

PATIENT PRESENTING CLINICAL SIGNS

Maggie Gray has been dribbling urine, frequent urination, straining and licking at vulva Did well on antibiotics but after finishing them she would start to dribble urine again meds: was on 14 days of Clavaseptin starting October 5th

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: lipase 316 (0-250) u/a: +++ blood 4-10 transitional cells per HPF please see attached labs

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Border Collie X

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or cystic calculi. There is a mass effect visible at the cystourethral junction measuring >1.42 cm x 1.34 cm. The caudal aspect of the lesion is difficult to visualize, as is the urethra due to intrapelvic location. Findings are most concerning for transitional cell carcinoma or a polyp.

AGE

12 Years

The left kidney has a normal shape and size (6.61 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.

WEIGHT

23 kg

The right kidney has a normal shape and size (5.63 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.

INTERPRETED BY

Kathleen Sennello DVM,
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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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal in size measuring 0.40 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.

HOSPITAL NAME

Main Street AH

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.

REFERRING VET

Dr. Morris

Liver

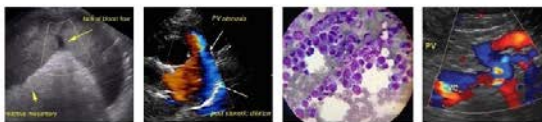
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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DATE

11/23/22



PATIENT

Maggie Gray

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.

SPECIES

Canine

Gastrointestinal

The stomach is dilated with a large amount of 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.

BREED

Border Collie X

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

AGE

12 Years

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

WEIGHT

23 kg

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

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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.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Mass effect visualized at the cystourethral junction – Primary differentials would be a transitional cell carcinoma or a polyp. Recommend a traumatic catheterization in this region and cytology along with a urine culture.
- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Large amount of ingesta 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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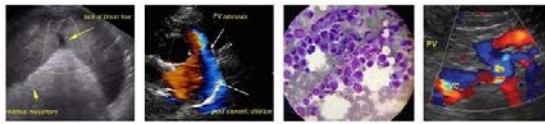
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The focal mass in the bladder has the characteristics most consistent with a neoplastic lesion, but polyps and inflammatory lesions can sometimes have a similar appearance. A definitive diagnosis cannot be determined by ultrasound alone.

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- Consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.



PATIENT

Maggie Gray

-If a cytologic sample is not available consider urine evaluation for BRAF mutation seen in patients with transitional cell carcinomas. A positive test is consistent with a TCC, a negative test is inconclusive and will need further diagnostics.

SPECIES

Canine

-Patients with bladder pathology should always have urinalysis and culture performed. Ideally cystocentesis should be avoided in patients with suspected bladder masses to try and prevent tracking of tumor cells along the needle path.

BREED

Border Collie X

-If TCC is confirmed consider referral to/consultation with a board certified. Veterinary oncologist for recommendations regarding treatment options and prognosis.

SEX

Spayed Female

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

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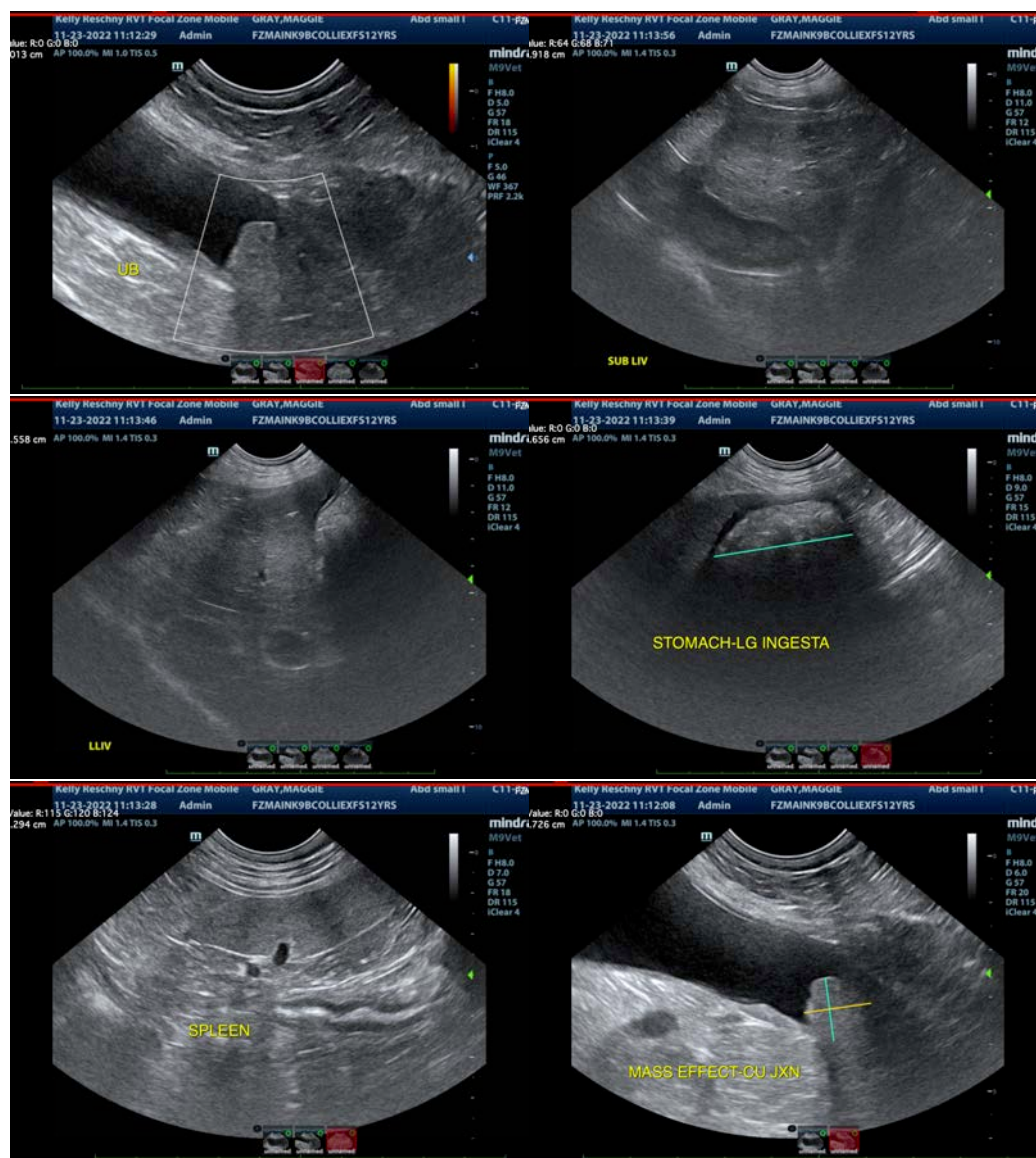
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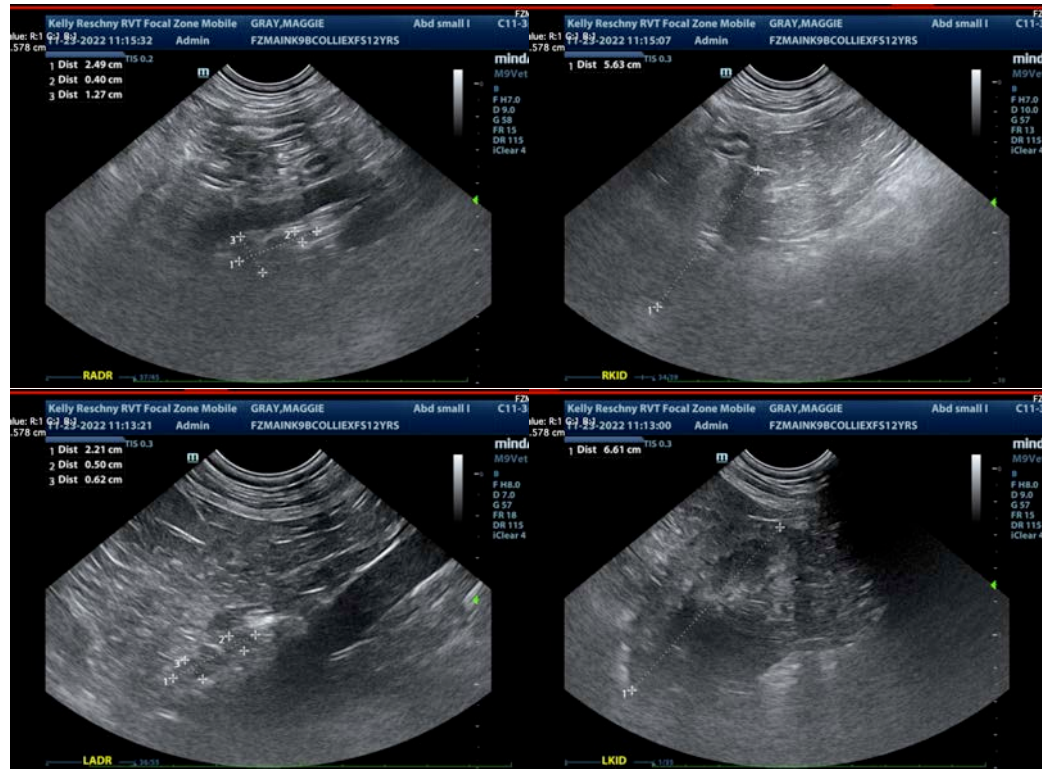
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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