



PATIENT

Grendal Barker

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

14 years

WEIGHT

18.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hess

HOSPITAL NAME

Petmedic Urgent Care
VC

REFERRING VET

Dr. Hess

INVOICE

39993

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Presented to rDVM 9/29 for urinary signs UA- RBC but no pyuria or bacteruria BW normal Started on Clavamox for possible UTI signs worsening, now straining constantly and only producing very small drops of urine PE- large painful bladder, drops of cloudy brown urine rectal- urethra palpates thickened but no obvious stones

Abnormal PE/Chem/CBC/UA Results: PE- large painful bladder, drops of cloudy brown urine rectal- urethra palpates thickened but no obvious stones passed 10 French red rubber u-cath with minimal resistance and drained 150ml dark brown urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and proximal urethra revealed a mineralizing mass that extended at least 3.0 cm caudally and amplified in width. Regional inflammation was present. Slight areas of free fluid were noted in the region. The bladder was mildly over distended with suspended debris. Regional inflammation was noted around the mass. Traumatic catheterization or cystoscopy is indicated.

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 left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.6 cm and was slightly swollen at the caudal pole and the cranial pole measured 0.4 cm. The right adrenal gland was mildly heterogenous and slightly irregular and nodular measuring 1.0 cm at maximum width.

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.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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

WEIGHT

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Urethral mass.
Mildly irregular adrenal glands, likely benign.
Minor age related renal changes.

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Slight free fluid likely owing to leakage from the urethral mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further images were present with urethral catheter in place. Traumatic catheterization of the urethral pathology is indicated or cystoscopy with urethral biopsies. However, given the presentation urethral carcinoma is likely. Chemotherapy and urethral stent placement would be appropriate.

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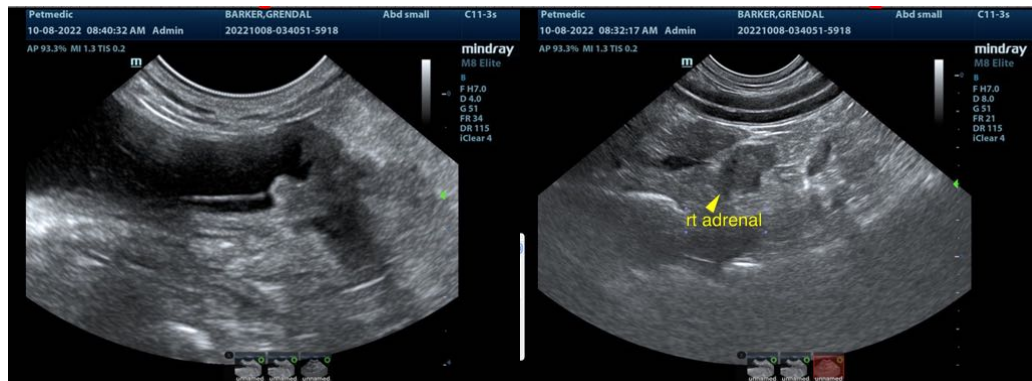
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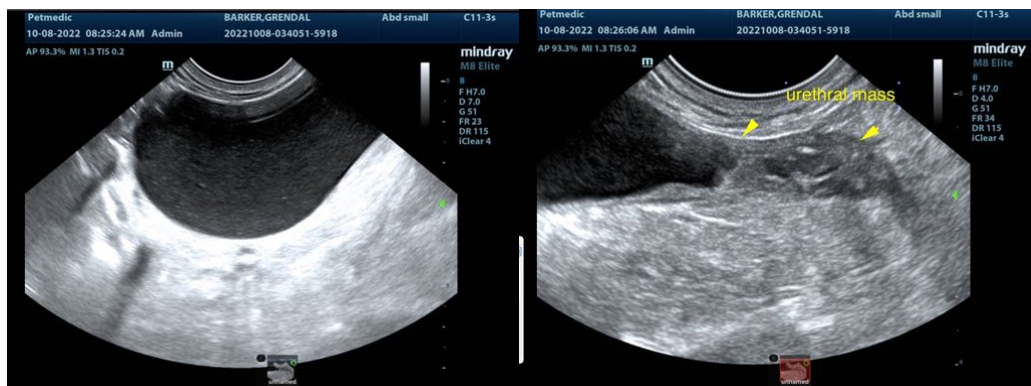
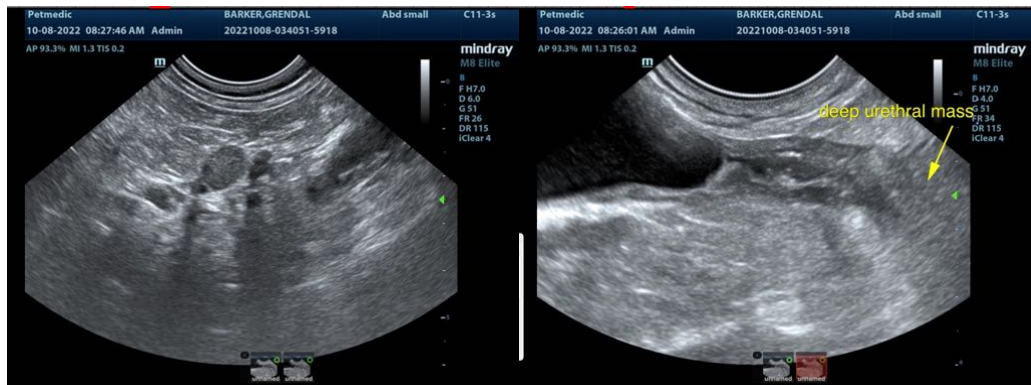
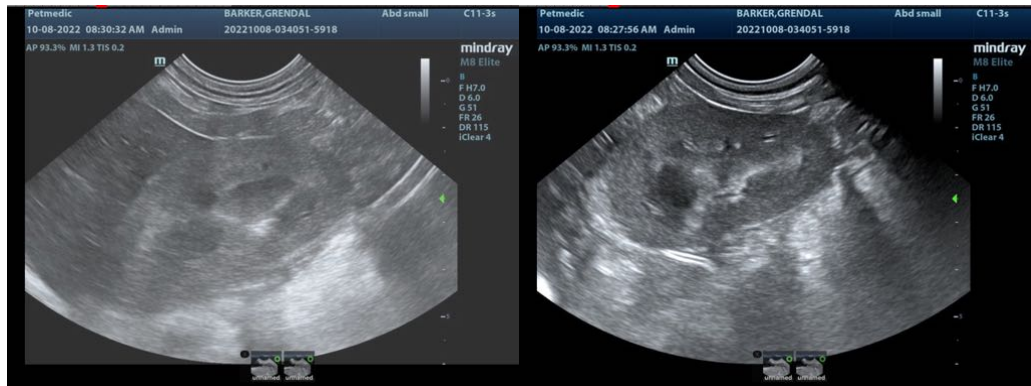
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com