



**PATIENT**

Mickie Noon

**PRESENTING CLINICAL SIGNS**

History: urinating excessively

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Cocker Spaniel

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Mineralization was noted in the urethra approximately 1.0 cm caudal from the cystourethral junction. This is either embedded calculi or possible dystrophic mineralization owing to urethral tumor. The urine presented some echogenicity consistent with suspended debris. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

**SEX**

Spayed female

**AGE**

9 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.5 cm. The left kidney measured 4.5 cm.

**WEIGHT**

20 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.95 x 0.7 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 2.31 x 0.6 cm at the caudal pole and 0.71 cm at the cranial pole.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**REFERRING VET**

Dr. Maniar

**INVOICE**

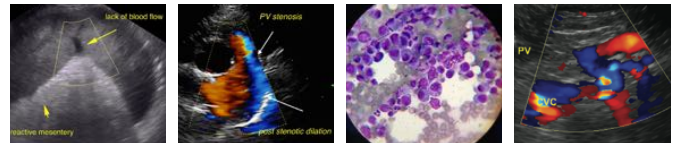
42012

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with

**DATE**

1/10/23



**PATIENT**

Mickie Noon

primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**SPECIES**

Canine

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**BREED**

Cocker Spaniel

**SEX**

Spayed female

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**AGE**

9 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

20 lbs

Chronic cystitis bladder pattern with mineralization of the pelvic urethra. Possible transitional cell carcinoma.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further imaging or cystoscopy is indicated. High resolution imaging is indicated with a linear probe under sedation may allow for further definition of the urethral pathology.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

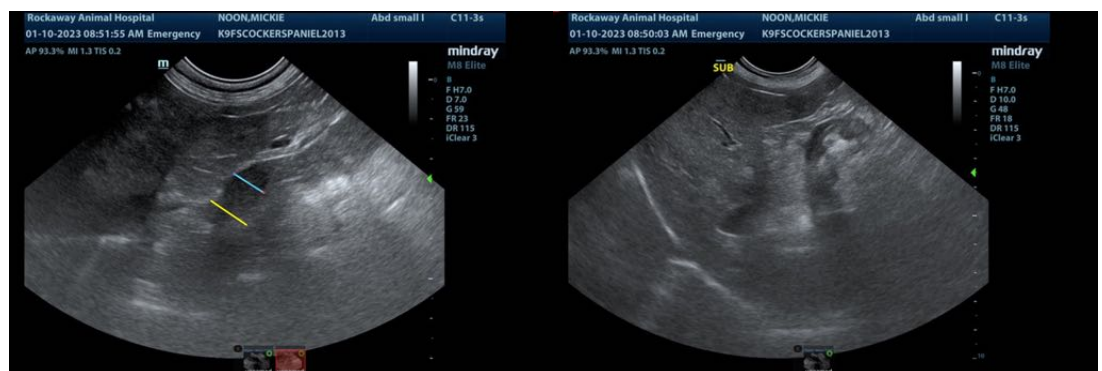
Dr. Maniar

**INVOICE**

42012

**DATE**

1/10/23





**PATIENT**

Mickie Noon

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

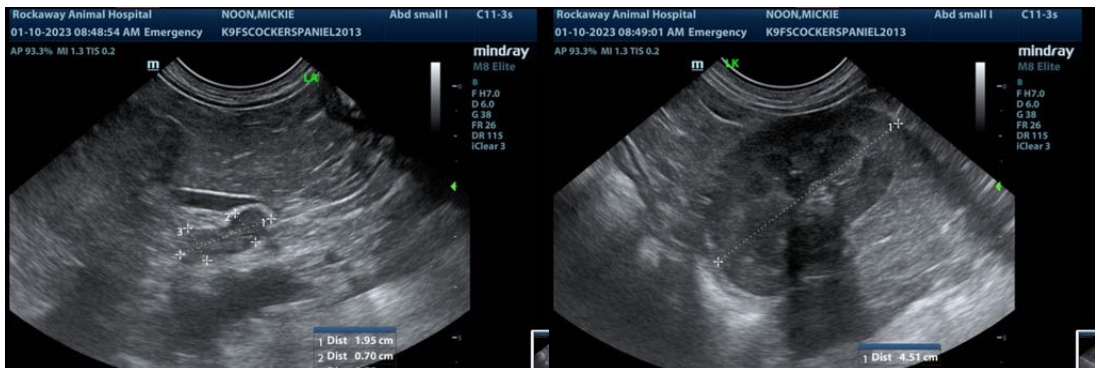
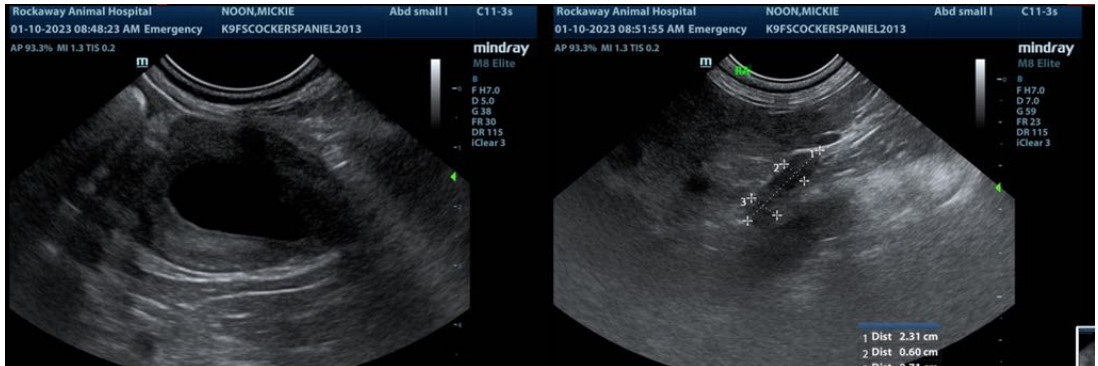
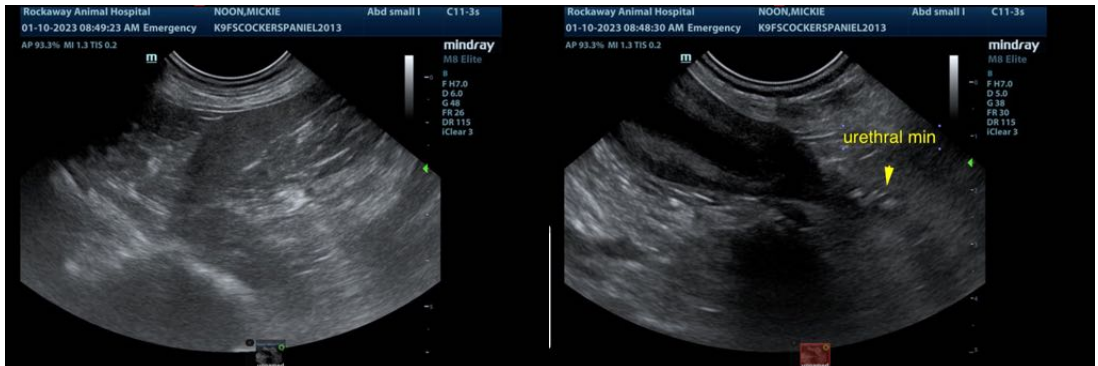
Dr. Maniar

**INVOICE**

42012

**DATE**

1/10/23



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.



**PATIENT**

Mickie Noon

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

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**BREED**

Cocker Spaniel

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

Dr. Maniar

**INVOICE**

42012

**DATE**

1/10/23