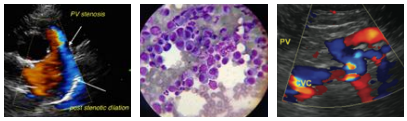
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

10/24/22

PATIENT

Bella Stout

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

7/3/13

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Thompson

INVOICE

42098

PRESENTING CLINICAL SIGNS

Presents for straining to urinate - last year was diagnosed with two different crystals amorphous, ammonia - had and ultrasounds during July/October with intrapet - has been incontinent, more frequent urination, now hunching and nothing is coming out - last Friday was at RDVM started on cefpodoximine, last dose yesterday - all week still straining, urinated a small amount, mostly dripping urine, often nothing coming out, going out every 2-3 hours overnight. Vomited a few times, food and grass, no blood - unsure last large volume of urination possibly a day or two ago - strains so much she poops. Abdomen more distended. UA at RDVM, no recent bw, started on ABX, no improvement - always been a big drinker, same as her usual - not on a special diet, transitions back to regular diet, started back on diet this week .
Current Medications: Cefpodoxime SID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 7/2/21 attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric thickening. The bladder wall measured 1.2 cm with loss of structural detail. Undifferentiated 8.6 + cm coalescing, hypoechoic nodular pelvic mass was noted. The mass appeared to derive from iliac lymph nodes or possible vascular mass that is deriving from iliac vasculature. Delayed urination has likely been an issue in this patient and may be contributing to the chronic cystitis pattern. There is a minor potential for bladder neoplasia.

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. Corticomedullary calculus was noted and measured up to 0.3 cm. The right kidney measured 4.77 cm. The left kidney measured 5.09 cm.

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 right adrenal gland measured 2.04 x 0.78 cm at the caudal pole and 0.73 cm at the cranial pole. The left adrenal gland measured 2.26 x 0.78 cm at the caudal pole and 0.71 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 was 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. 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

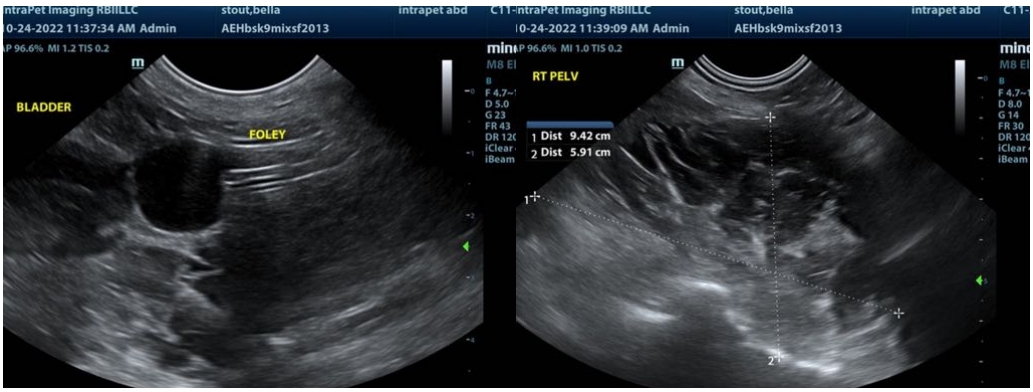
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

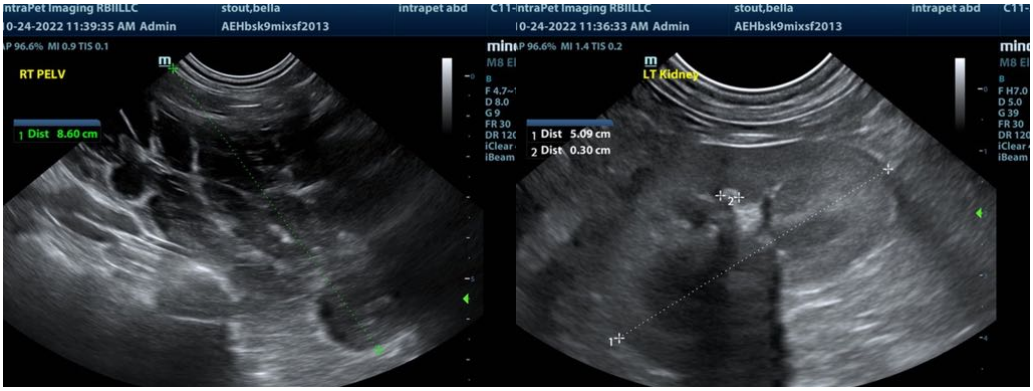
ULTRASONOGRAPHIC FINDINGS

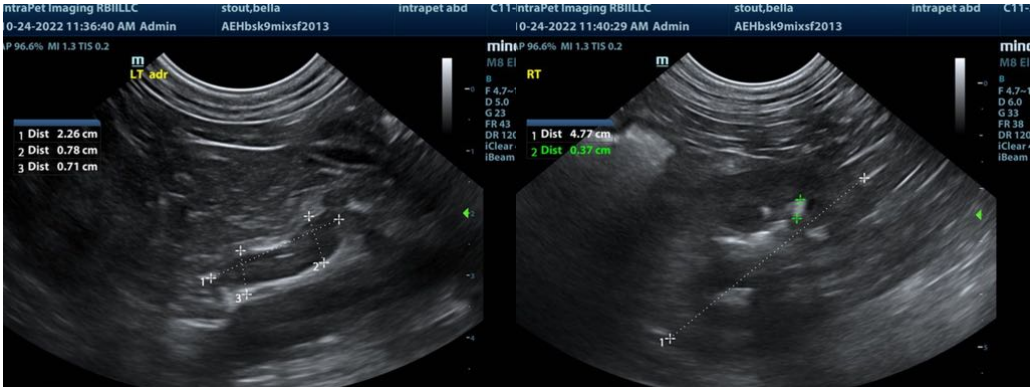
Pelvic mass.

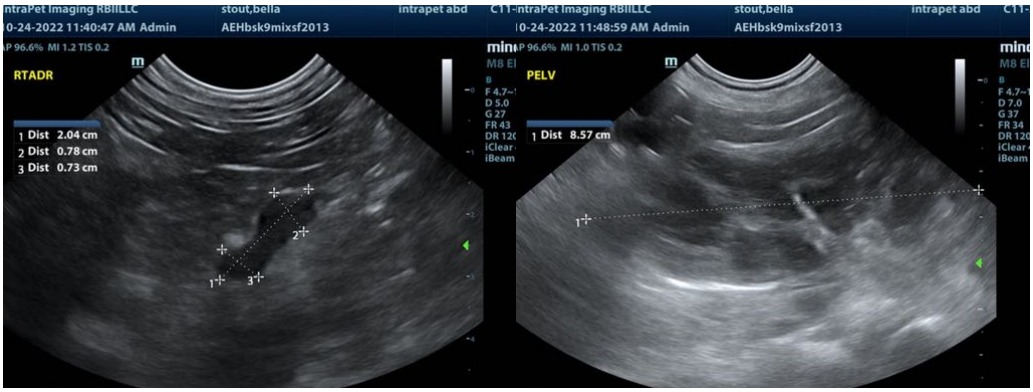
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

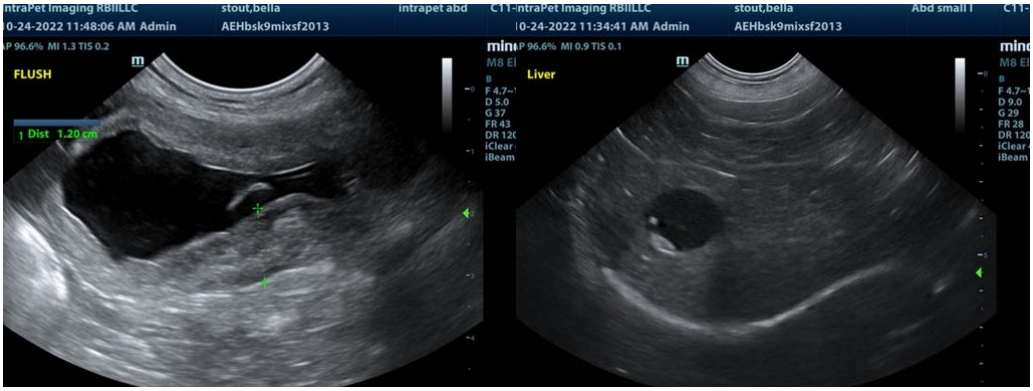
Foley catheter was in proper placement. FNA or core biopsy is indicated. CT is recommended as well to assess potential surgical possibilities. Urine culture and sensitivity is warranted as well as cytospin of the urine to assess for neoplastic cells, yet not suspected.




RT PELV
1 Dist 8.60 cm
LT Kidney
1 Dist 5.09 cm
2 Dist 0.30 cm


LT adr
1 Dist 2.26 cm
2 Dist 0.78 cm
3 Dist 0.71 cm
RT
1 Dist 4.77 cm
2 Dist 0.37 cm


RTADR
1 Dist 2.04 cm
2 Dist 0.78 cm
3 Dist 0.73 cm
PELV
1 Dist 8.57 cm



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
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