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Clinical Sonography & Telecytology
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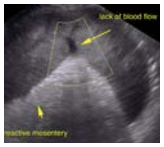
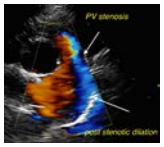
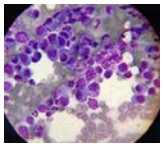
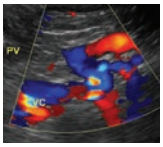

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maggie Balanda

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

20.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tiffany Brady

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Dr. Dena Owings

INVOICE

43944

DATE

1/4/23

PRESENTING CLINICAL SIGNS

Recent history of severe diarrhea not responsive to medical therapy. Also history of recurrent UTI signs and weight loss of 2 lbs in past 2 months.

Abnormal PE/Chem/CBC/UA Results: ALP 264 Lipase 2635 Snap cPLI abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. Much of the bladder wall appears normal with no evidence of wall thickening or mucosal irregularity. In the dorsal aspect of the urinary bladder, there is a focal hyperechoic irregular mass effect measuring approximately 1.71 cm x 1.11 cm, most consistent with a bladder mass. The area of the trigone, ureteral papillae, and proximal urethra to a depth of 2.0 cm appear normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

The left kidney has a normal shape and size (4.9 cm) with numerous cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 is not clearly visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large and irregular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large irregular mixed echogenic cystic/cavitated mass effect that appears to be arising from the right side of the liver. It is visualized cranial to the stomach and measures approximately 6.06 cm x 5.47 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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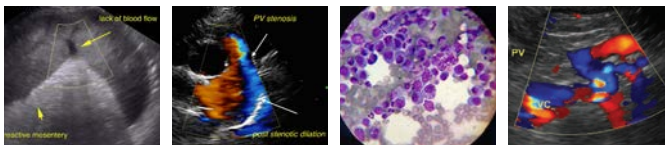

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Gastrointestinal

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. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 hyperechoic around the cranial abdominal mass.

PRIMARY FINDINGS

- Focal irregularity to the urinary bladder wall – Findings are most consistent with a bladder mass. Transitional cell carcinoma would be the primary differential, although others exist.
- Cystic, cavitated, mixed echogenic mass effect associated with the liver – A neoplastic lesion is of concern, but a benign cystic lesion cannot be ruled out.

SECONDARY FINDINGS

- Decreased corticomedullary distinction with numerous cortical cysts – The bilateral renal findings are consistent with age-related change.
- Hyperechoic regions visualized within the spleen – These lesions are most consistent with benign myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular, cystic/cavitated mass lesion visualized cranial to the stomach, and it is in contact with the liver. This is most strongly considered a liver mass, although a direct connection is not observed, and I cannot rule out the possibility of splenic involvement or involvement of the right kidney. A fine needle aspirate could be considered but may challenging, as it is fairly cystic. If this is done, select a more solid region to sample. Alternately, you could consider a contrast CT scan to confirm a liver attachment and evaluate the mass lesion for removal. If this is to be considered, recommend a consultation with a veterinary oncologist for treatment options and prognosis, given two possible neoplastic lesions.

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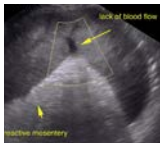
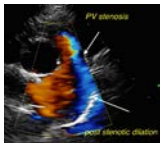
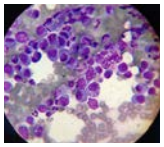
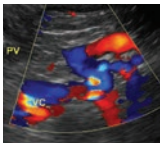

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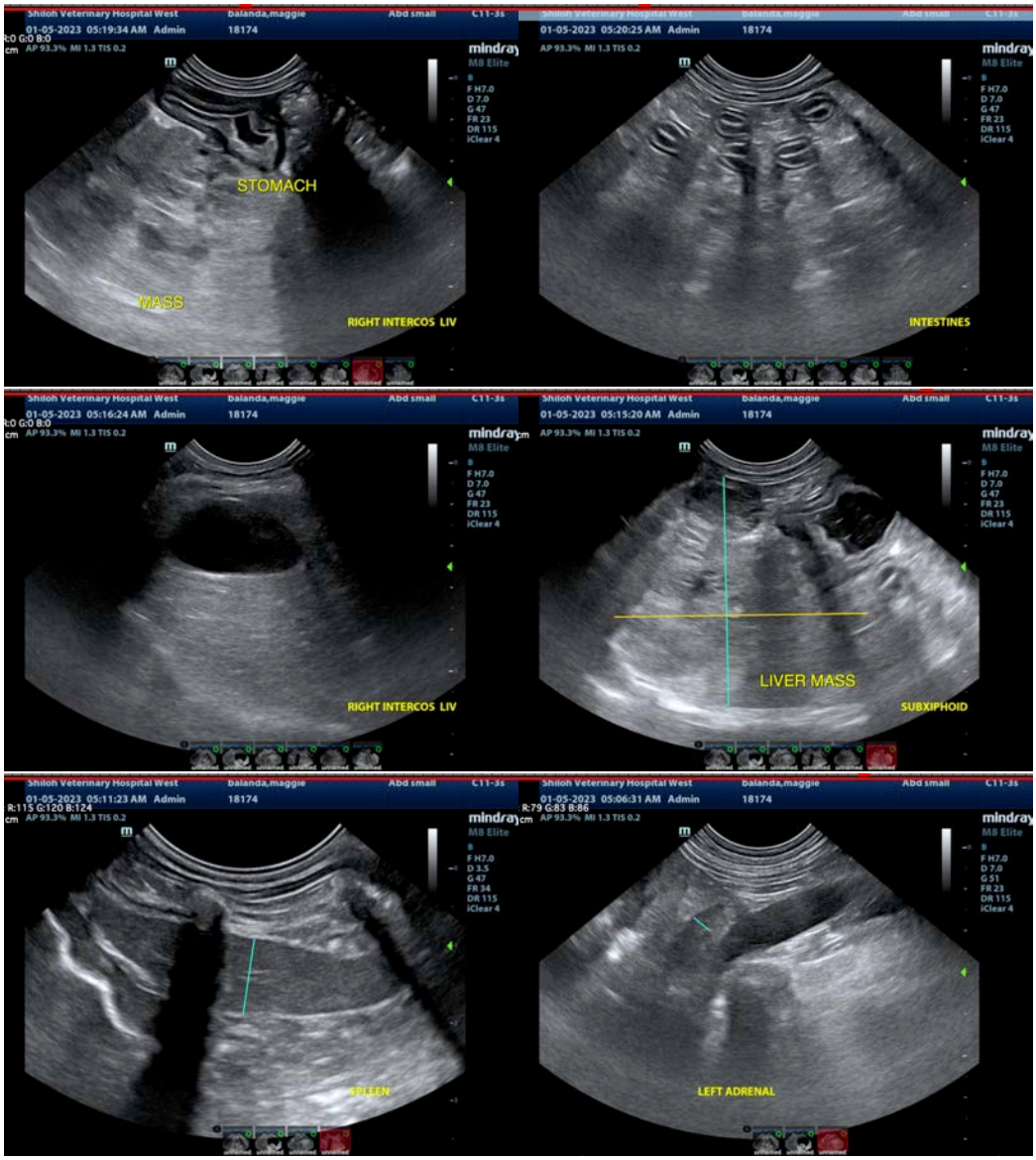
Additionally, there is a mass effect on the dorsal aspect of the urinary bladder. This is most suspicious for a TCC. Options moving forward ideally would be cystoscopy or a traumatic catheterization to sample the lesion. Alternately, you could try cytology on a free catch sample if it has an active sediment, or a urine BRAF test. A urinalysis and culture should be obtained.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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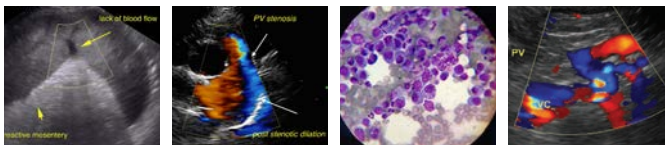

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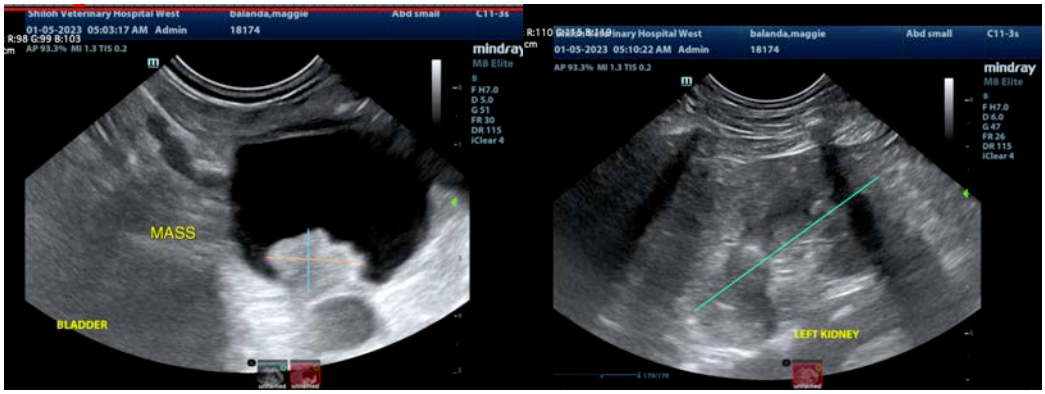

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com