

PATIENT PRESENTING CLINICAL SIGNS

Jovert Chidley BRAF test positive for TCC, evaluate UB if surgical- Urinating inappropriately, at odd times, increased water intake, increased appetite- no straining at the time-

SPECIES Abnormal PE/Chem/CBC/UA Results: Previous U/A showed RBC's and an increase in transitional epithelial cells and no evidence of a UTI.
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Toy Poodle *Urinary System*

SEX The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears of normal thickness with a smooth mucosal surface. In the region of the cystourethral junction the bladder wall and proximal urethra appear thickened and mineralized, with a urethral thickness of 0.67 cm. This abnormal area borders the area of the trigone and ureteral papillae, but no obvious ureteral obstruction is observed. No calculi are observed.
Neutered Male

AGE The prostate is large, irregular, and mineralized, measuring 1.65 cm in width in the sagittal view. This abnormal irregular tissue is seen extending into the prostatic urethra and the preprostatic urethra up to the cystourethral junction as irregular mineralized walls of the urethra.
10 Years

WEIGHT The left kidney has a normal shape and size (3.84 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.
12.25 Pounds

INTERPRETED BY The right kidney has a normal shape and size (4.1 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.
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING BY *Adrenal Glands*

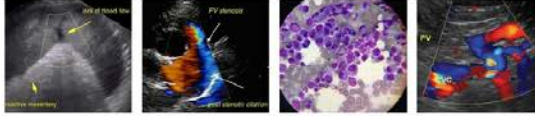
The left adrenal gland is normal in size measuring 0.54 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.
Loetitia Saint-Jacques, LVT

HOSPITAL NAME The right adrenal gland is normal in size measuring 0.55 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.
Pine Creek VH

REFERRING VET *Spleen*
The spleen is subjectively normal in size, 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.
Dr. Denny Nolet

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PATIENT *Liver*

Jovert Chidley

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a cystic structure visualized in the right side of the liver measuring 1.03 cm.

SPECIES

Canine

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.

BREED

Toy Poodle

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Neutered Male

AGE

10 Years

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.29 cm. There is mild mucosal speckling associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

12.25 Pounds

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.

INTERPRETED BY

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

Pancreas

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a normal right sublumbar lymph node measuring 0.34 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

HOSPITAL NAME

Pine Creek VH

- Large, irregular, mineralized prostate with extension of abnormal tissue into the preprostatic urethra and to the cystourethral junction – Findings are most consistent with a transitional cell carcinoma.

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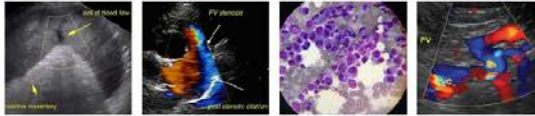
- Heterogeneous liver with a cystic structure visualized on the right side – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. The cystic structure is most consistent with a benign hepatic cyst.

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT

Jovert Chidley

- Mucosal speckling visualized associated with the duodenum – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

SPECIES

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Toy Poodle

SEX

Neutered Male

SECONDARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

AGE

10 Years

WEIGHT

12.25 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the prostate and preprostatic urethra are very concerning for a neoplastic process with extension into the urethra towards the urinary bladder. Based on the positive BRAF test, suspicion would be very high for a transitional cell carcinoma. This is very unlikely to be a surgical lesion. Confirmation of the diagnosis could likely be obtained by a fine needle aspirate of the prostate. Recommend consultation with a veterinary oncologist regarding prognosis and treatment options.

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There is mild mucosal speckling visualized associated with the duodenum. If this patient has history of GI upset, then there could be underlying gastrointestinal disease that could be further evaluated.

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

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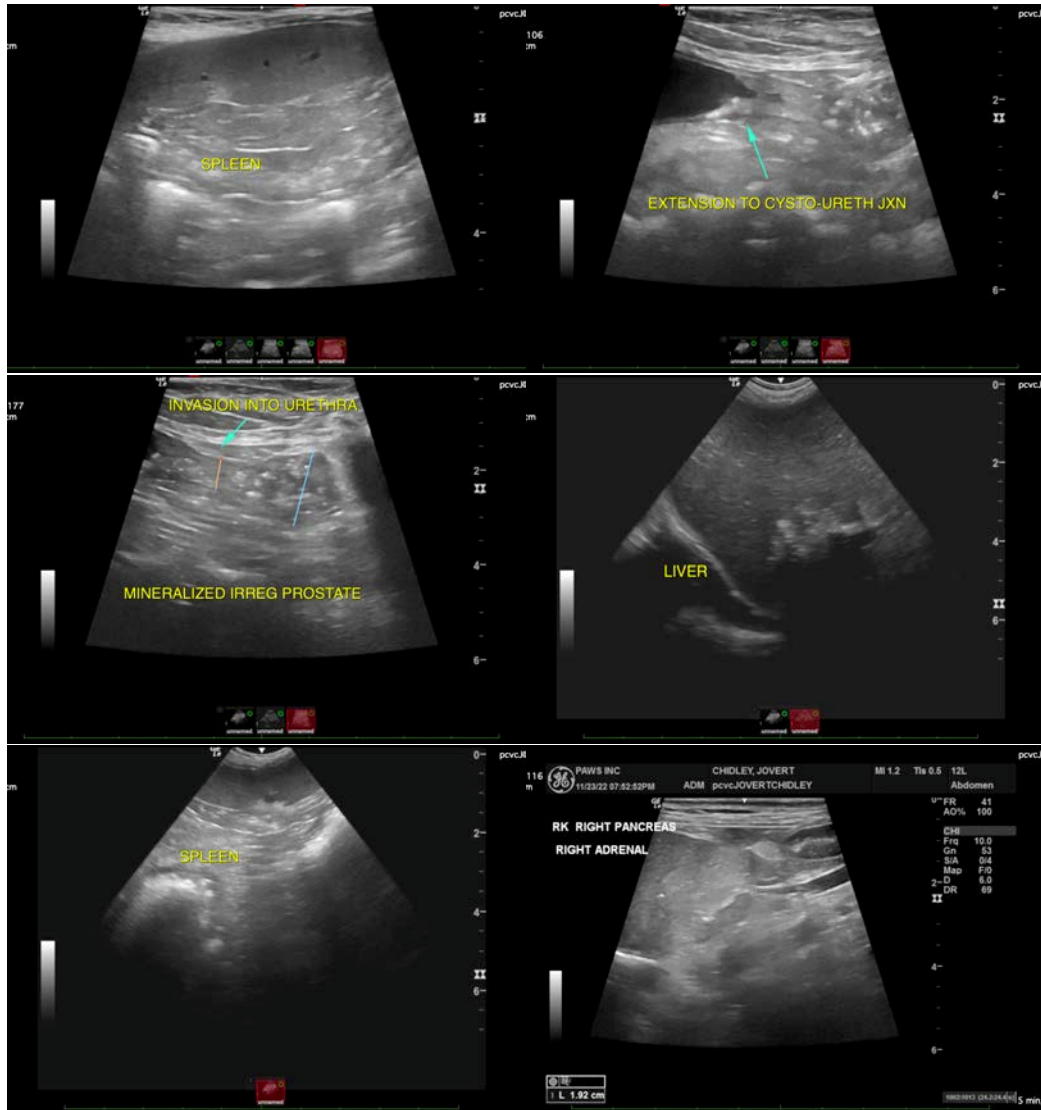
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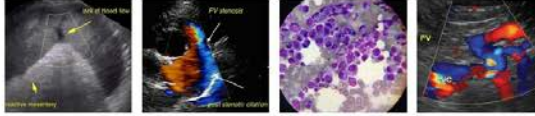
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ADM pcvc:JOVERTCHIDLEY
MI 1.2 Tls 0.5 12L
Abdomen
U*FR 41
AO% 100
CHE 10.0
Crn 53
S/A 014
Map F10
D 6.0
DR 69
II
L 1.92 cm
5 min



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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.

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