

**PATIENT PRESENTING CLINICAL SIGNS**

Chloe Yuan PUPD since May 2023, Emerging pollakiuria for 3 weeks

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder is moderately to mildly distended with anechoic urine. The Bladder wall largely appears of normal thickness, but in the trigone region there is a focal mass effect measuring approximately 1.1 cm x 1.6 cm, abutting the cystourethral junction. Evidence of urethral invasion is not clearly visualized but cannot be excluded.

Retriever X

**SEX**

Spayed Female

The left kidney has a normal shape and size (5.95 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.

**AGE**

16 Years

The right kidney has a normal shape and size (4.91 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**

27.7 kg

**Adrenal Glands**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Kelly Reschny

The right adrenal gland is normal in size measuring 0.69 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**

**HOSPITAL NAME**

Sixteen Mile VC

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. Bile

**Liver**

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The liver is subjectively normal in size but irregular in shape. The parenchyma is diffusely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic complex cystic structure visualized on the left cranial aspect of the liver measuring 5.85 cm x 5.63 cm. Additionally, there are other small, irregular cystic areas and a larger hyperechoic cystic region on the right side of the liver measuring 4.13 c in diameter.

**DATE**

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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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.


**PATIENT** *Gastrointestinal*

Chloe Yuan 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**

Retriever 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**

16 Years

**Pancreas**

The area of 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.

**WEIGHT**

27.7 kg

**Free Abdomen**
**INTERPRETED BY**

 Kathleen Sennello DVM,  
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 (Small Animal Internal  
 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.

**IMAGING PERFORMED BY**

Kelly Reschny

**ULTRASONOGRAPHIC FINDINGS**

- Mass effect visualized in the trigone region of the urinary bladder – This mass effect is relatively round with smooth margins, which are somewhat atypical for a transitional cell carcinoma, but it is in a classic position. Concern is high for an underlying neoplastic lesion, although a large polypoid lesion would be possible.
- Heterogeneous liver with two large cystic mass lesions – Findings could be consistent with cystadenomas, cystadenocarcinomas, etc.

**HOSPITAL NAME**

Sixteen Mile VC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**REFERRING VET**

Dr. Bile

There is a mass lesion visualized in the trigone region of the urinary bladder. Lack of urine distention makes this lesion difficult to fully evaluate. No obvious evidence of extension into the urethra is noted but this cannot be excluded as a possibility. Ideally, consider cystoscopy to further evaluate this region to determine the extent and nature of the lesion and additionally to acquire biopsies. Recommend a urinalysis and culture. There is a high concern for a transitional cell carcinoma due to the location of this lesion, but other non-neoplastic lesions are possible, so sampling is strongly recommended. If cytologic or histopathologic sampling is not possible, you could consider a urine BRAF test. A positive BRAF test would increase the likelihood that this is a transitional cell carcinoma. A negative urine BRAF test is non-diagnostic and would require additional testing.

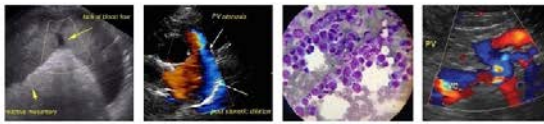
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The liver is diffusely heterogeneous with at least two irregular, poorly defined, hyperechoic cystic mass lesions. These could be benign and consistent with cystadenomas, but there is also the risk of a possible



**PATIENT**

Chloe Yuan

cystadenocarcinoma, etc. Sampling can be challenging due to their cystic nature, but a fine needle aspirate could be considered. A contrast CT scan could also provide more of a global view of these lesions to determine the feasibility of surgical removal, etc. if needed.

**SPECIES**

Canine

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

**BREED**

Retriever X

**SEX**

Spayed Female

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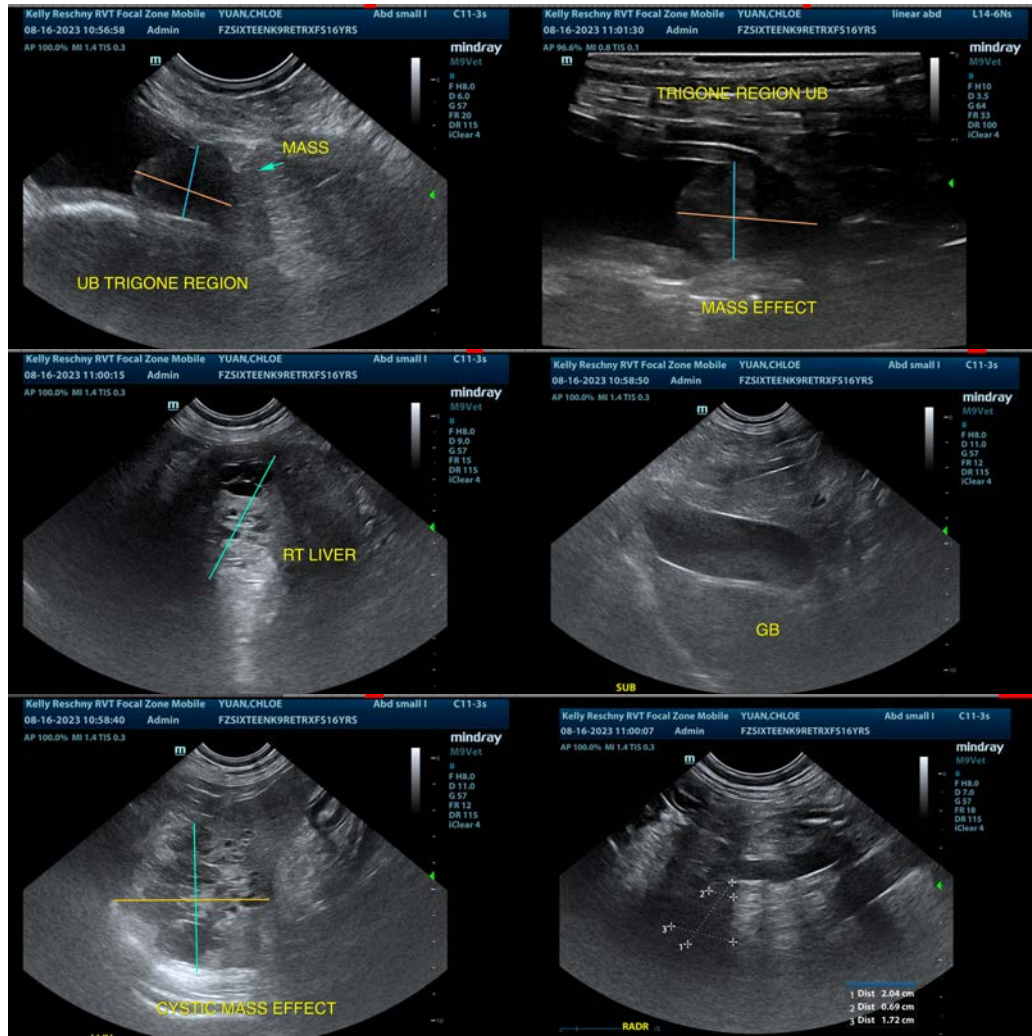
Dr. Bile

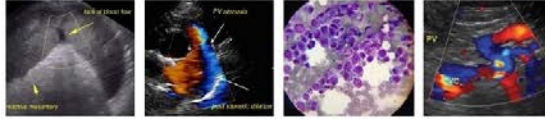
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**SPECIES**

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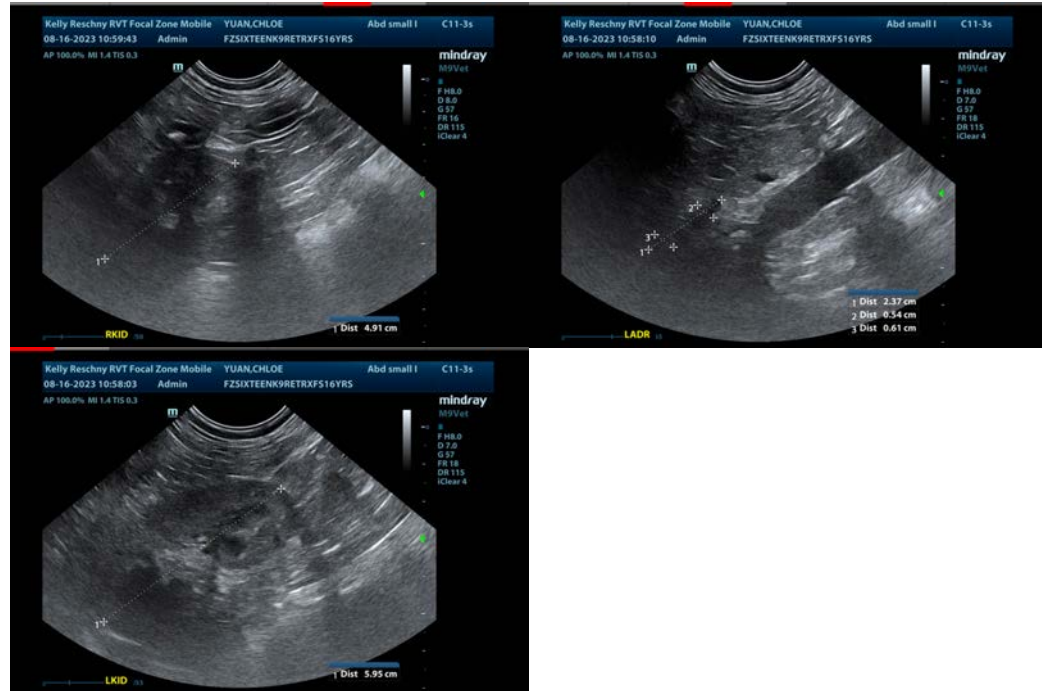
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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