



PATIENT

Bella Garbin

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed female

AGE

10 ½ years

WEIGHT

23.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Giuliani

INVOICE

40071

DATE

10/12/22

PRESENTING CLINICAL SIGNS

History: Pt presented for cystotomy. Pre-sx xray showed enlarged liver, so AUS was preformed. Pt has had a cystotomy previously. Pt has 4/6 heart murmur and was recently put on Pimobendan prior to sx. Pt has been urinating blood, but otherwise doing well.
Abnormal PE/Chem/CBC/UA Results: attached BW, xrays uploaded via DICOM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A large amount of calculi were noted. The largest of which measured 2.0 cm. Suspended bladder debris was noted with minor bladder wall thickening. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Dorsal to the urinary bladder a tubular structure was noted and measured 2.5 cm dorsal to the urinary bladder. This cannot be adequately distinguished from the bladder wall. It is in the area of the uterine stump and appears to be abscessed. This should be inspected at the time of surgery.

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. Mineralization was noted. Slight cortical infarct was noted in the cranial pole of the left kidney. This is likely owing to periodic passage of calculi. Blood flow to the kidneys appeared to be adequate on color flow assessment. An infarct was noted at the cranial pole of the right kidney. Corticomedullary calculi were present. The right kidney measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** was enlarged, irregular and nodular. Maximum width was 1.4 cm. Capsular expansion was noted without capsular escape. However, the phrenic vein appeared to be occupied. This is consistent with thrombosis or tumor invasion. The right adrenal gland was uniformly enlarged with phrenic vein occupation. A nodule was noted at the cranial pole. The vena cava did not appear occupied.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive



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sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Polypoid changes were noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Comet tail lung pattern was noted in the transdiaphragmatic view.

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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.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Bladder calculi with mural bladder abscess or uterine stump pyometra.

Enlarged, irregular, invasive left adrenal gland. Suspect carcinoma.

Right adrenal nodule with phrenic vein occupation. Thrombus versus emerging neoplasia. Bilateral adrenal neoplasia is possible.

Renal calculi with infarcts.

Subjectively benign hepatopathy with minor remodeling.

Comet tail lung pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted. I recommend further evaluation prior to cystotomy in this patient.

The immediate cystotomy and tubular, possibly abscessing structure dorsal to the urinary bladder/stump pyometra or mural bladder abscess can be addressed surgically; however, there is concern for primarily left adrenal neoplasia such as carcinoma or pheochromocytoma of the right adrenal gland could be adenoma with phrenic vein thrombus; however, underlying neoplasia cannot be completely ruled out. CT evaluation would allow for further definition. Thoracic radiographs are strongly recommended to assess for pulmonary disease.

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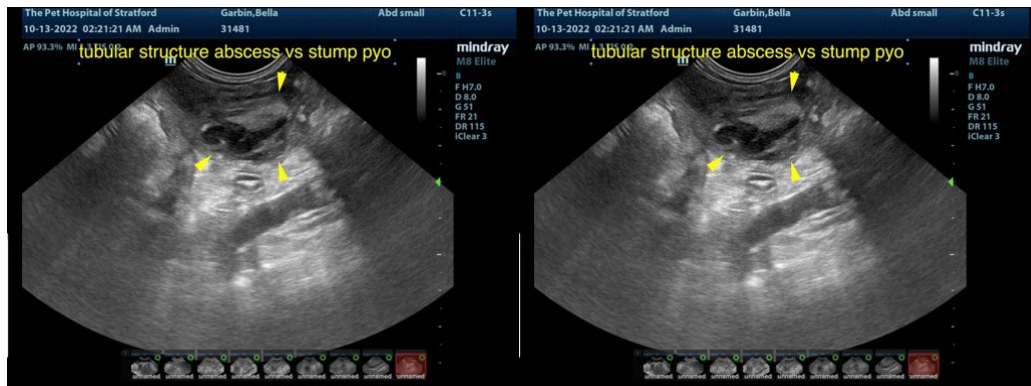
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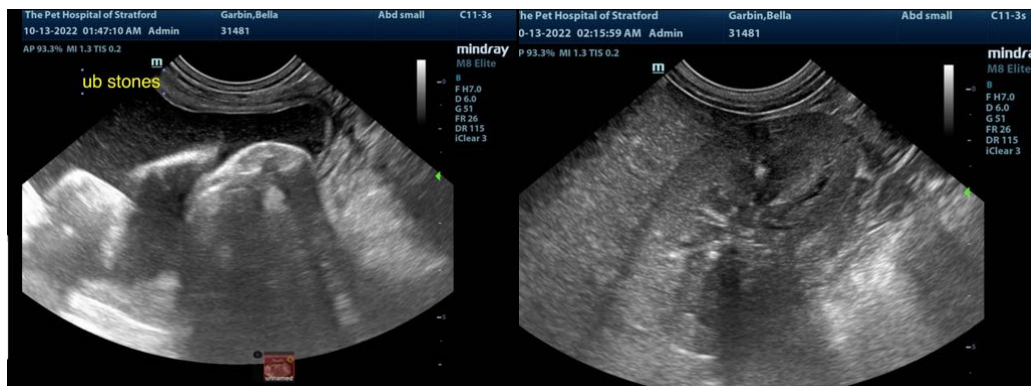
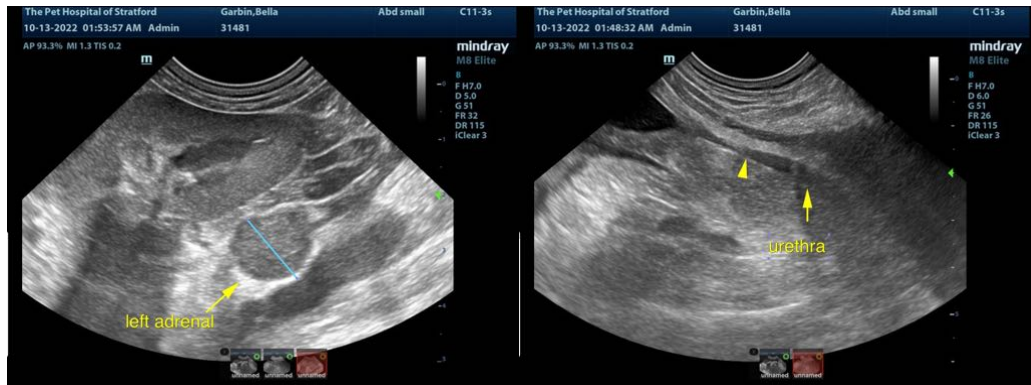
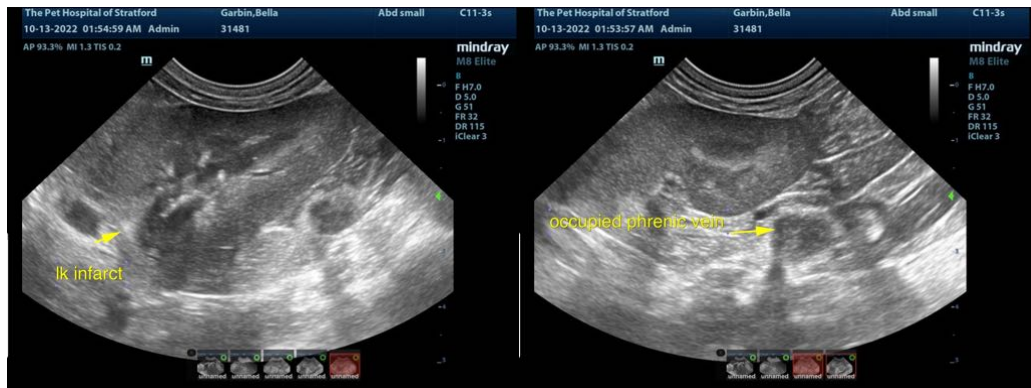
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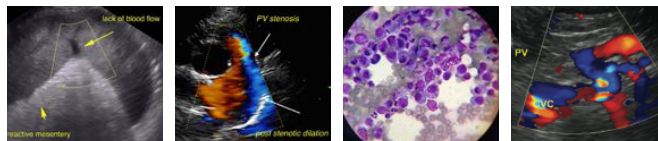
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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