



**PATIENT**

Bella Kenny

**PRESENTING CLINICAL SIGNS**

History: History of hematuria. Current meds: Piroxicam 10 mgs and Proin 75 mgs.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened and there is a 3.0 cm x 1.5 cm wide-based mass arising from the apex and extending into the urethra up to 3.0 cm. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). The pelvic urethra is visualized to 3.0 cm.

**BREED**

Puggle

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.3 cm in length. The right kidney is 5.4 cm in length.

**SEX**

Spayed Female

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.7 mm at the cranial pole and 7.9 mm at the caudal pole. The right adrenal gland height is 4.9 mm at the cranial pole and 6.6 mm at the caudal pole.

**AGE**

16 Years

**Spleen**

There are several irregular hypoechoic nodules present within the splenic parenchyma, measuring up to 1.2 cm in diameter. It is of appropriate size and has an otherwise normal homogeneous parenchyma with a smooth continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**WEIGHT**

32 Pounds

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**Liver**

The liver is diffusely hyperechoic and subjectively enlarged. There are hypoechoic nodules present throughout the parenchyma, measuring up to 6.0 mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Kelly Vazquez

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**HOSPITAL NAME**

Willowbrook AC

**Gastrointestinal**

The stomach is moderately distended with normal ingesta. The gastric wall is 3.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

**REFERRING VET**

Dr. Palescadolo

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 5.0 mm. The jejunal wall measures up to 3.2 mm. Intestinal motility appears normal.

**INVOICE**

17776

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**DATE**

10/17/22

**Pancreas**



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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Puggle

**Other**

The right and left sides of the heart are visualized and there is no evidence of pericardial effusion, nor a right auricular mass.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- A bladder mass with urethral involvement

**AGE**

16 Years

**Secondary Findings**

- Hypoechoic splenic nodules
- Hypoechoic liver nodules
- Chronic renal changes

**WEIGHT**

32 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

The changes in the bladder wall and urethra are consistent with neoplastic disease. Recommendations include:

- BRAF testing is recommended. Information on performing this urine test is available from Antech Diagnostics: <https://www.antechediagnostics.com/cadet-braf-plus/>

**IMAGING PERFORMED BY**

Kelly Vazquez

- A urinalysis and urine culture, however cystocentesis should be avoided.

**HOSPITAL NAME**

Willowbrook AC

- Given the urethral involvement, interventional procedures, such as a urethral stent or balloon dilation may be necessary to prevent urethral obstruction.

The changes in the spleen and liver are non-specific and could be consistent with nodular hyperplasia, extramedullary hematopoiesis, or less likely neoplasia disease. Recommendations include:

- ultrasound-guided fine needle aspiration of affected areas with a 25G needle

**REFERRING VET**

Dr. Palescadolo

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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**SPECIES**

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**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Willowbrook AC

**REFERRING VET**

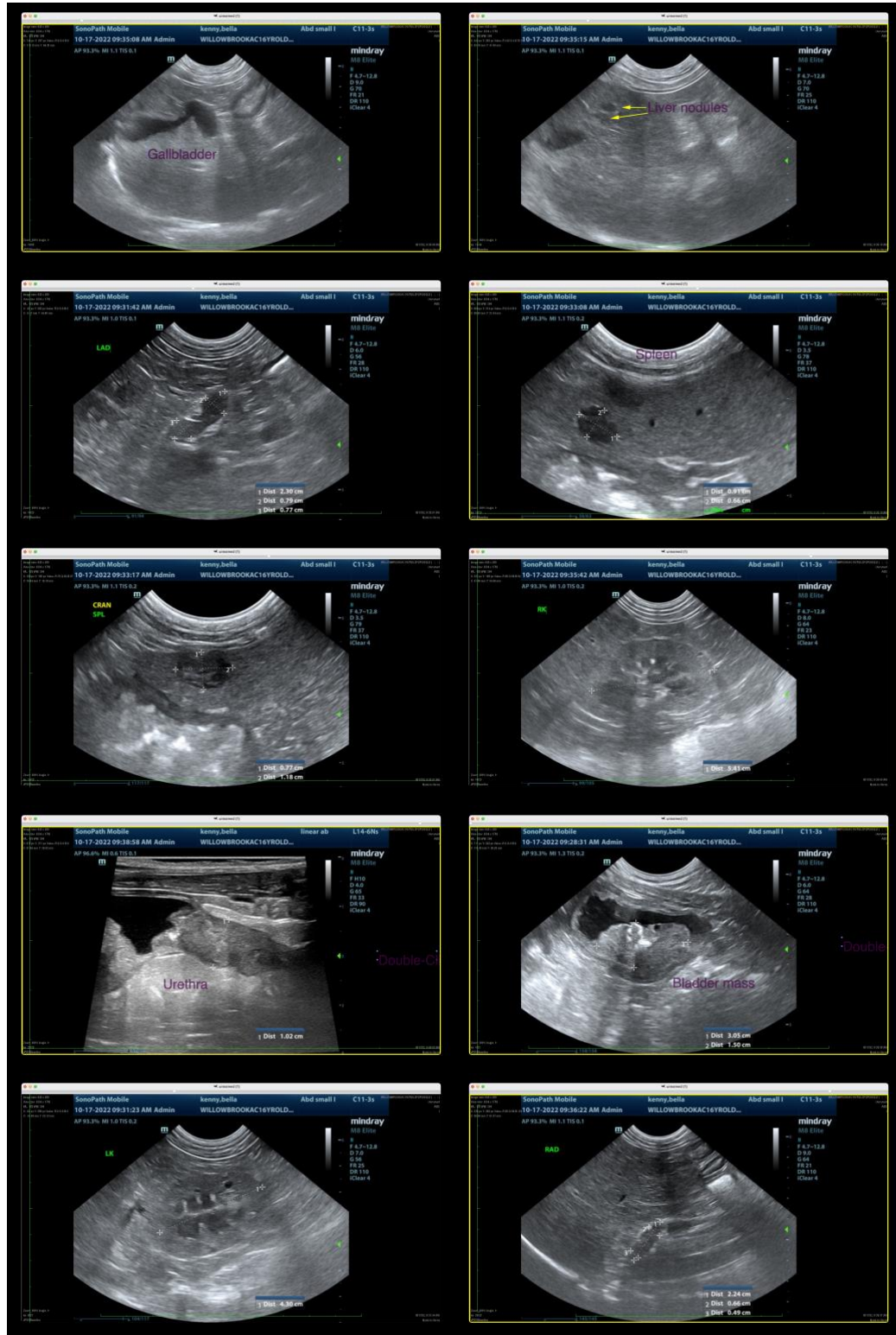
Dr. Palescadolo

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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.



**PATIENT**

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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.

**SPECIES**

Canine

**Tam Mengine, DVM, DABVP (canine/feline practice)** info@SonoPath.com

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Puggle

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Dr. Palesscadolo

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