



PATIENT

Scout Alexander

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

8 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescondolo

INVOICE

46247

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Continued blood in urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. An ovoid, slightly hypoechoic, homogeneous mass effect is visualized within the urinary bladder. This appears to attach to the dorsocaudal aspect of the urinary bladder, measuring 2.16 cm x 2.0 cm. Lack of significant urine distention prevents full evaluation of the urinary bladder.

The left kidney has a normal shape and size (6.11 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 (6.2 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 0.59 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 0.84 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, 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.

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 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.

Gastrointestinal

The stomach contains moderate fluid and ingesta. 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.



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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 0.40 cm. Jejunum wall measures 0.35 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 of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Ovoid mass effect visualized within the urinary bladder – This mass effect appears to have vascularity. Possible differentials would be a polyp, clot (unlikely), transitional cell carcinoma, leiomyoma, other.
- Moderate fluid and ingesta visualized within the gastric lumen – Findings are consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be a rounded soft tissue mass effect visualized within the lumen of the urinary bladder. It appears to attach in the dorsal aspect of the urinary bladder and appears to have vascularity, making this unlikely to be a clot. The mass effect does not have the typical appearance of a transitional cell carcinoma (often irregular and polypoid), as it is fairly rounded and homogeneous, but lack of urine distention makes interpretation of these structures very difficult.

Ideally, reevaluation with a fuller bladder or with a small catheter gently placed and installation of saline to better outline the structures in the urinary bladder would be helpful as far as determining the proximity to the ureters, mucosal details, etc. Recommend a urinalysis and culture to rule out concurrent infection, and in this case with a somewhat atypical presentation, I would consider a cystoscopy to evaluate the urethra, bladder, and obtain biopsies from the mass effect. If this is not possible, a traumatic catheterization or surgical biopsies could be considered.

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



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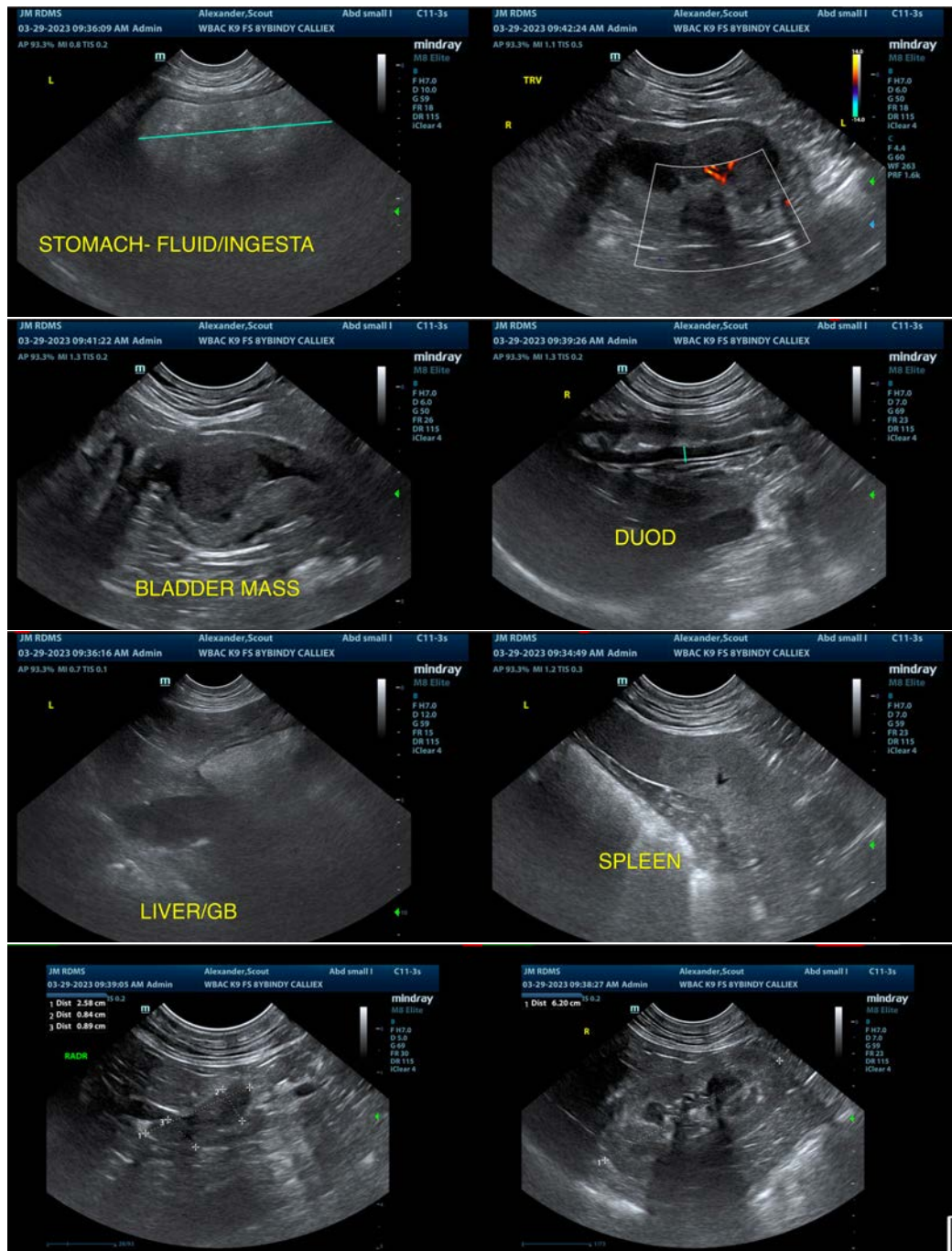
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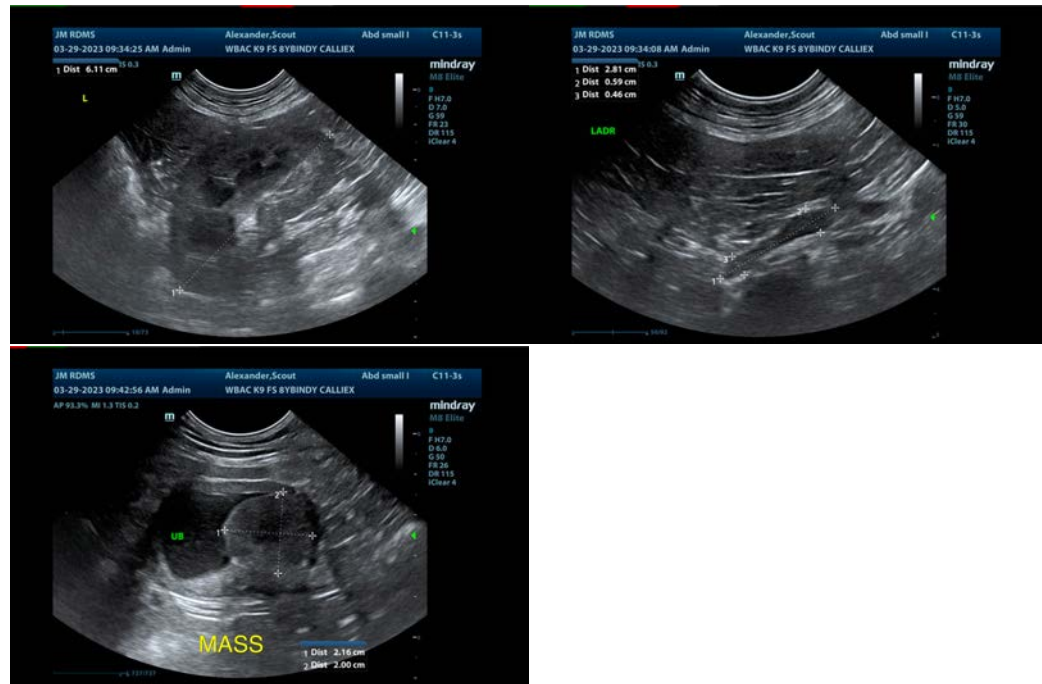
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Jessica Miller

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