

PATIENT

Bella Hernandez

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

16.5 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

Dr. Nancy Reese

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DATE

9/28/22

has included intermittent circling behavior, recurrent urinary tract infections, and now hematuria and proteinuria without evidence of infection but increased transitional epithelial cells, moderate hypertension (systolic 165-175), and weight loss (12.6# in 2020 to 8.8# now in 2022). Her most recent urinalysis had frank blood clots in it. Her most recent blood work (8/12/22) had a mild increase BUN of 58 (6-31) with a high normal creatinine of 1.6 (0.5-1.6), mild increase ALP of 287 (5-131), slightly elevated Ca 11.5 (8.9-11.4), and CBC all WNL. We did not see any obvious bladder stone on radiographs and are concerned about neoplasia in the bladder (and elsewhere). There has been no vomiting or diarrhea, and her appetite has been OK per the owner. She is visually impaired due to chronic corneal changes (making it difficult to visualize the rest of the eye). She is currently on enalapril for her hypertension (and proteinuria) 2.5 mg BID and recently deroxicib 6 mg q 24

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not fully distended, resulting in a diffusely mildly thick, irregular wall. However, the entire dorsal wall with an approximately 1.0 cm base extending 1+ cm into the lumen contains a sessile, heterogeneous, irregular, vascular mass with "kissing lesion" on the ventral wall.

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. The left kidney measured 3.5 cm. The right kidney measures 3.74 cm. Multiple small cortical cysts are noted bilaterally. Mild pyelectasia noted on the left.

Adrenal Glands

The right adrenal gland is normal in size (2.0 cm long x 0.56 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.61 cm at the cranial pole and 0.68 cm at the caudal pole), 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). Several hypoechoic, non-capsule disrupting nodules are present. One measures 1.3 cm in diameter. One measures 0.60-0.70 cm in diameter. 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.



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Bella Hernandez Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Chihuahua

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 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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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.

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Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

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PRIMARY 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.

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- **Emerging mucocele** – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

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- **Hypo to anechoic splenic nodules** – likely represent benign lesions such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

SECONDARY FINDINGS

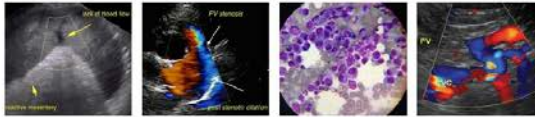
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- Age related kidney changes with bilateral cortical cysts and mild pyelectasia on the left

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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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Chihuahua

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.

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In the meantime, empirical management of any possible secondary infections with broad-spectrum antibiotics as well as an anti-inflammatory such as Piroxicam, being sure to include gastrointestinal support, could be considered pending results.

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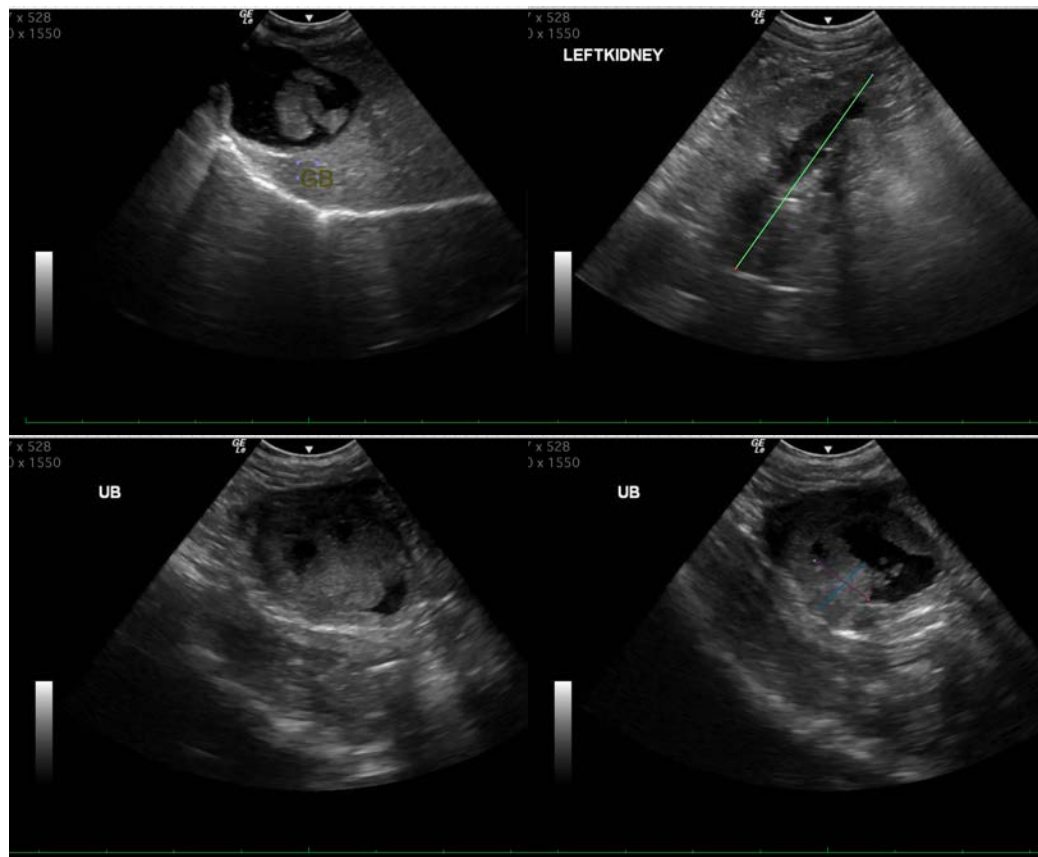
Dr. Nancy Reese

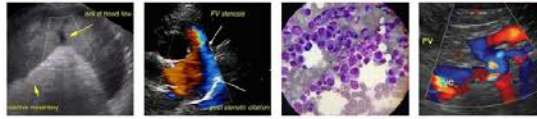
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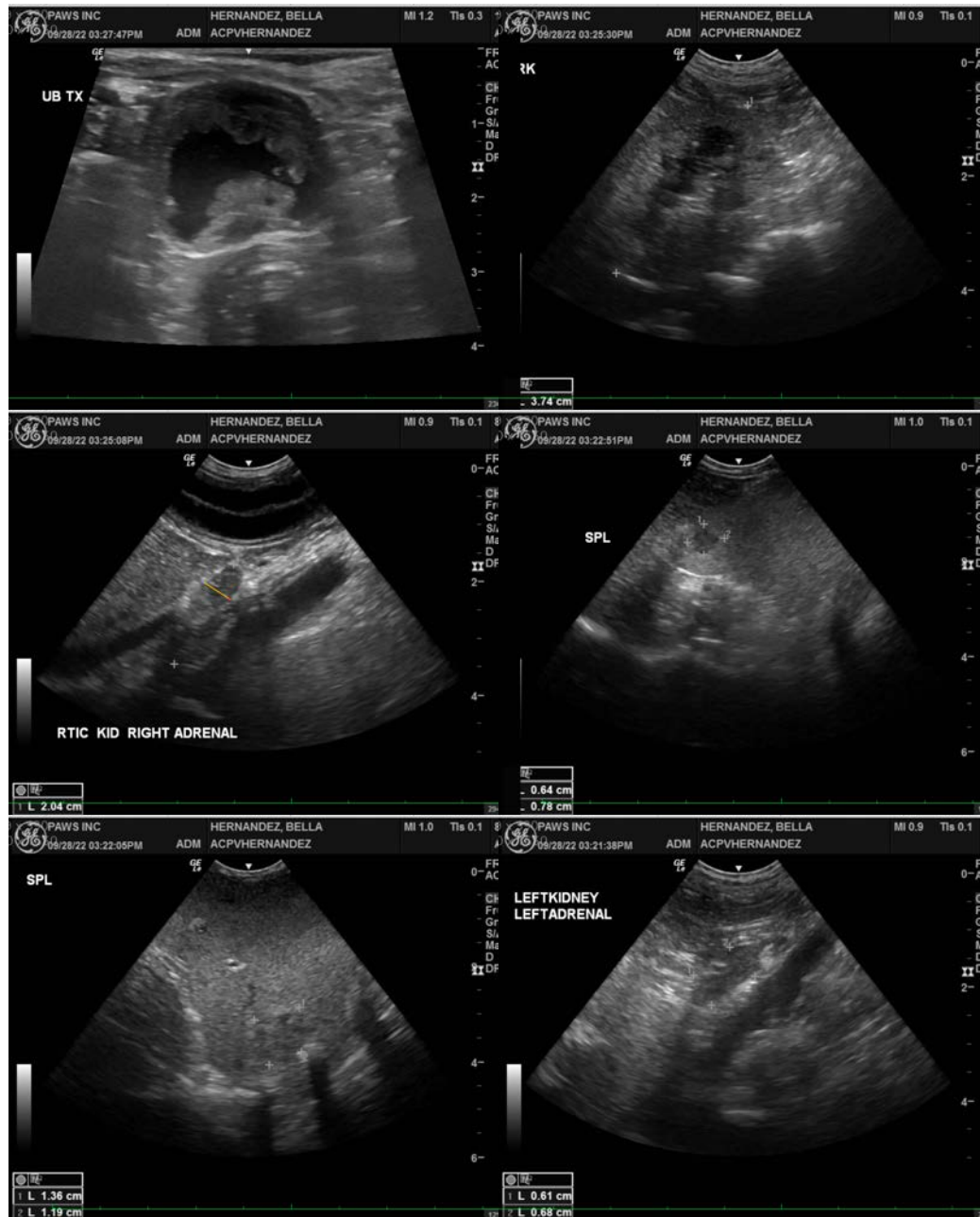
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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