


PATIENT PRESENTING CLINICAL SIGNS

Kona Valentina Villamil
 History: Presented for an abdominal ultrasound. Patient was presented for evaluation of hematuria. Has been eating well. Hematuria recurred on 7/20/23 but has hematuria for multiple months. Hx having and treated previously for hematuria.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CHEM ALP: 286 (23-212) UA: RBC: > 500, WBC: 131

BREED
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Retr

SEX

Spayed Female

AGE

11 years

WEIGHT

62.4 lbs

INTERPRETED BY

 Remo Lobetti, BVSc,
 MMedVet (Med),
 PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

 Dr. Maria Martes,
 DVM

INVOICE

13908

DATE

7.31.23

Urinary System

The urinary bladder is full, with a normal thickness (0.20 cm) and smooth appearance of the dorsal wall, with an irregular and thickened appearance of the ventral bladder wall. Focal hyperechogenic nodule on the ventral mid-bladder wall (measuring 0.70 x 0.90 cm). Small amount of floating hyperechogenic sediment. No uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (left 0.50 cm /right 0.70 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 6.70 cm) (right kidney 7.20 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size (left 2.23 cm in length x 0.64 cm in width). Poorly visualized, but appears to be of normal, shape, echogenic appearance and size.

Spleen

Normal size (measuring 2.10 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal isoechogenic parenchymal nodule (measuring 1.80 x 1.90 cm) in the left lobe.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size (measuring 0.20 cm) and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach (measuring 0.21 cm), duodenum, jejunum (measuring 0.38 cm) small intestine, ileo-cecal junction, and colon (measuring 0.17 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (right 2.50 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (one of which measures 1.70 cm).



PATIENT

No ascites evident.

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Villamil

ULTRASONOGRAPHIC FINDINGS

SPECIES

Primary Findings

Canine

- Thickened bladder wall with a nodule

BREED

- Liver nodule

Labrador Retr

SEX

Secondary Findings

- Urinary bladder sediment

Spayed Female

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

11 years

Etiologies for the urinary bladder would be chronic cystitis, polypoid cystitis and emerging neoplasia.

WEIGHT

Etiologies for the liver nodule would be focal nodular regeneration, hematoma, granuloma and neoplasia.

62.4 lbs

Further assessment would be urine culture, BRAF analysis and possibly catheter-assisted aspirate/biopsy of the urinary bladder wall. FNA cytology of the liver nodule should also be considered. If the BRAF analysis or the cytology is consistent with primary urinary bladder neoplasia, then resection of that section of the wall should be considered.

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Further specific therapy would be dependent on an etiological diagnosis.

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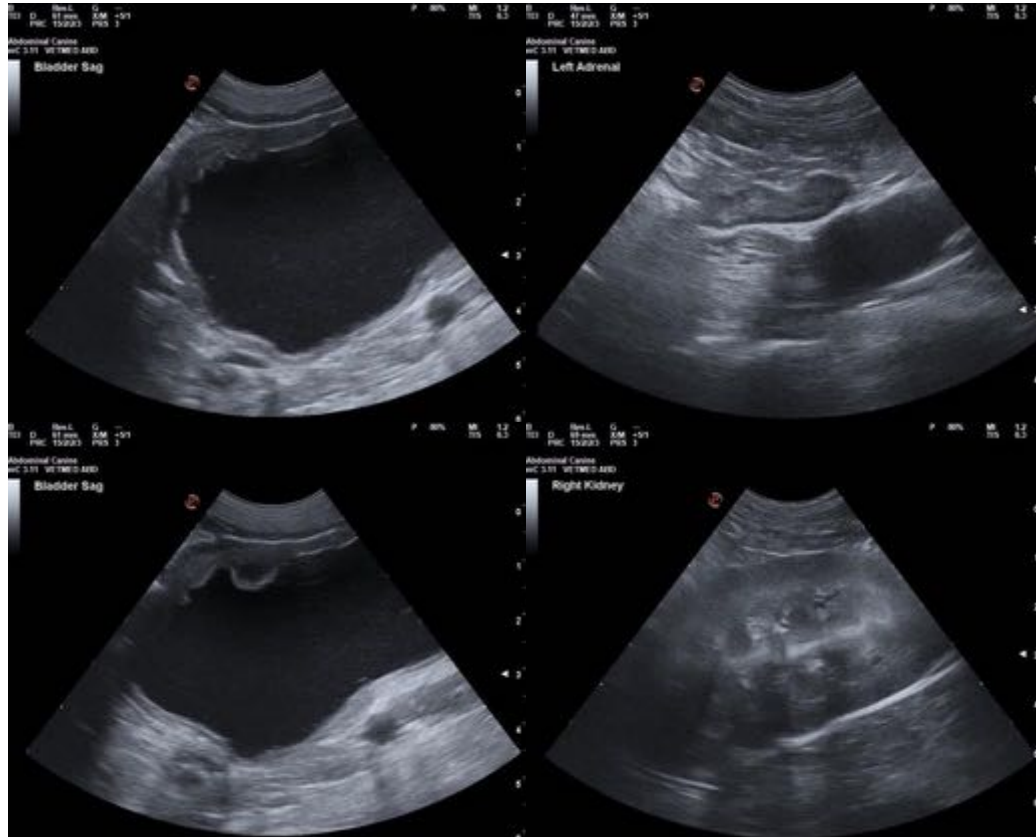
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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