



PATIENT PRESENTING CLINICAL SIGNS

Valentine Martinelli
History: Valentine" Dema Martinelli 10year old female spayed Shiba inu 12.4kilo Came in on 5-12-22 for UTI symptoms. Concern for constipation for 5 days then soft mucous feces for 3 days. Hematuria. Hacking and gagging at night for past few weeks. No emesis. Rectal exam was suspicious for diarrhea, no dark feces. Mildly underweight. Idexx results show several organisms in urine which they identified as contaminants. Bloodwork showed NSF. Current medications: Prescribed 5-12, Amoxicillin 50mg/ml, 4cc bid for 10 days Metronidazole 250mg 1/2 of a tab bid for 7 days. No issues until 6-1-2022, no feces thereafter, hematuria did not get better with amoxi.

SPECIES

Canine

BREED

Shiba Inu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is well distended. A mildly heterogeneous, echogenic structure measuring 2.58 cm in diameter x 4.64 cm in length is observed originating from the dorsal wall. It fills a large portion of the bladder. The mass appears to be invading the muscularis and possibly the serosa (in one view). It is vascularized by a single blood vessel. Power Doppler also shows occasional blood vessels throughout the mass. The two small, hyperechoic areas at the dorsal aspect of the mass, near the mucosa, may be areas of mineralization, fat, as well as ischemia and infarcts.

AGE

10 years

The remainder of the bladder wall is smooth, and regular. No abnormalities are noted with the trigone or first 2 centimeters of the proximal urethra. There is no evidence of sediment or cystoliths. The ureteral papillae are not visualized.

WEIGHT

12.4 kg

Kidneys

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The **left** kidney measures 4.97. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Mild mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.47 cm. Findings are similar to the left kidney.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

HOSPITAL NAME

Roundhill AH

The **left** adrenal gland measures 0.70 cm at the cranial pole, 0.78 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture, however, it is enlarged and "plump". There is no evidence of a mass or nodule. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

REFERRING VET

Dr. Kelly

The **right** adrenal gland is visualized, but not well enough to measure (gas in the surrounding area). The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

INVOICE

30872

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A subcapsular, hypoechoic nodule, measuring 0.71 cm in diameter x 0.88 in length, is present towards the tail. It displaces the capsule dorsally, however, the capsule remains intact. A second

DATE

6/6/22



PATIENT smaller hypo to anechoic nodule is noted mid-body. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Valentine Martinelli

SPECIES *Liver*

Canine

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, although a mildly coarse or granular echotexture is noted. It is within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

BREED

Shiba Inu

The gallbladder (GB) is moderately distended with a moderate amount of free floating echogenic material. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction. The parenchyma surrounding the GB is not hyperechoic.

SEX

Spayed Female

AGE

10 years

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

WEIGHT

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The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

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Pancreas

No overt abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

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Other

HOSPITAL NAME

Roundhill AH

Lymph nodes

The left sublumbar lymph node is prominent. It measures 0.50 cm in diameter x 1.82 cm in length. It is within normal limits in echogenicity and echotexture. A hyperechoic focal area is present at its cranial pole, measuring 0.26 cm in diameter x 0.69 cm in length. The latter may be an area of fibrosis, fat or mineralization.

REFERRING VET

Dr. Kelly

Abdominal effusion is not visualized.

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Heart

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A brief video clip of the heart was submitted. Pericardial and pleural effusion are not identified. A mass is not observed on evaluation of the cardiac chambers. Note, a mass may be overlooked in the absence



PATIENT

of pericardial effusion. No obvious abnormalities with contractility or chamber size (measurements not performed).

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ULTRASONOGRAPHIC FINDINGS

- **Urinary bladder:** A transitional cell carcinoma is the most likely diagnosis, however, a portion of the mass may also be comprised of an organized hematoma. The trigone does not appear affected, however, the muscularis of the dorsal wall (and possibly the serosa) is invaded. The left sublumbar lymph node is mildly prominent, i.e. reactive hyperplasia is possible, however, infiltrative disease cannot be excluded.
- **Kidneys:** Changes are very mild and suggestive of age-related degeneration.
- **Adrenal glands:** The right is not visualized. The left is mildly enlarged and suggestive of hyperplasia, possibly due to stress, for example, chronic illness. Pituitary dependent hyperadrenocorticism (HAC) is considered less likely based on the absence of clinical signs.
- **Spleen:** Nodular or lymphoid hyperplasia and extramedullary hematopoiesis are considered the most likely differential diagnoses despite the deviation of the capsule.
- **Liver:** A reactive hepatopathy is suspected. There are no signs of neoplasia or hepatitis.
- **Gallbladder:** Gallbladder sludge is often clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

+/- urine culture and sensitivity obtained by free flow method. The vulva and peri-vulvar area should be disinfected with chlorhexidine prior to collecting the urine sample.

+/- BRAF test

Thoracic radiographs (3 views) are suggested to evaluate the sternal lymph nodes

Referral to an oncologist is suggested to discuss all treatment protocols available.

If aggressive chemotherapy will not be pursued, treatment with

a non-steroidal anti-inflammatory, such as meloxicam or deracoxib, both of which have anti-neoplastic effects, may be prescribed, in addition to gabapentin.

INVOICE

gabapentin

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toceranib (Palladia®), a tyrosine kinase inhibitor,

+/- chlorambucil toceranib (Palladia®) can help slow down the progression of the tumour. It is administered by mouth three days a week, for example, Mondays, Wednesdays, Fridays.

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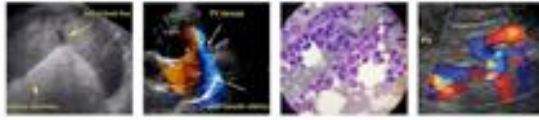
Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Kelly



PATIENT

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Routine blood work, consisting of a CBC and serum biochemical profile, is required to monitor for neutropenia and elevated liver enzyme activities.

Valentine may be constipated as a result of the metronidazole.

SPECIES

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She may require a stool softener, such as PEG 3350 or psyllium, based on her current clinical signs and if she begins demonstrating signs of tenesmus.

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Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required.

A fine needle aspirate of the splenic nodule may be performed to confirm that it is benign, or the ultrasound may be repeated in 5-6 weeks; it will either be smaller or will have resolved.

SEX

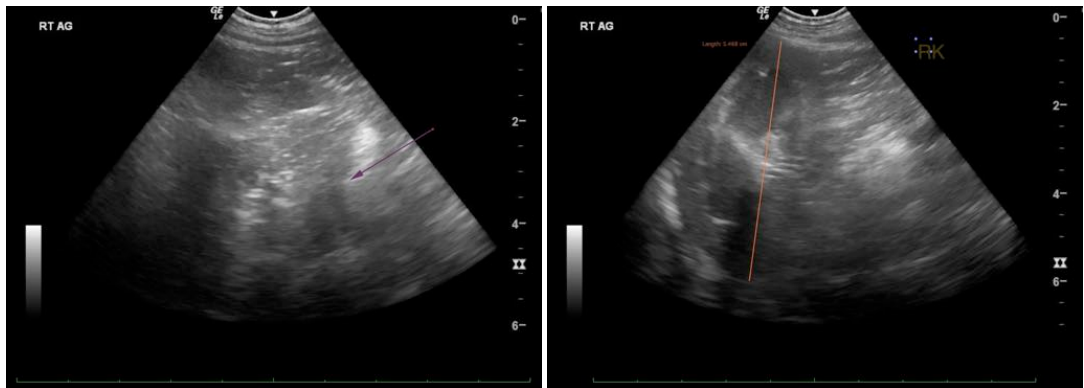
Spayed Female

AGE

10 years

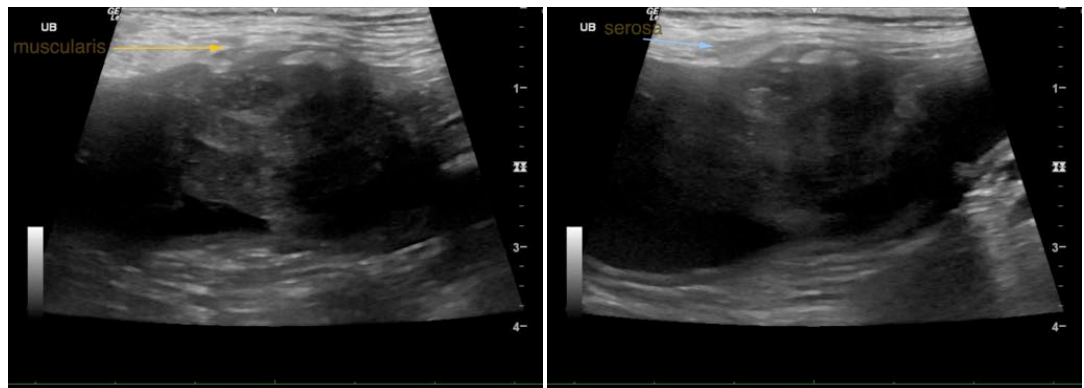
WEIGHT

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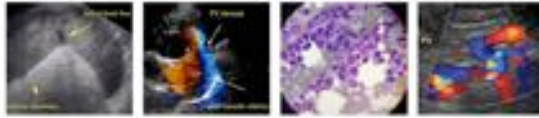
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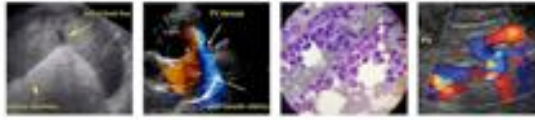
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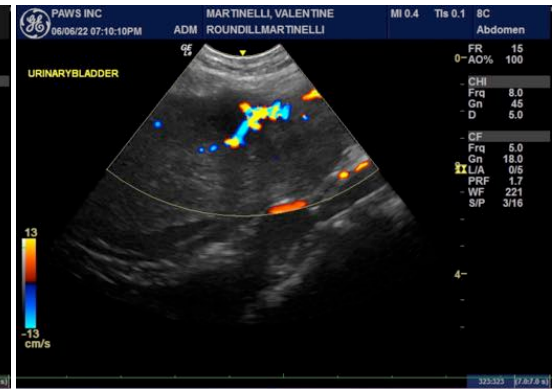
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com

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