



PATIENT

Boo Siciliato

SPECIES

Canine

BREED

Pekingese X

SEX

Neutered Male

AGE

10 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Branchville Country
Vet

REFERRING VET

Dr. Sherri Talbot-
Valerio

INVOICE

26187

DATE

10/11/21

PRESENTING CLINICAL SIGNS

Weight loss, straining to defecate. Palpable mass in rectum/floor of pelvic canal. Current meds: Lactulose 2mls po bid, Deramaxx 12.5mg po sid. Abnormal PE/Chem/CBC/UA Results: PSL 198 otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with mild dependent sand. A moderately sized to expansive, asymmetrically margined mass appeared to originate from and involve the dorsal urinary bladder wall in the area of the trigone with probable extension into the proximal urethra. The mass itself measured approximately 2.5 cm x 2.5 cm, but was potentially mildly larger. Associated hyperechoic foci to mineralization associated with the ventral aspect of the mass and associated urinary bladder and urethral lumen. The mass appeared to expand somewhat dorsally to impinge upon the ventral colon. The distal colon was primarily empty with mild non-formed feces.

Moderate hydronephrosis was present in the left kidney with concurrent left ureter dilation extending from the left kidney caudally to the level of the urinary bladder mass. Severe hydronephrosis was associated with the right kidney with no discernable medullary parenchyma as well as concurrent right ureter dilation exiting the right kidney and extending caudally to the likely level of the urinary bladder mass. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

A non-homogeneous mass lesion exhibiting pinpoint to focal hyperechoic foci possibly indicative of mineralization was present in the area of the right adrenal gland, measuring 4.8 cm x 2.3 cm.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm at the caudal pole and 0.37 cm at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A focal non-expansive, subtle hypoechoic parenchymal nodule was present. The nodule measured 0.67 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Multiple, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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- Mineralized urinary bladder mass in the area of the mid dorsal to trigone, likely extending into the proximal urethra with probable colon impingement.
- Secondary bilateral ureteral obstruction with moderate left kidney and severe right kidney hydronephrosis.
- Associated medial iliac lymphadenopathy
- Mass in the area of the right adrenal gland
- Focal non-specific hepatic nodule

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder mass is consistent with neoplasia with transitional cell carcinoma or other likely. Minor potential for primary colonic origination with impingement or involvement into the area of the dorsal urinary bladder, given the size and location of the mass, yet considered less likely.

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The right kidney appeared to be non-functional. Potential stent placement could be considered in an attempt to salvage the left kidney. However, the overall mass subjectively is likely not amenable to surgical resection.

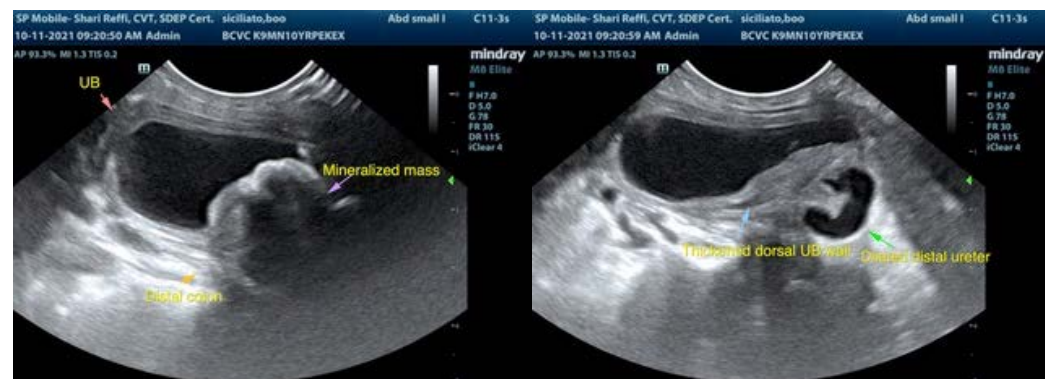
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The medial iliac lymphadenopathy, although not definitive is suggestive of probable early metastatic lymphadenopathy.

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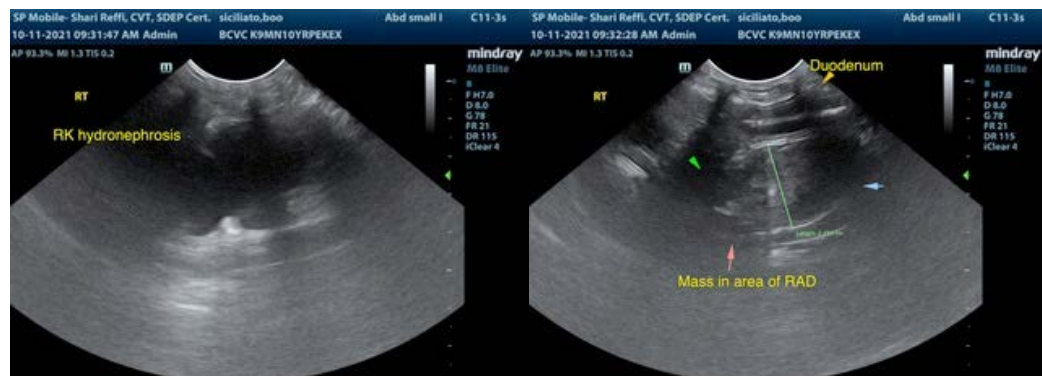
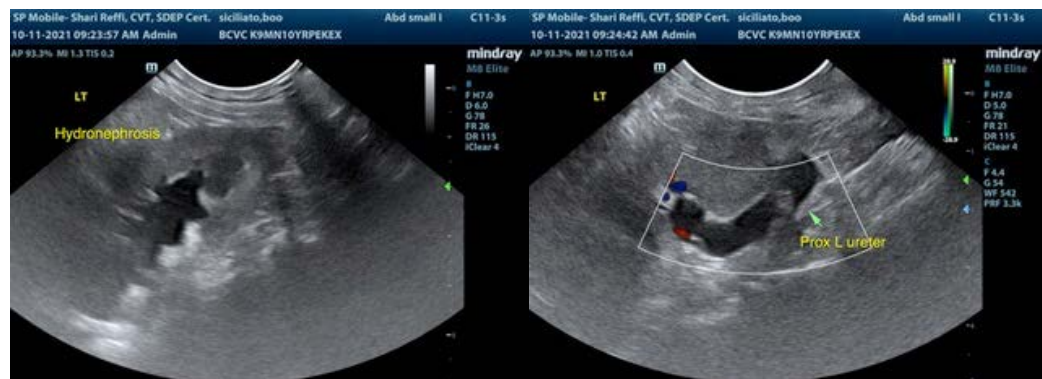
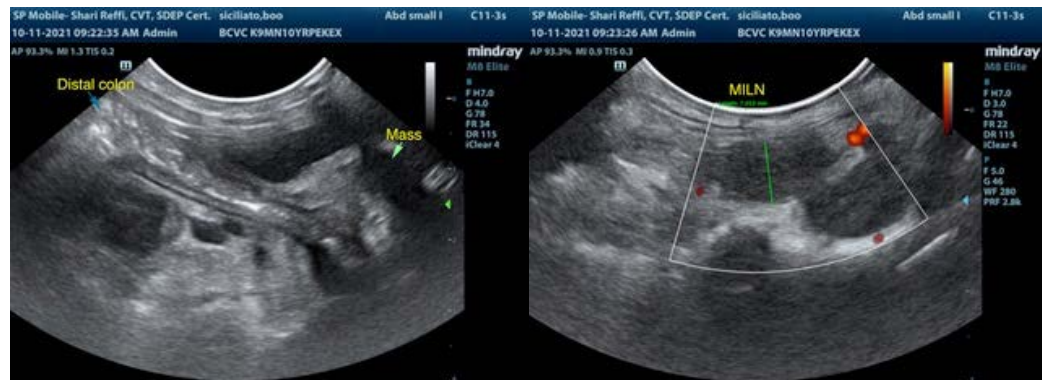
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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