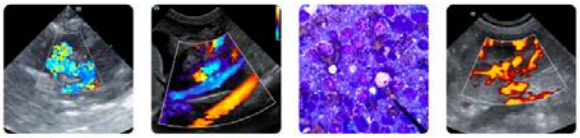


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Hugo Laing

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

12 Years

WEIGHT

8 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

72156

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Wound/mass on inner left hind limb. (suspected sebaceous adenoma) Owner reports P has tremors in hind limbs periodically Mild sensitivity or nervous/anxious vs pain on spinal palpation near T13-L4 area Current Medications Cerenia, gabapentin

Abnormal PE/Chem/CBC/UA Results: Values elevated ALT 253, ALKP 285, mild decrease in amylase. Normal otherwise. Primary Question to Be Answered in This Exam tumor? any abnormalities?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears normal with a smooth mucosal surface. In the mid dorsal region, there is an irregular mass effect with numerous irregular projections, measuring 0.67 cm x 2.15 cm. The region of the trigone, ureteral papillae, and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.80 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.24 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

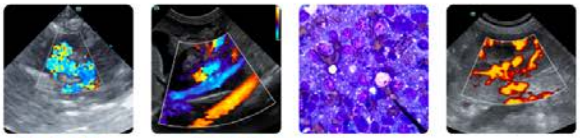
Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.98 cm at the cranial pole and 0.71 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.94 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Hugo Laing

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

12 Years

WEIGHT

8 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

72156

DATE

1/13/26

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular mass effect in the dorsal medial bladder wall – Findings are most concerning for a transitional cell carcinoma. A large, irregular polyp is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect visualized in the dorsal medial bladder wall. The appearance is concerning for a transitional cell carcinoma, although a polypoid lesion or similar cannot be ruled out. Recommend a urinalysis and culture. If a free catch urine sample is highly cellular, consider cytology on a free catch urine sample. Additionally, you could consider a urine BRAF test. If this is positive it would increase the likelihood of an underlying transitional cell carcinoma. If no infection is present and cytology cannot be obtained based on a normal urine sample, consider a traumatic catheterization.

No focal lesions were visualized associated with the liver or the gallbladder. Unfortunately, there are many causes for elevations in liver enzymes that may not be definitively diagnosed by ultrasound alone. based on the history provided, a reactive hepatopathy secondary to an inflamed cutaneous mass effect is possible. Additional evaluation could include a liver function test (pre- and post-prandial bile acids). If

PATIENT

Hugo Laing

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

12 Years

WEIGHT

8 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

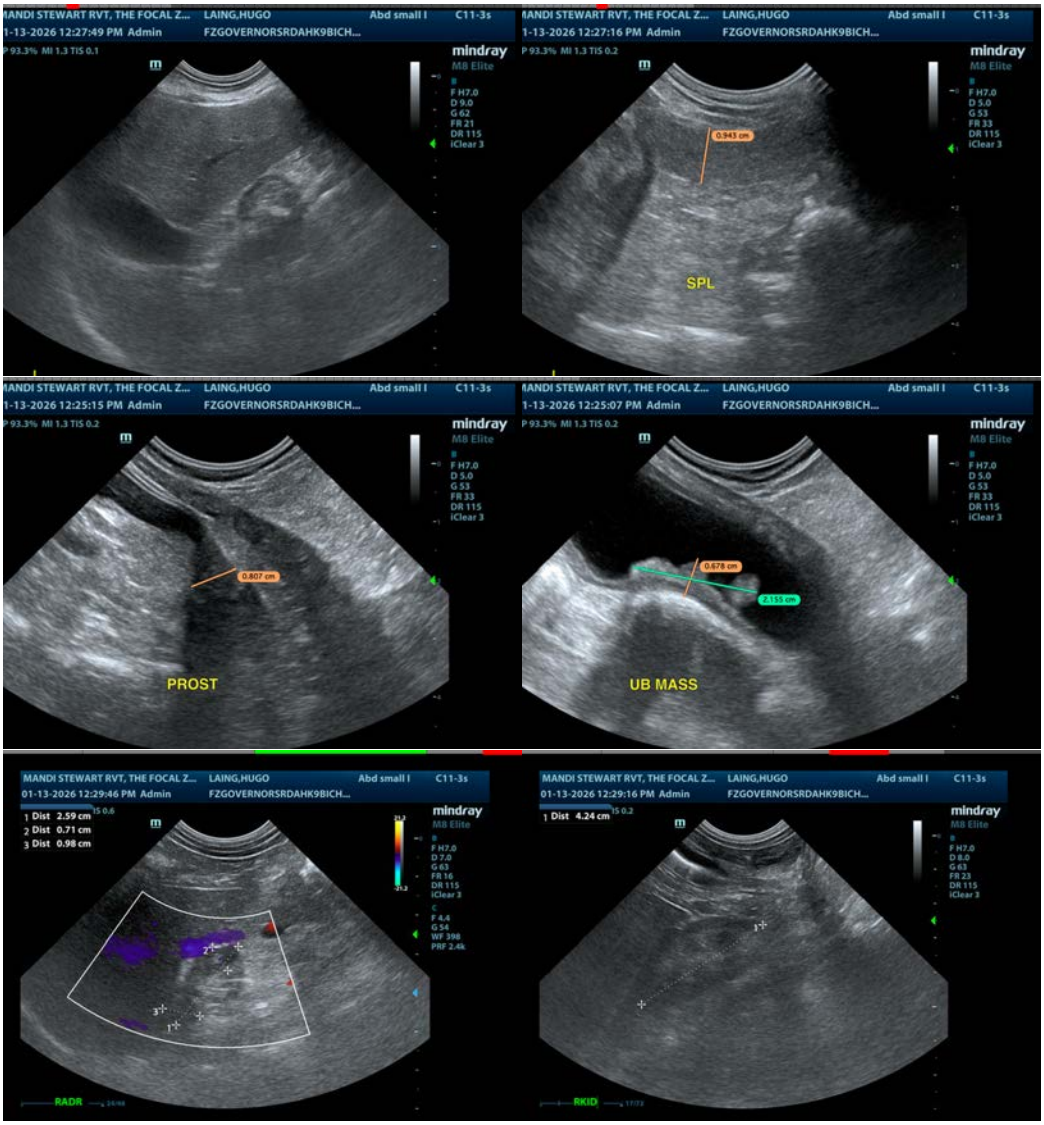
72156

DATE

1/13/26

liver function is abnormal and/or liver values continue to rise despite therapy for these concurrent issues, biopsies of the liver may eventually be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



PATIENT

Hugo Laing

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

12 Years

WEIGHT

8 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

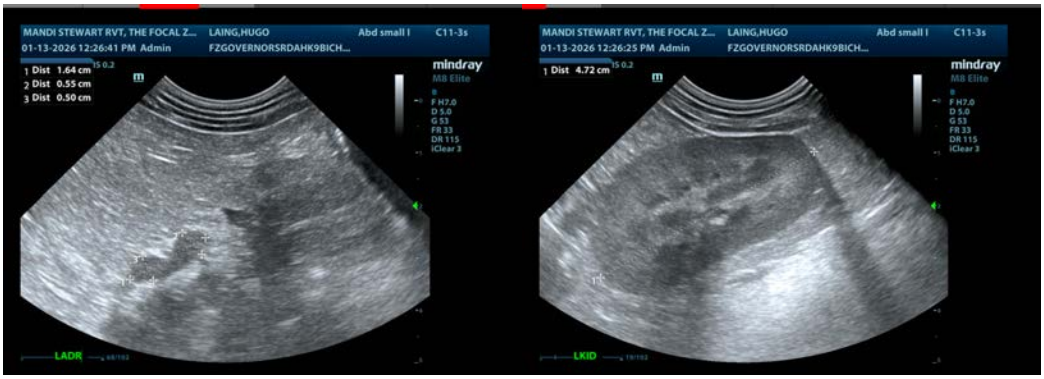
Dr. Farooq

INVOICE

72156

DATE

1/13/26



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com