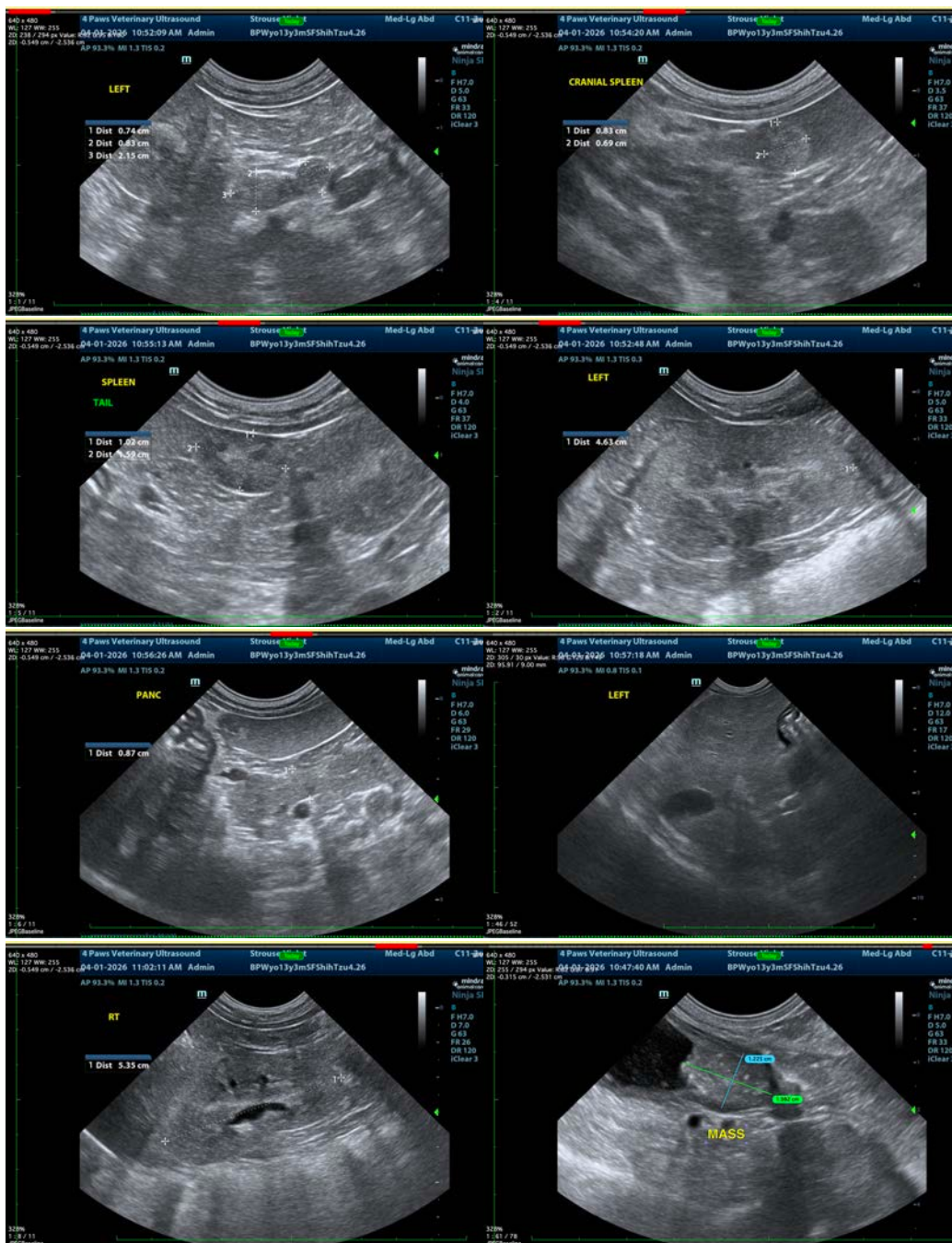
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the splenic nodules could be considered if patient's coagulation status is appropriate.





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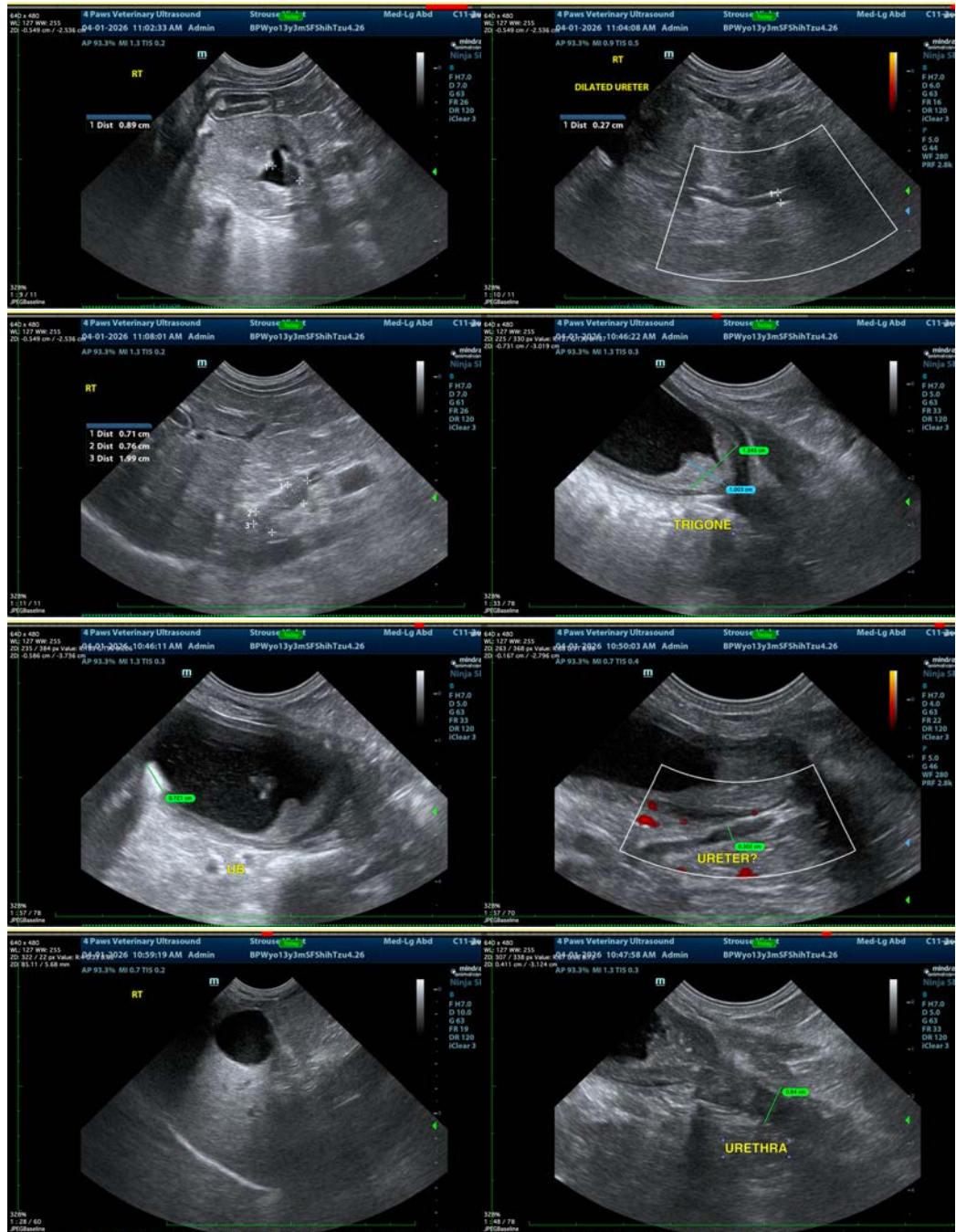
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@sonopath.com