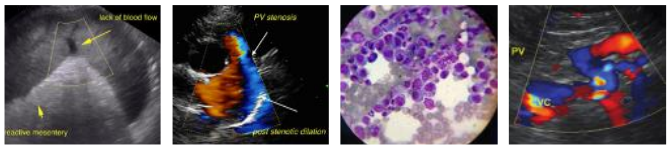

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1-800-838-4268 info@sonopath.com

PATIENT

Murray (Murphy) Mackenzie

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

14.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Yashar Alami Almadari & JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Yashar Alami Almadari

INVOICE

12712

DATE

11/25/21

PRESENTING CLINICAL SIGNS

History: Murray is a 6 years old neuter male dog. He is a rescue dog. O is not sure about the birthday. O has complain about some blood tinges in his urine. P has food allergy in his Hx and is on Kangaroo diet and Apoquel since Apr 2021. Otherwise fine. Urinalysis: - USG=1.019 - PH=7 - RBC - Non-Squamous Epithelial Cells

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Largely suspended or pedunculated polypoid structures noted in the **bladder**, these may be attached or coalesced debris from UTI or inflammatory events or sessile polypoid changes. Pre- and post-prostatic urethra was unremarkable. The prostate measured 0.97 cm. Iliac lymph nodes were unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.2 cm. The left kidney measured 6.27 cm. The pelvic urethra was unremarkable.

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 0.53 cm. The left adrenal gland measured 0.48 cm.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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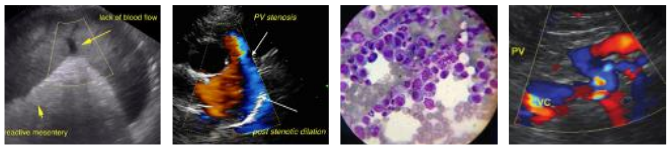

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

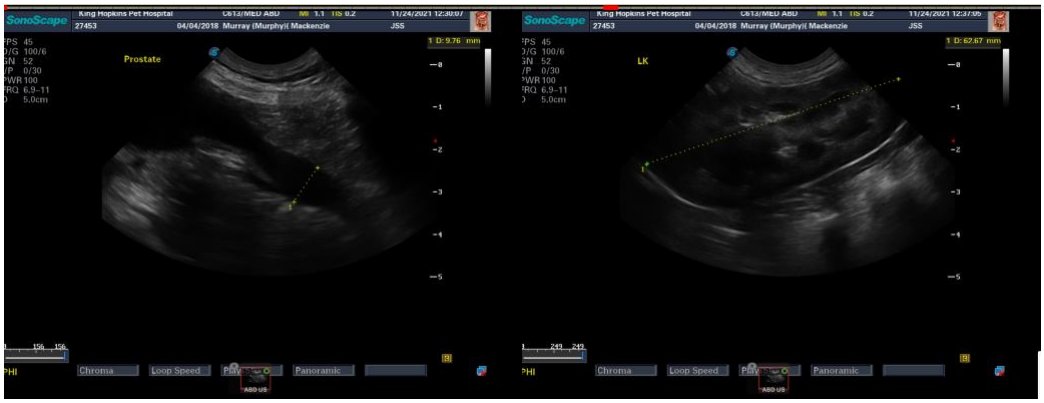
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Largely suspended or pedunculated polypoid structures noted in the bladder, these may be attached or coalesced debris from UTI or inflammatory events or sessile polypoid changes
- Hypersplenism

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound guided traumatic catheterization if the structures are persistent. No other evidence of pathology. If the structures are persistent and tissue derived, then polypoid hyperplasia is likely with mild potential for carcinoma. The submucosal, muscularis and serosal layers are unaffected in the bladder, Power doppler assessment of the polypoid structures could also be considered to assess for vascularization.



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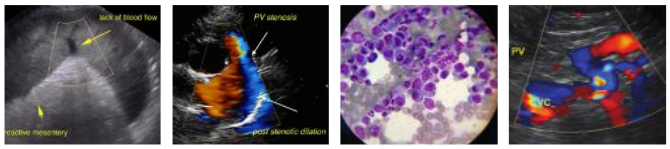

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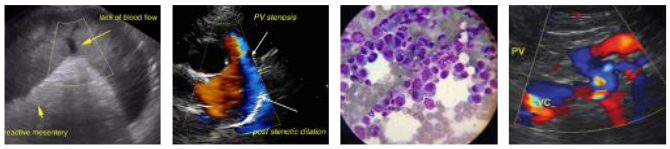

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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