



PATIENT

Grizzly Davidson

PRESENTING CLINICAL SIGNS

History: Current clinical signs (), Hematuria duration (ACUTE hematuria (1-3 days)), Current clinical signs summary (o states they noticed a few drops of blood coming from p on Sunday. O watched p urinate and seen blood towards the end of the stream. p is still eld normally and has normal behavior at home.) Physical Exam: Summary of PE findings (Abdomen-mild pain on abdominal palpation. Urogenital-history of hematuria for past 24 hours. DDX-urolithiasis, UTI, neoplasia). T (100.8F/38.2C), P (130), R (pant), MM (p/m <2), Patient attitude/demeanor (patient demeanor-bright and alert)
Abnormal PE/Chem/CBC/UA Results: LABS and Radiology report attached

SPECIES

Canine

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is adequately distended with anechoic urine. The Bladder wall at the apex appears irregular and thickened, and it measures at a maximal thickness of 1.42 cm. This thickening is somewhat diffuse and gradually resolves, resulting in the area of the trigone, ureteral papillae, and proximal urethra to a depth of 2.0 cm being normal without any mucosal irregularity, masses or cystic calculi. These findings are most consistent with cystitis, but neoplasia cannot be excluded as a possibility.

AGE

11 Years 3 Months

The left kidney is large, measuring 9.25 cm in length. It has an irregular shape, in that the cranial pole appears to diverge and almost appear as if a second kidney is fused with a more normal appearing left kidney. In some views this results in a mass-like effect at the cranial pole, and in other views it appears like more normal renal tissue. Overall echogenicity of the kidney is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Findings would be most consistent with either a fused left and right kidney, or a mass effect at the cranial pole of the left kidney.

WEIGHT

98 Pounds

The right kidney is not visualized. Anatomic features in this area appear normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal in size measuring 0.79 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.

HOSPITAL NAME

Fairgrounds AH

The right adrenal gland is normal in size measuring 0.80 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

REFERRING VET

Dr. Johnson

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. There is a small 0.75 cm hypoechoic cystic lesion in the body of the spleen.

INVOICE

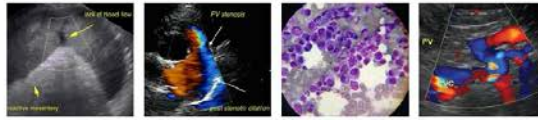
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Liver

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.

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

SPECIES

Canine

Gastrointestinal

BREED

Labrador Retriever

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.

SEX

Spayed Female

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.

AGE

11 Years 3 Months

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

98 Pounds

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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Kathleen Sennello DVM,
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Medicine)

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.

Other

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Fairgrounds AH

- Bladder wall thickening and an irregularity in the apical portion of the urinary bladder – most consistent with cystitis, but underlying neoplasia cannot be ruled out as a possibility.
- Absent right kidney – With no history of surgery, this is likely a congenital abnormality.
- Abnormal shape and appearance to left kidney – suspect congenital fused kidney, but cannot rule out a left-sided renal mass.

REFERRING VET

Dr. Johnson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the appearance of the bladder, I suspect this is the source of the hematuria reported. The bladder wall thickening observed is most consistent with cystitis, but underlying neoplasia cannot be ruled out.

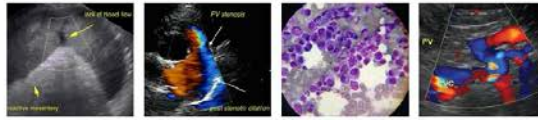
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- Recommend urinalysis and culture.
- White urine culture is pending, recommend starting therapy with antibiotics.
- If urine culture is negative and recheck of bladder wall after two weeks on antibiotics is unchanged, then consider further evaluation for underlying neoplasia.
- In this situation you could consider urine evaluation for the BRAF mutation, which is seen in

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- some pets with transitional cell carcinoma or a traumatic catheterization.
- The left kidney appears to have an irregular shape, and there is no normal right kidney visualized. On some views, this abnormal shape almost has a mass-like appearance. In others, the tissue appears to take an angle almost as if two kidneys were fused together. This could be a possibility, as a congenital abnormality is suspected.

SPECIES

Canine

Options moving forward include:

BREED

Labrador Retriever

- Consider a fine needle aspirate of the cranial aspect of the left kidney to see if normal cells are obtained.
- Consider a CT scan of the abdomen to obtain better detail and a more global view.
- Follow with ultrasound to see if the lesion appears to be changing.

SEX

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HOSPITAL NAME

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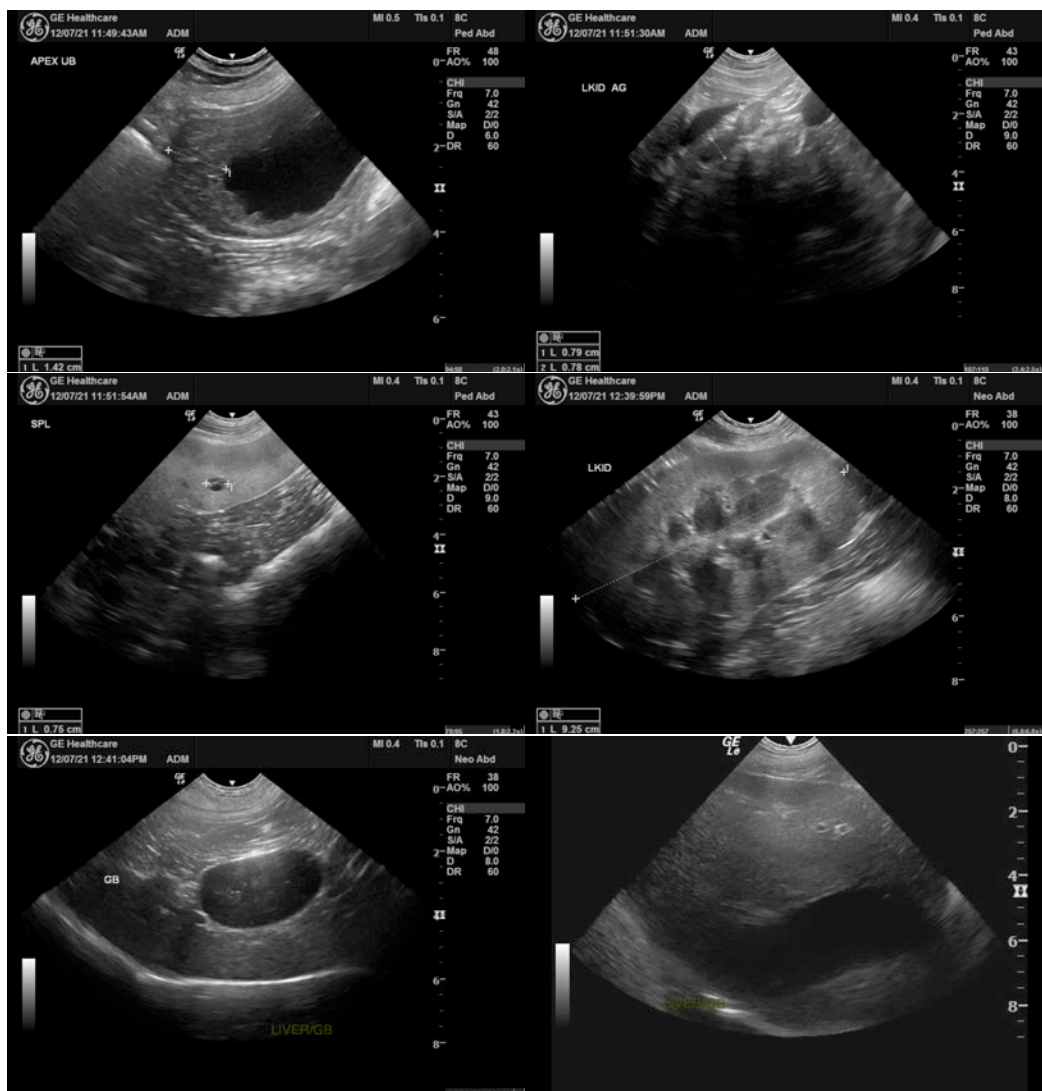
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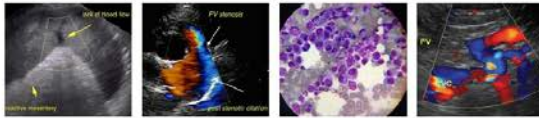
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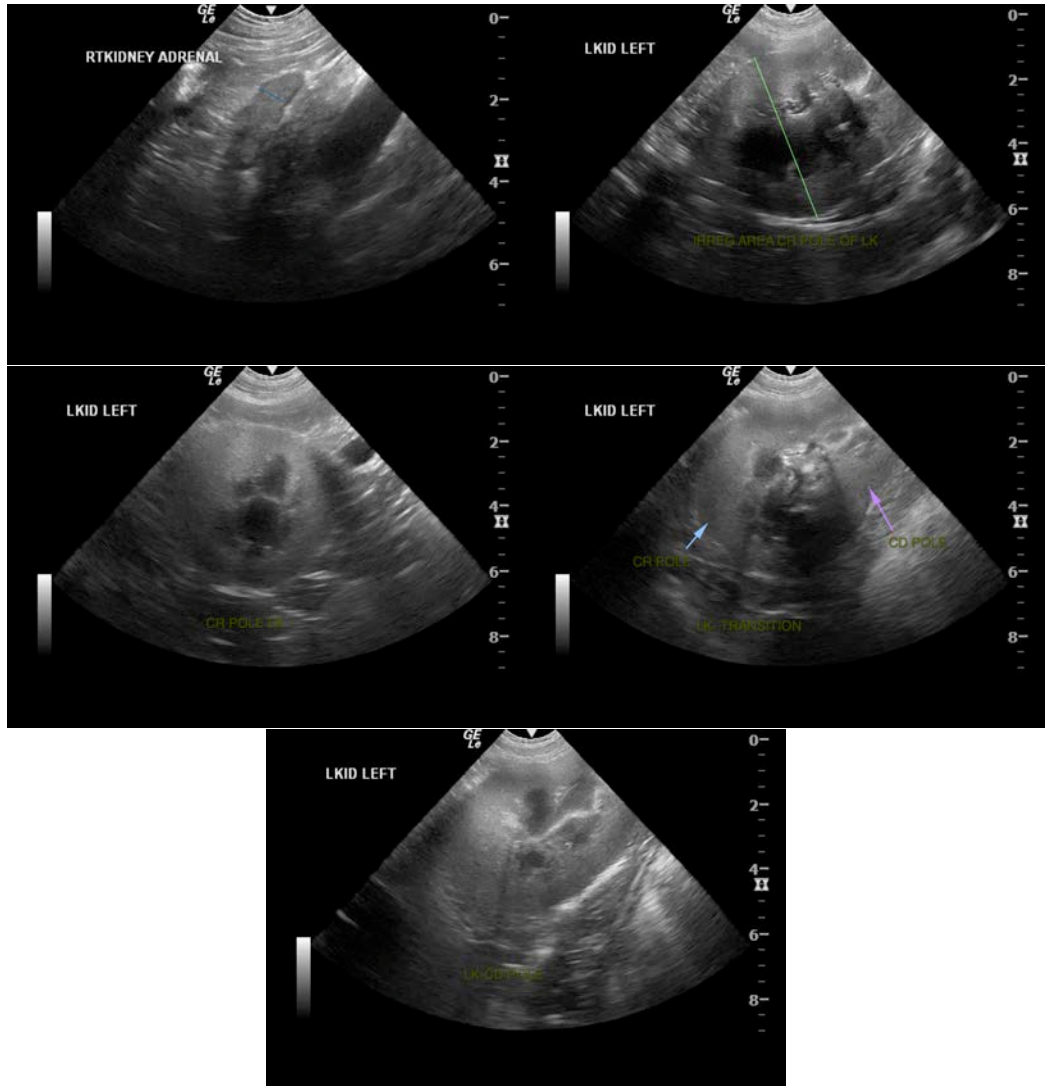
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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