



PATIENT PRESENTING CLINICAL SIGNS

Marley Legros March 7, 22- Frequent urination, Bloodwork and UA sent with Clavamox 125 1BIDx10d Recheck UA 1-014 days, Rads if not improving March 22,22 Baytril 50mg 1 SIDX 10D April 22,22 Recommended Culture meds: Gabapentin 100mg/ml 0.8mLs BID

SPECIES Abnormal PE/Chem/CBC/UA Results: March 8,2022 Mild ALP, CBC ok, T4 ok, UA Sp 1.026 PH 8.0, BLD 4+, Neg- Glu/Bili/Ket, WBC >50/HPF, RBC >/HPF March 21,2022 Sp 1.026, PH 6.0, LEU 3+, PRO 1+, BLD 4+, WBC >50/HPF, RBC >50/HPF no stones seen on rads

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu X **Urinary System**

SEX The urinary bladder is mildly distended with anechoic urine. The Bladder wall is mildly diffusely thickened and irregular, measuring at approximately 0.38 cm in thickness. In the area of the trigone, there is irregular tissue creating somewhat of a mass effect, measuring >1.07 cm x 1.42 cm. This appears to be in the area of the left ureteral papilla, as a dilated distal ureter is visible at this level measuring 0.63 cm in diameter. Adequate visualization of this area is very difficult due to its intrapelvic location and shadowing. The area of the proximal urethra is largely obscured.

Spayed Female

AGE The left kidney is normal in size (4.43 cm) and is hyperechoic with decreased corticomedullary distinction. There is moderate hydronephrosis present with renal pelvic dilation measuring 0.73 cm. This extends into the ureter with moderate hydroureter visualized at 0.50 cm. This extends down to the level of the ureteral papilla, where the ureter measures at 0.63 cm.

14 Years

WEIGHT The right kidney has a normal shape and size (5.23 cm) with mild pyelectasia at 0.47 cm. Overall echogenicity is slightly hyperechoic with poor 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.

6.2 kg

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.71 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 0.65 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.

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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. Lowrey

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.

INVOICE

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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.



PATIENT *Gastrointestinal*

Marley Legros 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.

SPECIES

Canine 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.)

BREED

Shih Tzu X Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female 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.

AGE

14 Years 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.

Pancreas

WEIGHT

6.2 kg 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.

Free Abdomen

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ULTRASONOGRAPHIC FINDINGS

- Left-sided hydronephrosis and hydroureter – These findings are most consistent with a partial obstruction at the level of the ureteral papilla. No stones visualized.
- Suspect mass effect in the trigone causing partial obstruction of the left ureter – Findings are concerning for a possible transitional cell carcinoma at the level of the trigone. This area is very difficult to visualize due to its intrapelvic location and shadowing from the pelvic bones.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney is dilated with a dilated ureter that extends all the way to the level of the ureteral papilla. In the region of the ureteral papilla, there is an abnormal mass effect, most consistent with a tumor, although visualization of this area is difficult due to shadowing from the pelvic bones and its intrapelvic location. The proximal urethra is very difficult to visualize.

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Recommend a digital rectal exam to palpate the distal urethra to determine if it may be thickened or there may be a mass effect palpable. Recommend a BRAF urine test. If this test is positive for transitional cell carcinoma, I suspect this is an obstruction secondary to neoplasia. If the BRAF mutation test is negative, then this is an inconclusive test, and additional diagnostics are

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recommended. In this situation, a cystoscopy would be ideal, or a traumatic catheterization at the level of the proximal urethra. Recommend urinalysis and culture.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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Spayed Female

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14 Years

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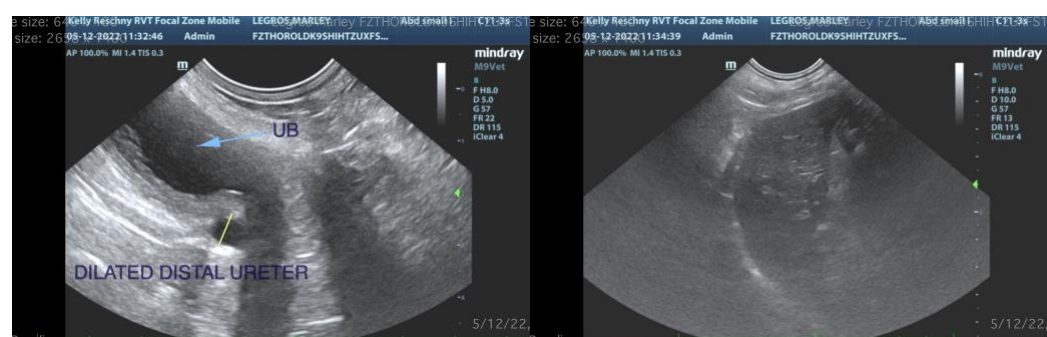
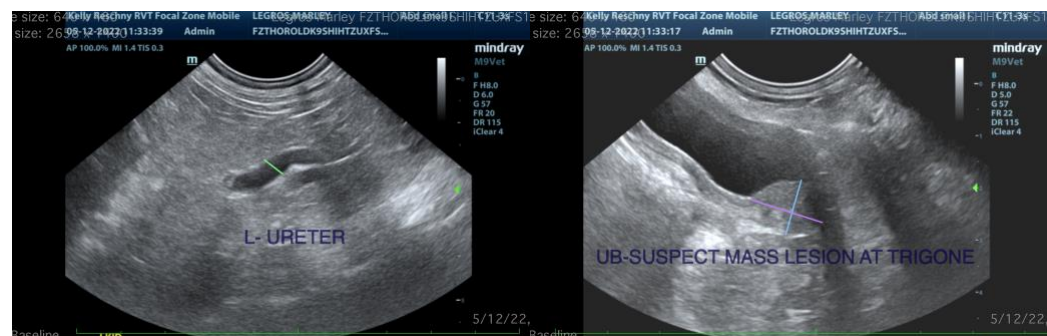
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PATIENT

Marley Legros

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.

SPECIES

Canine

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.

BREED

Shih Tzu X

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SEX

Spayed Female

AGE

14 Years

WEIGHT

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