



**PATIENT**

Remington Seaman

**SPECIES**

Canine

**BREED**

Beagle X

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

36.5

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hadley Harris

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Peter Rowan

**INVOICE**

25209

**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

Remington is a 5yr old, FS, beagle mix that presented to urgent care at the end of July for hematuria and stranguria. Remington was prescribed Clavamox for a potential UTI. Remington's signs cleared for one month and then presented to Total Bond for the same clinical signs. On presentation, Remington had no significant findings on PE and was BAR. Remington urinated on the floor and it was red in color. On a FAST scan, the bladder had a space occupying mass that appeared to be a large blood clot adhered to the ventral, middle bladder wall. The urine on cystocentesis was bloody in nature. A urinalysis was performed with a culture and sensitivity. The C/S came back negative and the urinalysis had RBCs and a UPC of 10.2. Bloodwork was then performed to assess for clotting times and platelet function. The only abnormalities on CBC/Chem/T4/PT/PTT was a K+ of 5.8 and amylase of 1158. Therefore, our next route is a full ultrasound.

Abnormal PE/Chem/CBC/UA Results: see attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended with primarily anechoic urine. There is a large intraluminal mass effect present, measuring approximately 2.3 cm x 2.3 cm. It is irregular in shape and appears attached in the area of the dorsal wall of the urinary bladder. This could be partially mass and partially clot and debris. The ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is large, measuring 8.0 cm in length. There is a large mass effect engulfing the cranial pole, measuring 7.9 cm x 6.91 cm. This mass is solid and irregular, and occupies approximately two thirds of the normal renal parenchyma. The caudal pole appears relatively normal. There is no evidence of urinary obstruction or nephroliths.

The right kidney has a normal shape and size (5.67 cm). Overall echogenicity 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.73 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 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.



**PATIENT**

Remington Seaman

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a large amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Canine

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.25 cm 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**

Beagle X

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 0.45 cm. Jejunum wall measures 0.31, 0.35, 0.3 cm. 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**

5 Years

**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.

**WEIGHT**

36.5

**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.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Dr. Hadley Harris

- Large left-sided renal mass – most likely differential would be a carcinoma, other possibilities exist.
- Suspect bladder mass – This is highly concerning for a neoplastic lesion, but clot and debris are possible.
- Large gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- 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.

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Peter Rowan

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

25209

There is a large mass effect involving the left kidney. This is very concerning for a neoplastic lesion. Consider fine needle aspirate of this mass. The bleeding could be coming from this mass, but I was not able to visualize a dilated renal pelvis or dilated ureter. Additionally, there is a mass effect in the urinary bladder. This could represent clot or debris from the tumor, but more likely is a 2<sup>nd</sup> mass lesion. Options moving forward regarding the bladder mass are:

**DATE**

9/7/21



**PATIENT**

Remington Seaman

-Recommend urine evaluation for BRAF mutation seen in patients with transitional cell carcinomas. A positive test is diagnostic, a negative test is inconclusive and will need further diagnostics.

**SPECIES**

Canine

-If negative or non-diagnostic BRAF consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.

**BREED**

Beagle X

-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.

**SEX**

Spayed Female

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

**AGE**

5 Years

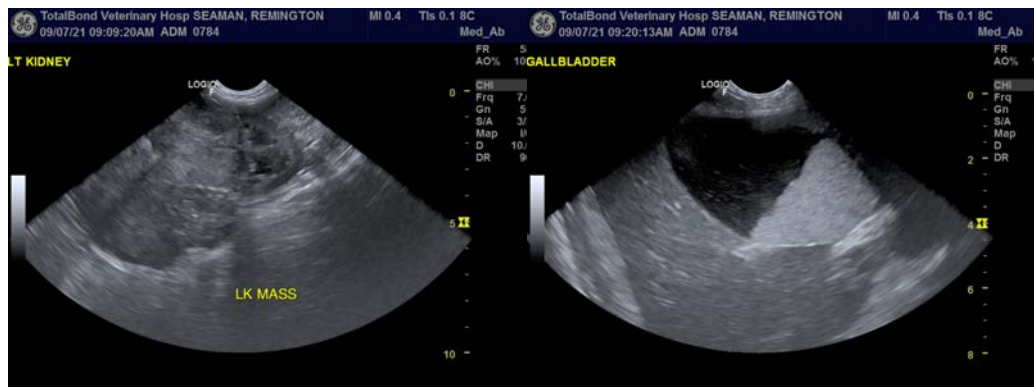
No focal lesions were observed in the liver. If liver enzymes are elevated, recommend liver biopsy at the time of surgery. Additionally, the gallbladder has a large amount of sludge within it. There is no evidence of a developed mucocele, but this should be monitored. You could consider starting Ursodiol prophylactically.

**WEIGHT**

36.5

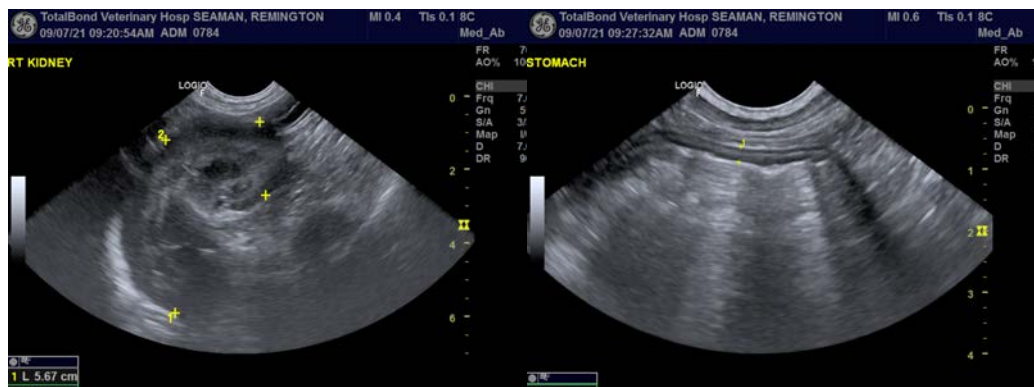
**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr. Hadley Harris



**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Peter Rowan

**INVOICE**

25209

**DATE**

9/7/21



**PATIENT**

Remington Seaman

**SPECIES**

Canine

**BREED**

Beagle X

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

36.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hadley Harris

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

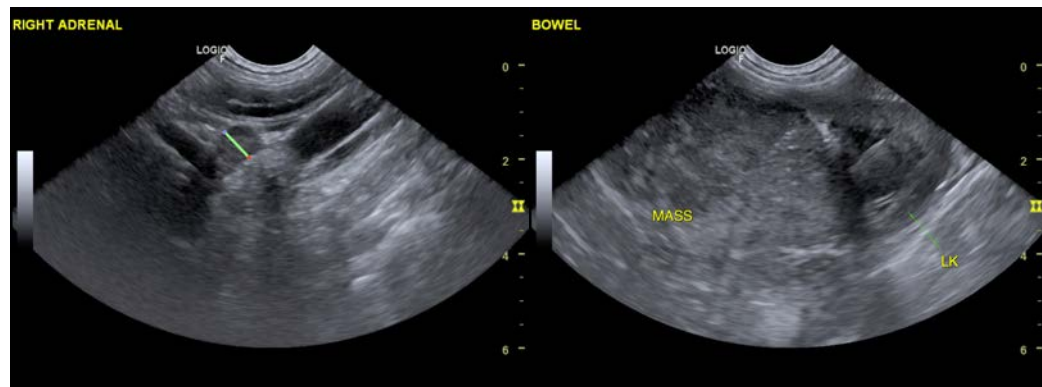
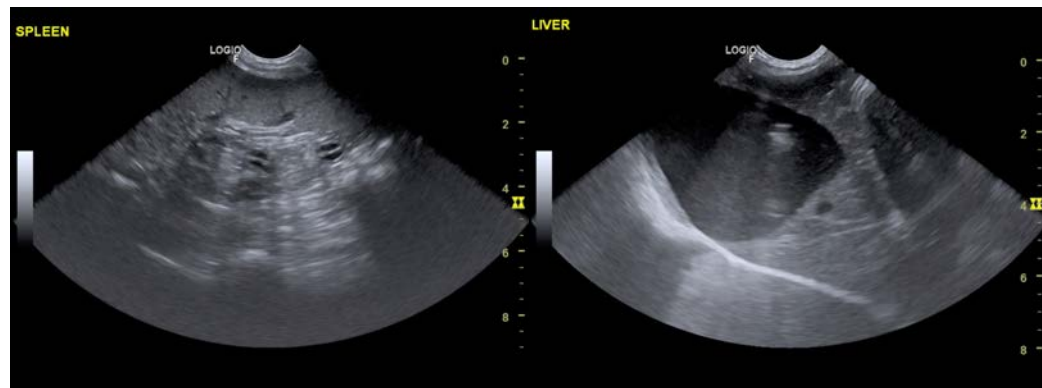
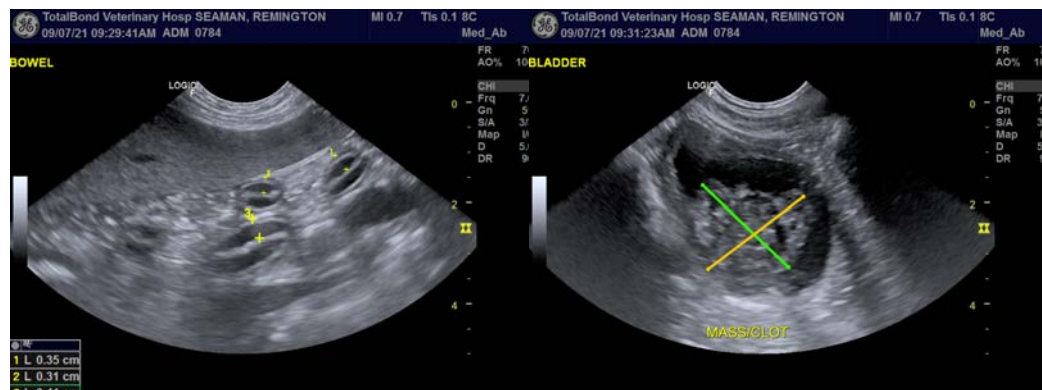
Dr. Peter Rowan

**INVOICE**

25209

**DATE**

9/7/21



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com