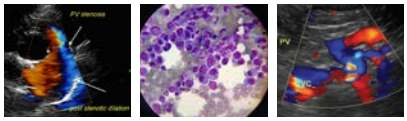
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

10/12/22

PATIENT

Drusilla Krysiak

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

3/18/10

WEIGHT

29.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Warm & Fuzzy VC

REFERRING VET

Dr. Weber

INVOICE

42032

PRESENTING CLINICAL SIGNS

P here for issues with BM for at least 1 month. Per O no new food or treats. P doesn't typically eat things she shouldn't. No vomiting. P still eating the same amount of food. P has doggie-door that she can go multiple times in and out of the house so O unsure if every BM is strained. When P does have a BM it is thin. O also mentioned that P has a history of a mass/growth in bladder. Per U/S – dorsal bladder polyps with urethral mineralization. Strong concern for urethral carcinoma.

Current Medications: Gabapentin and sileo as needed for calming
Miralax - to help soften stools - 1/2 to 1 tablespoon with food.
Lab Results: 10/29/21 - Mildly elevated SDMA, elevated RBC and HCT
Radiographs: 9/28/22 unable to determine enlarged sublumbar LNs, no obvious mass in colon
Date of Previous IntraPet Ultrasound: 11/1/21.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an overt mass measuring 1.3 cm x 4.3 cm, occupying primarily the dorsal wall. However, the urethra was also thickened and mineralized. Short axis of the mass measuring 1.6 cm x 1.18 cm. The urethral mass expanded up to 1.2 cm. The left ureter appeared to be dilated and obstructed owing to the mass invasion into the trigone. The left ureter measured approximately 4.0 mm in dilation. However, no hydronephrosis noted at the time of the sonogram.

The **kidneys** revealed largely normal 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. Mineralizations noted in both kidneys. The left kidney was normal in sizt at 4.72 cm. The right kidney was subnormal in size at 2.93 cm with slight 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 2.05 cm x 0.82 cm at the caudal pole and 0.76 cm at the cranial pole. The right adrenal gland measured 2.13 cm x 0.81 cm at the caudal pole and 0.73 cm at the cranial pole.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A hypoechoic nodule was noted measuring 6.0 mm in the left liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No

overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

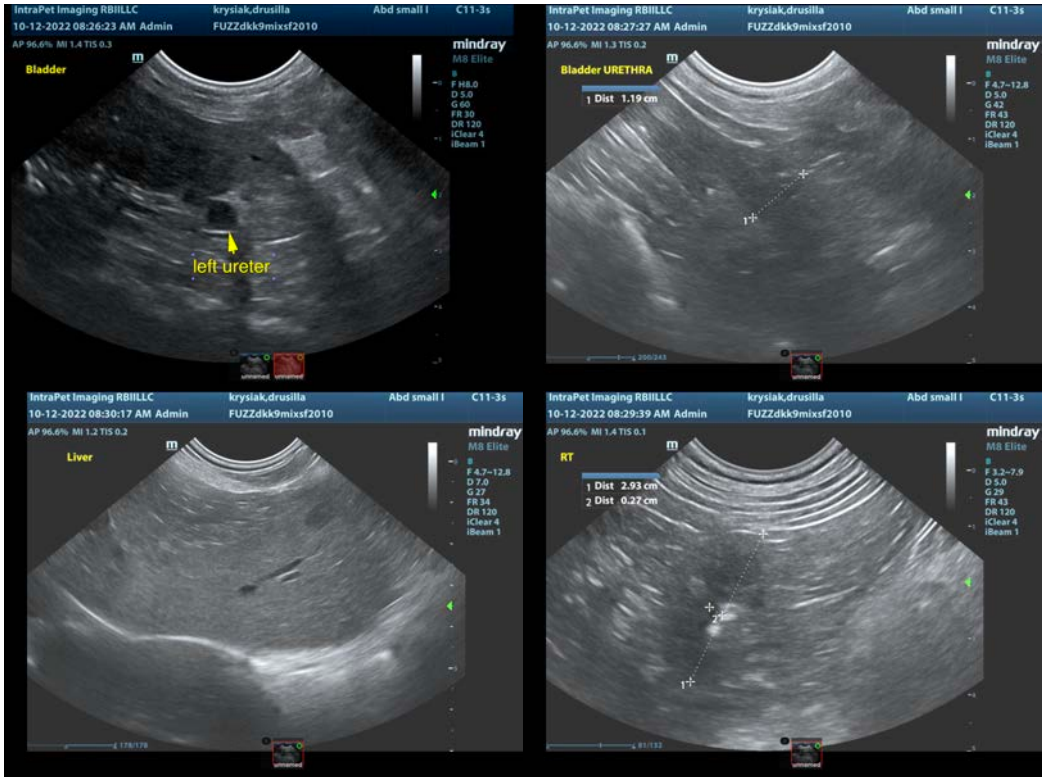
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

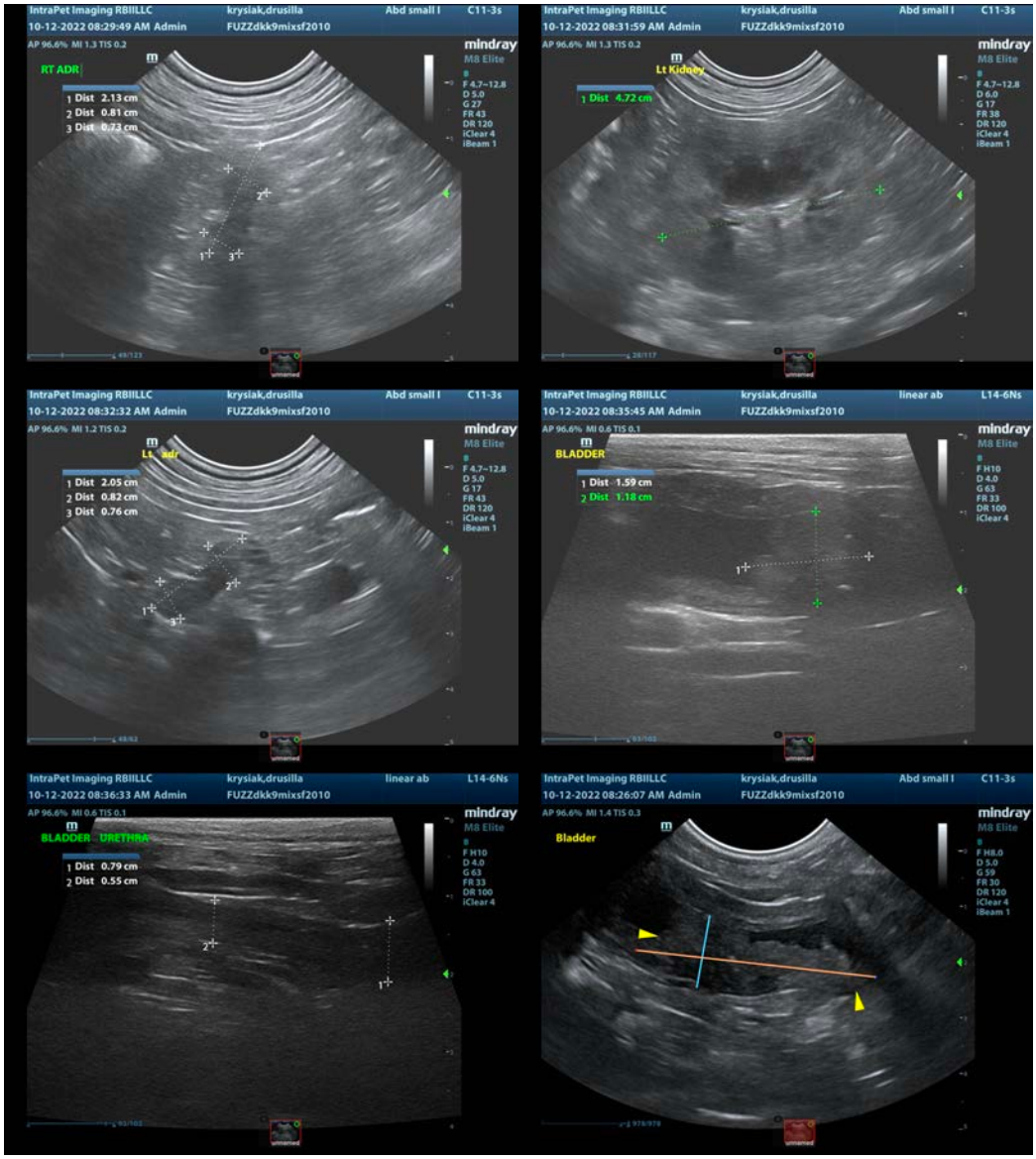
ULTRASONOGRAPHIC FINDINGS

- Progressive urethral and bladder masses – consistent with carcinoma.
- Age related renal changes
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is progression from the prior sonogram. However, this is a fairly slow growing tumor. Referral for urethral and ureteral stent placement and chemotherapy indicated. Animal Medical Center would be the best option (Dr. Berent & Dr. Weisse).





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.

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