



PATIENT

Maggy Donnelly

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 years

WEIGHT

15.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Ioannou

INVOICE

96122

DATE

2/17/22

PRESENTING CLINICAL SIGNS

1 week history of straining to urinate, passing small amounts, passing blood - Seems ok otherwise
meds: Clavamox
Abnormal PE/Chem/CBC/UA Results: - free flow urine - suboptimal concentration with significant hematuria and pyuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears smooth and regular. There is no evidence of any calculi. There is an area of irregular tissue at the cystourethral junction where a mass effect measuring 2.36 x 0.73 cm is positioned at the junction likely causing a partial obstruction. However, there is no evidence of over extension of the urinary bladder. This mass effect could represent transitional cell carcinoma or a polypoid like mass.

The left kidney has a normal shape and size (6.75 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 hydroureter. Renal vasculature is normal.

Right kidney unable to visualize. Upon thorough inspection no right kidney could be identified. I suspect agenesis of the right kidney.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.51 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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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

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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.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Mass effect evident at the cystourethral junction. Most likely differentials would be neoplasia (transitional cell carcinoma, etc.) or an inflammatory polyp.
- Right kidney not visualized. Suspect agenesis of the right kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was a small area of abnormal tissue right at the cystourethral junction acting like a stopper at the urethral opening. This lesion extends into the proximal urethra somewhat, but it is difficult to determine to what extent. Consider the following:

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- 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.

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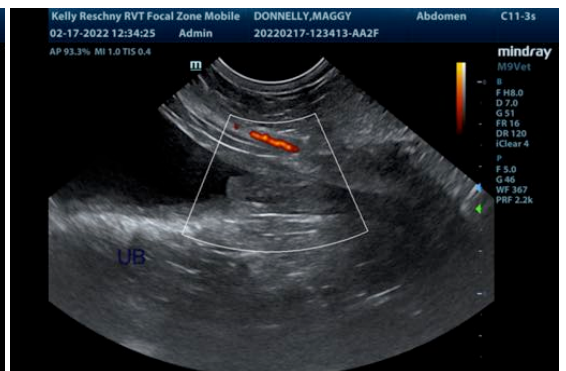
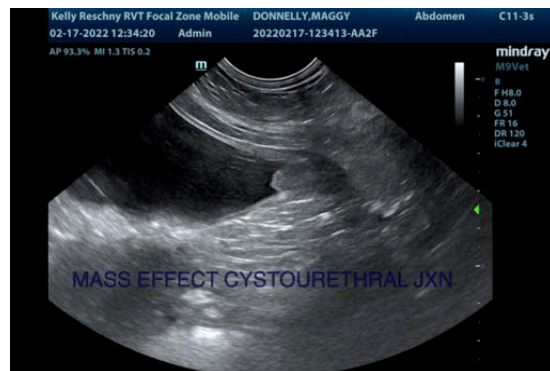
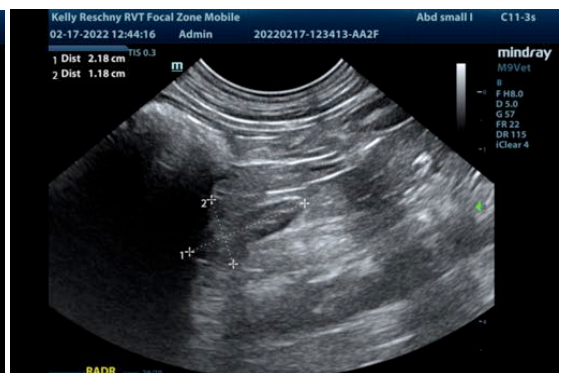
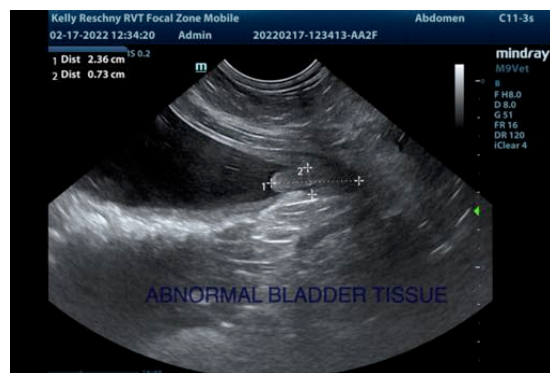
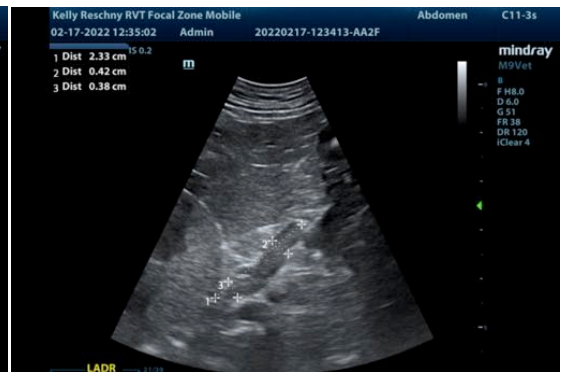
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- If negative or non-diagnostic BRAF consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.
- Patients with bladder pathology should always have urinalysis 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.
- If TCC is confirmed consider referral to/consultation with a board certified. Veterinary oncologist for recommendations regarding treatment options and prognosis.

Additionally in a female dog of this size you can consider cystoscopy to get a better idea of the extent of the mass lesion and to obtain biopsies

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





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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.

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