IMAGING PERFORMED BY

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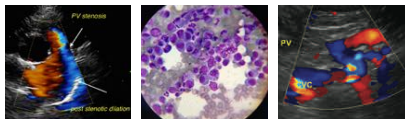

SonoPath
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DATE
11/1/21

PATIENT
Drusilla Krysiak

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Spayed Female

AGE
3/18/10

WEIGHT
29.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Warm and Fuzzy VC

REFERRING VET
Dr. Williams

INVOICE
92767

PRESENTING CLINICAL SIGNS

History: PU/PD, stranguria, accidents in house, pollakuria started end of august, did course of amoxicillin, seemed to improve a little - no longer having accidents in the house but still straining to urinate and pu/pd. did UA NSF. owner notes stools are 'stringy' meaning they are thin like spaghetti; bloodwork pending; was going to repeat UA and do C&S but when I put the probe on her belly the urinary bladder wall looked very abnormal. Did a rectal but did not feel a mass as far as my finger went. Eating fine.
Current Medications: Simparica, Sentinel.
Lab Results: Pending.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation:
Stat Report:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The deep pelvic urethra revealed areas of mineralization. Particularly initiating 1.0 cm caudal from the cystourethral junction. A focal dorsal bladder thickening was noted and measured 1.77 x 0.5 cm. The maximal urethral width measured 0.55 cm approximately 2.5 cm caudal from the cystourethral junction.

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. The right kidney measured 4.74 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 2.13 x 0.72 cm at the caudal pole and 0.66 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

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Occasional, hypoechoic, non-disruptive nodule was noted. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing

to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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

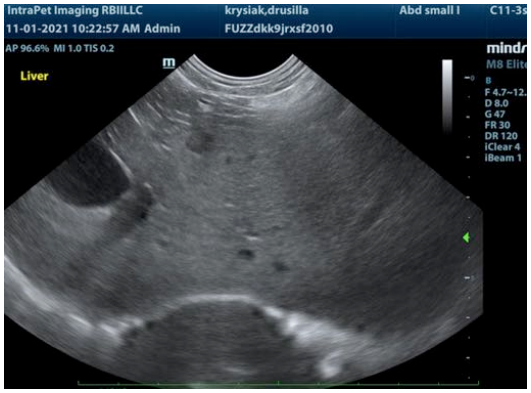
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

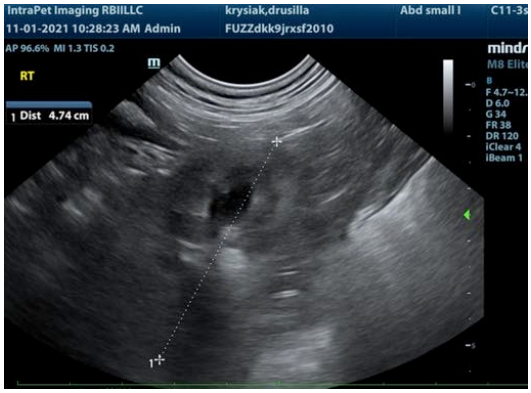
ULTRASONOGRAPHIC FINDINGS

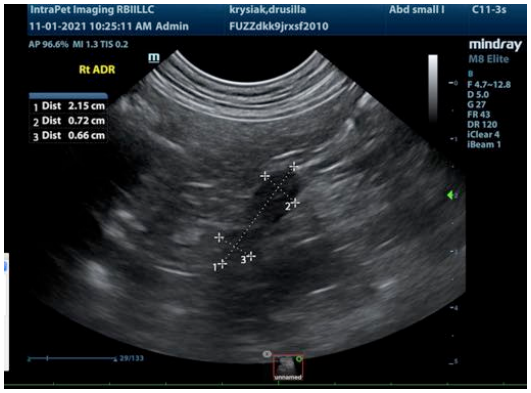
Dorsal bladder polyps with urethral mineralization.
Strong concern for urethral carcinoma.
Benign hepatopathy with nodular changes.

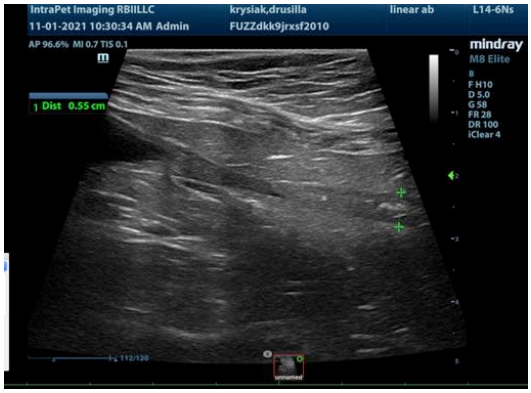
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

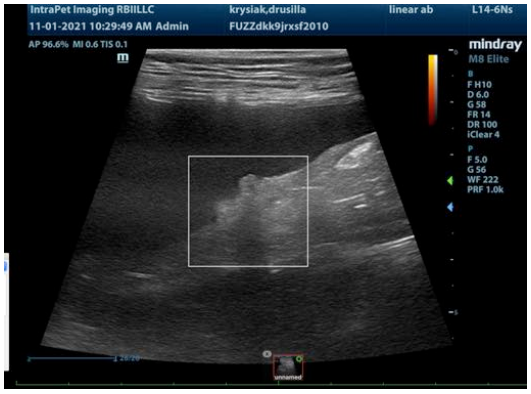
The mineralizing pattern is strongly suggestive for carcinoma. However, cystoscopy or traumatic catheterization should be considered and/or cytospin from free catch bladder sample may prove valuable regarding exfoliating transitional cells. Guarded prognosis.











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.

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