

PATIENT

Emma Pileci

PRESENTING CLINICAL SIGNS

Chronic urinary bladder infections, urolith removal (CaOx).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alt 181; Alkp 259; Cl 108; C & S pending.

BREED

West Highland White
Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick. The apical wall measures 0.4 cm thick. Mucosa is hyperechoic and irregular. Additionally, along the dorsal wall approaching the trigone there is a 2.46 cm x 0.75 cm heterogenous, irregular, and mineralized mass like lesion that appears vascular, but the vascularity could be twinkle artifact. The visible pelvic urethra is normal in thickness with a smooth mucosal surface.

AGE

10 yr.

The right kidney is normal in size (5.18 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, or infarcts observed. Dystrophic mineralization noted.

WEIGHT

Not provided

The left kidney is normal in size (4.46 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, or infarcts observed. Dystrophic mineralization noted.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (cranial 0.59 cm, caudal 0.59 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (cranial 0.4 cm, caudal 0.53 cm) shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Shari Reffi, CVT

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). A 0.2 cm x 0.3 cm hypo to anechoic non capsule disrupting nodule in the mid spleen, as well as a 0.6 cm x 1 cm anechoic cystic non capsule disrupting nodule mid spleen. Splenic vasculature appears normal.

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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. In the left lateral liver 3 cm x 4.3 cm echogenic fluid filled structure possible cyst was noted. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Peleci

INVOICE

10421

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.

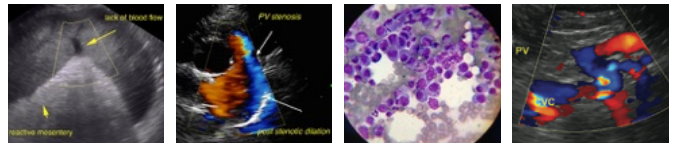
DATE

8/15/2023

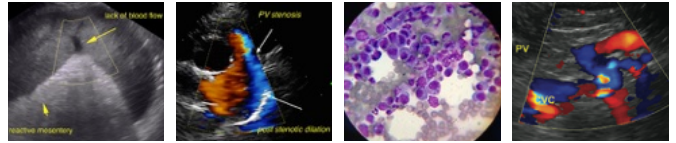
Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction or foreign material. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3



| | |
|-----------------------------|--|
| PATIENT | contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material. |
| Emma Pileci | |
| SPECIES | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Canine | Pancreas |
| BREED | 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. |
| West Highland White Terrier | Free Abdomen |
| SEX | There is no evidence of free peritoneal effusion noted in these images. |
| Spayed Female | There is no apparent lymphadenopathy noted in these images. |
| AGE | There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended. |
| 10 yr. | |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| Not provided | <ul style="list-style-type: none"> The urinary bladder wall changes are most consistent with chronic cystitis involving the apical bladder wall as well as the more mass like lesion along the dorsal wall, with mass like lesion potentially having embedded small cystoliths within it. Having said that a mineralized mass as a result of infiltrative neoplasia cannot be definitively ruled out. The large anechoic structure in the liver is most consistent with a benign hepatic cyst. However, given the slightly echogenic appearance of the fluid a complicated cyst or even abscess can't be definitively ruled out. Infiltrative neoplasia is considered much less likely. Hypo to anechoic splenic nodules – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out. Non obstructive dystrophic mineralization bilaterally in the kidneys. |
| INTERPRETED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Beth Johnson, DVM DACVIM | 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/prostate 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. |
| IMAGING PERFORMED BY | |
| Shari Reffi, CVT | |
| HOSPITAL NAME | |
| Animal General Augusta | |
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| Dr. Peleci | |
| INVOICE | Additionally, a fine needle aspirate/draining of the hepatic cyst could be considered for both cytology as well as C/S. |
| 10421 | |
| DATE | Pending results of above, especially if this patient has a urinary tract infection, treatment of the infection based on C/S results longer term as a complicated infection i.e., 4-6 plus weeks, while monitoring the urinary bladder wall could be considered to see if the mass lesion decreases and/or changes in size or all together resolves. If the lesion is improving antibiotics should be continued until it either plateaus or completely resolves. With this approach a culture should be repeated a week to 10-days after finishing antibiotics to ensure full clearance of the infection. |
| 8/15/2023 | |



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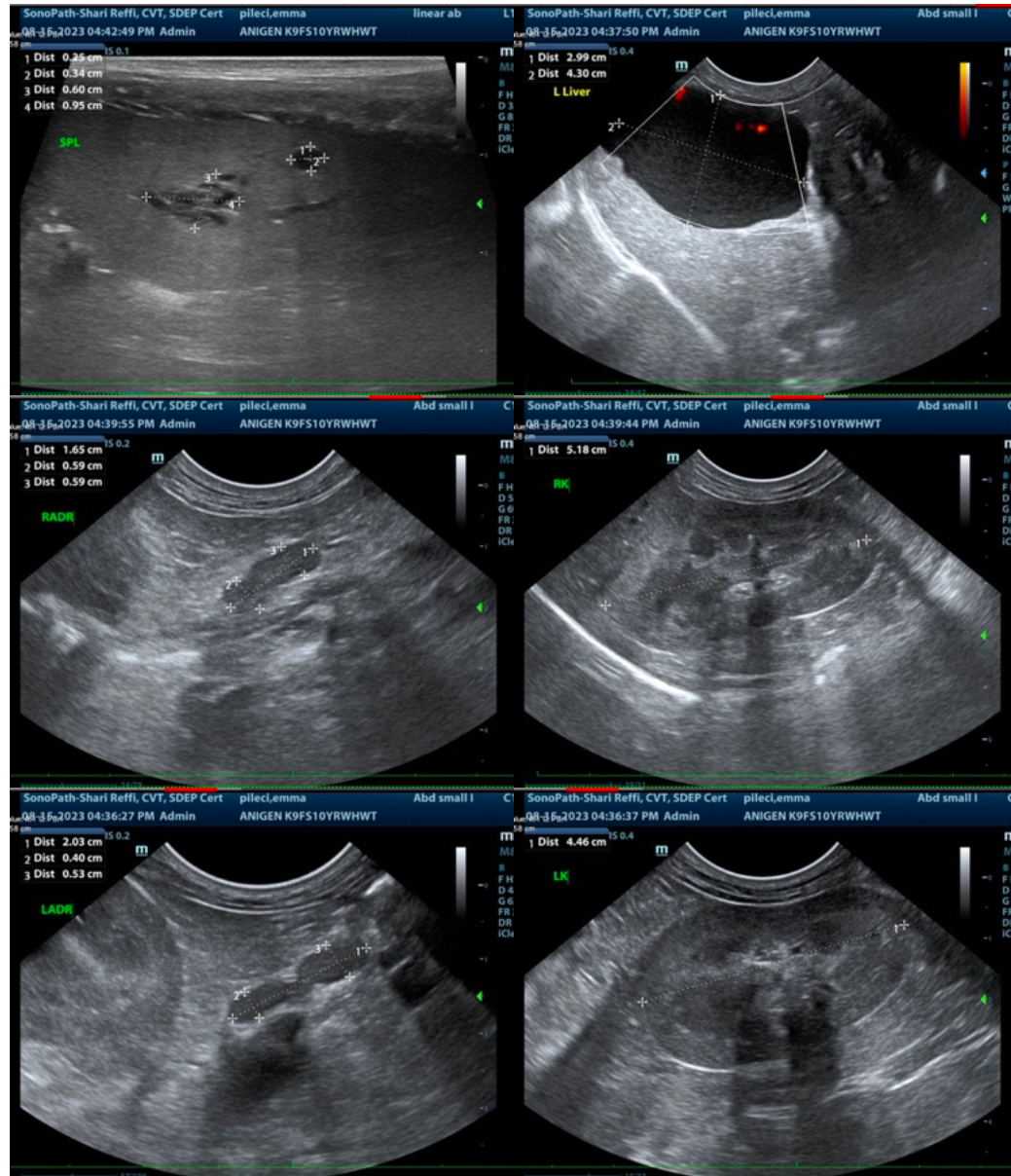
Dr. Peleci

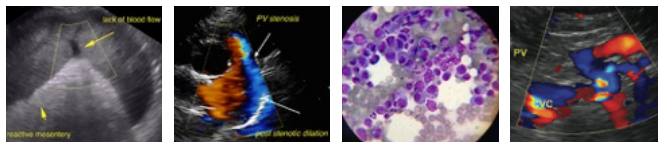
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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