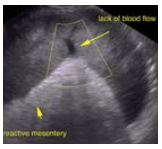

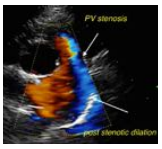

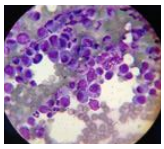
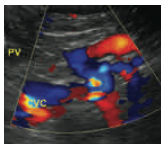

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PATIENT

Emma Herlehy

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

12 years

WEIGHT

30.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bartus

HOSPITAL NAME

Valley VS

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PRESENTING CLINICAL SIGNS

Frequent urination, dribbles urine. Has been going on many months; has had urine cultured and appropriate antibiotics were used. In November 2021, a colleague started Enalapril & Furosemide for coughing, based on mild cardiomegaly on radiographs; no heart murmur and no Echocardiogram was done due to financial concerns.
Abnormal PE/Chem/CBC/UA Results: SDMA 16 (0-14), TP 9.2 (5.2-8.2), Glob 6.4 (2.5-4.5) U/A sp.gr 1.016 Bl 10, Prot 30, nsEPI 3-5/HPF, sqEPI1Total # of Files Uploaded: 35

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. Multi-focal mineralization was noted in this patient. The pattern would suggest mural mineralization as well as luminal. Polypoid changes were noted in the cystourethral junction with a focal luminal mineralization. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. No overt masses were noted.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight cortical cysts were noted at the caudal pole measuring 0.8 cm. The right kidney revealed trace pyelectasia.

Adrenal Glands

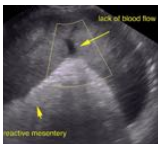
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

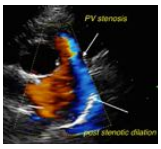
Spleen

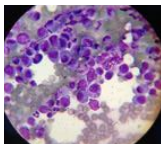
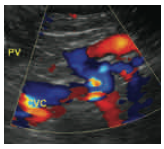
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

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 primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic





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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Pancreas

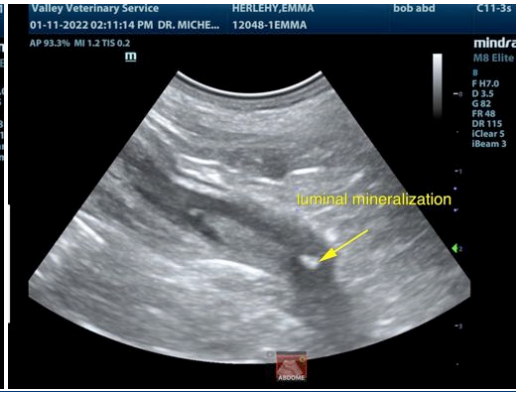
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Chronic cystitis pattern with a strong concern for transitional cell carcinoma in the urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am strongly concerned for transitional cell carcinoma in the urethra in this patient. Cystoscopy is warranted. Cytospin of a free catch urine would be warranted to assess for any abnormal transitional cells. Cystoscopy will allow for liberation of any luminal mineralization as well as obtaining biopsies. The prognosis is guarded.



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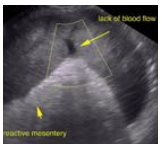
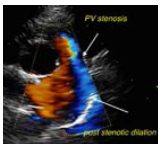
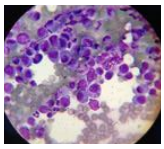
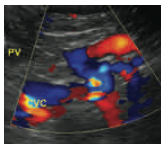

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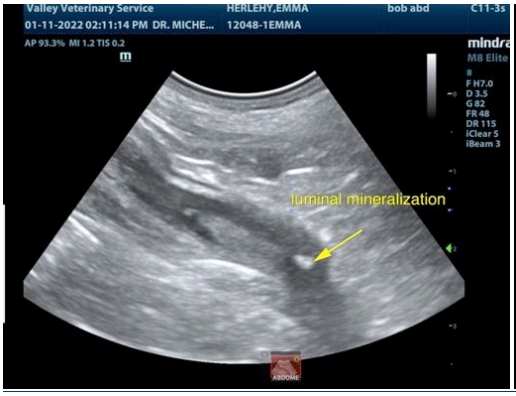



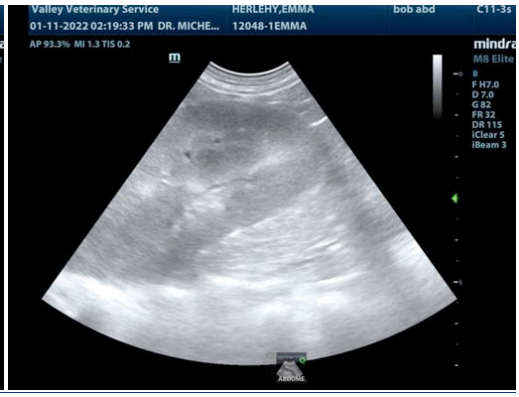


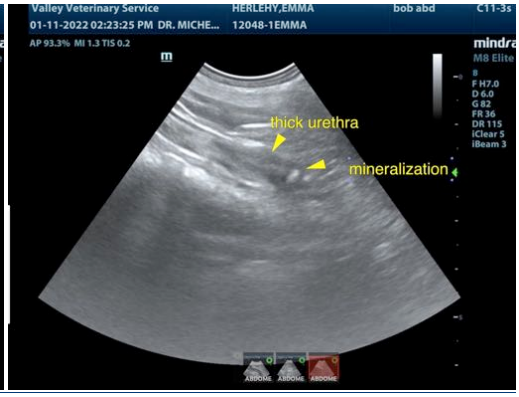

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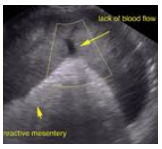

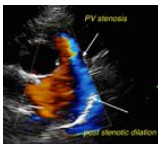

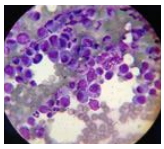
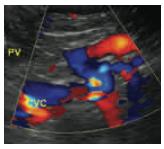

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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