



PATIENT PRESENTING CLINICAL SIGNS

Walter Bonanno History: Polyuria Atopy, superficial pyoderma
 Abnormal PE/Chem/CBC/UA Results: ALT 378 ALP 1359 TP 8.1 BRAF test confirmatory for transitional cell carcinoma/urothelial carcinoma

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered Male

AGE

12years, 6 mos

WEIGHT

21.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Gillian Striano-Kaplan

INVOICE

14112

DATE

8.15.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a large, irregular, hyperechogenic invasive mass on the dorsal bladder wall, extending to the trigone area. The mass measures approximately 2.60 cm. The rest of the wall has a normal thickness and smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

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

Normal appearance and size of the iliac lymph nodes. Right proximal ureter visualized. Left ureter not visualized, which can be considered a normal finding.

Normal renal size (0.54 cm) with increased echogenic appearance, some loss of corticomedullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Enlarged right kidney (6.60 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Dilated renal pelvis, bordering on early hydronephrosis. No infarcts, mineralization or renoliths evident.

Reproductive System

Enlarged prostate (1.50 x 3.00 cm), mottled echogenic appearance and irregular capsule.

Adrenal Glands

Normal shape, echogenic appearance, size (left 2.21 cm) (right 2.40 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (1.40 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

Enlarged with rounded edges, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon 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 and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



PATIENT

Walter Bonanno *Free Abdomen*
Normal mesenteric lymph nodes.

SPECIES

No ascites evident.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

- Scottish Terrier
- SEX**
 - Urinary bladder mass
 - Prostatomegaly
- Neutered Male
 - Hepatopathy
- AGE**
 - Right hydronephrosis

12years, 6 mos

Secondary Findings

WEIGHT

- Age-related renal changes

21.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the urinary bladder mass is consistent with a transitional cell carcinoma (as per BRAF testing), that has infiltrated into the trigone area as well as the prostate.

The most likely etiology for the hepatopathy would be “the Scottie hepatopathy” with reactive hyperplasia, metabolic, chronic hepatitis and infiltrative neoplasia differential diagnoses.

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The right hydronephrosis can be attributed to the urinary bladder mass obstructing the right ureter at the level of the trigone.

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Further assessment that could be considered would be FNA cytology of the liver and adrenal function testing (ACTH stimulation/LDDS test). As the bladder mass is involved in the trigone and prostate, surgical resection is not feasible, and at this point in time, palliative therapy would be indicated, which would consist of the use of NSAIDs.

REFERRING VET

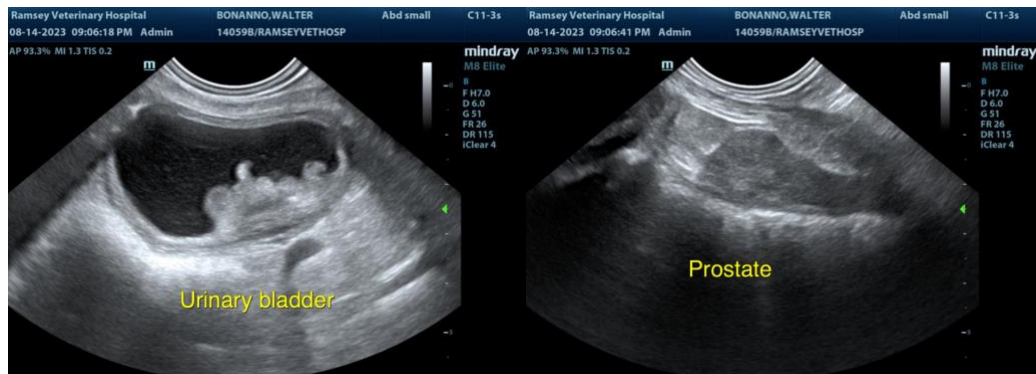
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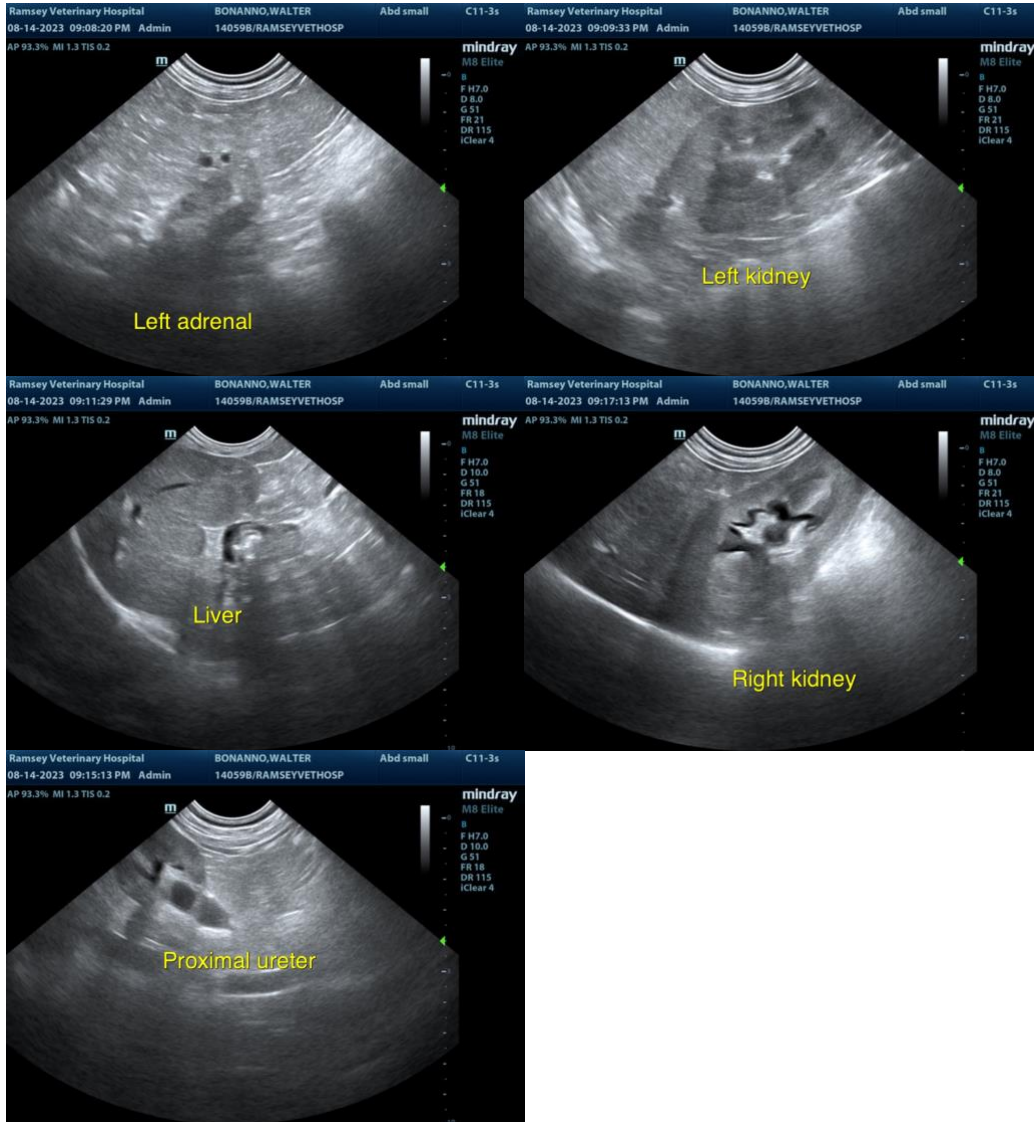
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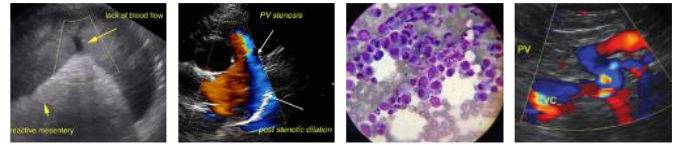
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com



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