



PATIENT PRESENTING CLINICAL SIGNS

Sophie Melchionda

Urinating frequently, having accidents on bed-started 2wks ago. In-house ultrasound to obtain cysto sample revealed echogenic mass like structure seen in UB (no cysto sample obtained). Current meds: Blavamox 62.5mg bid

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: USG 1.036; PH 6.5; +1 Protein; +1 Bilirubin; 2-3 wbc (free catch off floor).

BREED

Maltipoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is generally of normal thickness with a smooth mucosal surface. In the mid/trigonal region, there is a large, hyperechoic, irregular mass effect visualized measuring 1.14 cm x 1.47 cm, most consistent with a mass effect. The cystourethral junction and proximal urethra appear free of any calculi or mass lesions and there is no evidence of an obstruction.

AGE

13 Years

The left kidney has a normal shape and size (3.55 cm). Overall echogenicity is slightly hyperechoic with poor 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

12 Pounds

The right kidney has a normal shape and size (4.47 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING

PERFORMED BY

Shari Reffi, CVT

The left adrenal gland is normal in size measuring 0.64 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

Whippany VH

The right adrenal gland is normal in size measuring 0.62 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.

REFERRING VET

Dr. Van Beveren

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.

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.

DATE

8/17/23



PATIENT	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.
Sophie Melchionda	
SPECIES	Gastrointestinal
Canine	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.
BREED	
Multipoo	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 0.38 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
SEX	
Spayed Female	
AGE	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.
13 Years	
WEIGHT	Pancreas
12 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.
INTERPRETED BY	Free Abdomen
Kathleen Sennello DVM, MS, Diplomate ACVIM (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	ULTRASONOGRAPHIC FINDINGS
Shari Reffi, CVT	<ul style="list-style-type: none"> Decreased corticomedullary distinction in both kidneys with pinpoint non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change. Focal irregular hyperechoic mass lesion visualized in the mid body/trigonal region of the urinary bladder – Findings are concerning for a neoplastic lesion (transitional cell carcinoma, other), although a polypoid lesion cannot be definitively ruled out.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Whippany VH	The mass effect visualized in the urinary 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.
REFERRING VET	
Dr. Van Beveren	
INVOICE	- Consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.
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DATE	-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.
8/17/23	



PATIENT

Sophie Melchionda

-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.

SPECIES

Canine

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

BREED

Maltipoo

SEX

Spayed Female

AGE

13 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

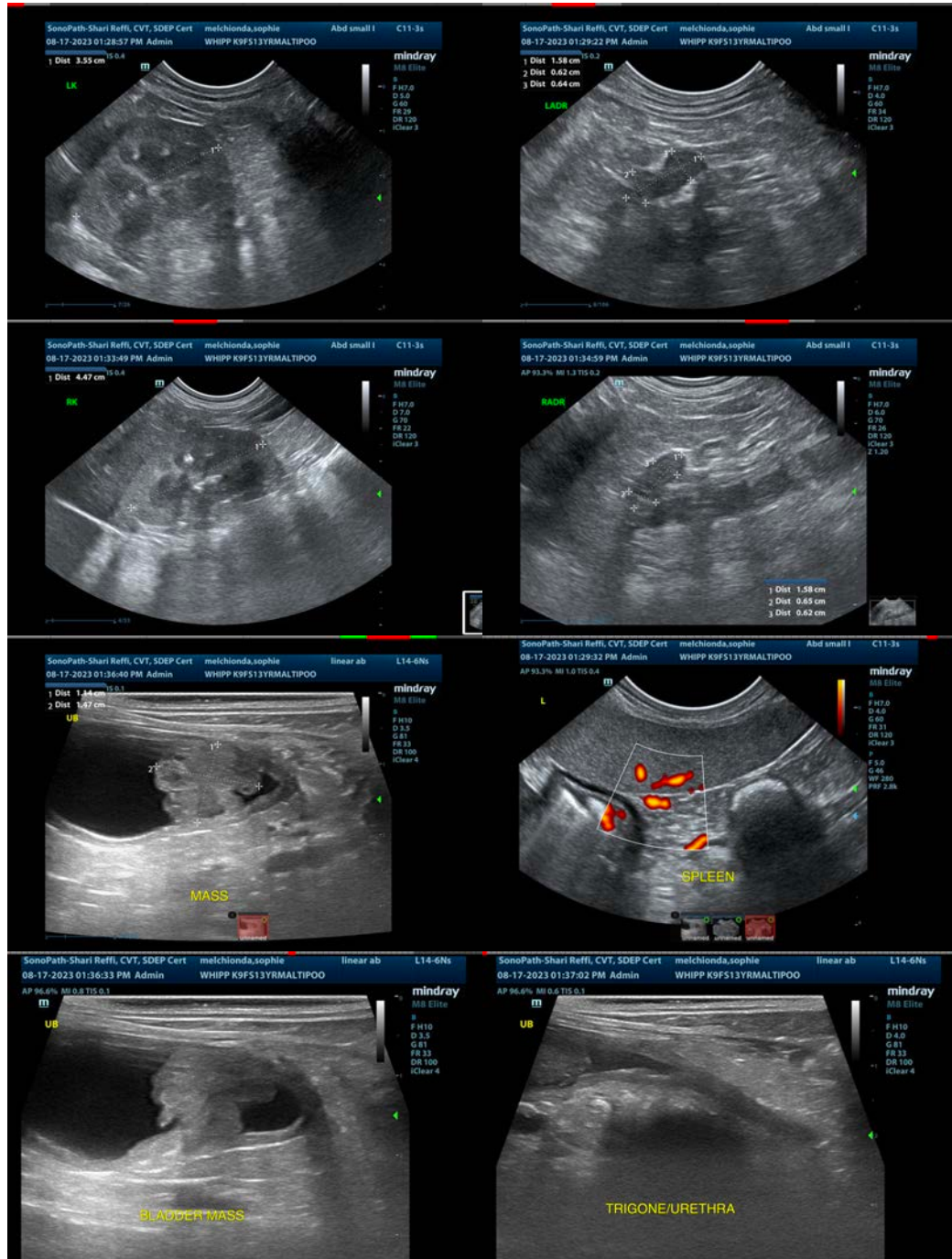
Dr. Van Beveren

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DATE

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PATIENT

Sophie Melchionda

SPECIES

Canine

BREED

Maltipoo

SEX

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AGE

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WEIGHT

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**IMAGING
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Shari Reffi, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Van Beveren

INVOICE

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DATE

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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)

info@sonopath.com