



PATIENT PRESENTING CLINICAL SIGNS

Lissie Dalmau

SPECIES

Canine

BREED

Sheltie

History: Presented for an abdominal ultrasound to further evaluate on and off inappetence. The inappetence has been present since pt got the gall bladder and spleen removed in 9-2021. Pt needs mirtazapine to induce appetite. Two weeks ago patient has not been eating or defecating, she was prescribed with lactulose which has been given by owner. Today 11/29/22 she had diarrhea. Owner indicate that Pt is urinating less and with dark color also drinking less water. Pt was prescribe Entyce (1mL SID) which worked for few days but she loss appetite once again and has no eating since last Friday
Abnormal PE/Chem/CBC/UA Results: BW: cbc - leukocytosis 18.15, neutrophilia 14.93, monocytosis 1.23; thrombocytosis 511k chem - wnl fecal - neg radiographs - significant remodeling of elbow, coxofemoral and stifle joints; fat at ventral thorax; possibly enlarged liver with rounded margins U/A done today 11/29/22 Bacteria-cocci Urine culture pending

SEX

Spayed female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical dorsal bladder mass that measured 1.1 x 2.2 cm. This appears potentially resectable with removal of the cranial half of the urinary bladder.

AGE

13 years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight cortical infarcts were noted in the caudal and cranial poles of the right kidney with minor pyelectasia that measured 0.36 cm. The right kidney measured 4.74 cm. Pyelectasia was noted in the left kidney and measured 0.24 cm. The left kidney measured 5.0 cm.

WEIGHT

23.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.45 x 0.5 cm. The left adrenal gland measured 1.93 x 0.6 cm.

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

Spleen

The **spleen** was not visualized as it was previously removed.

REFERRING VET

Dr. Martes

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Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

11/29/22



PATIENT

Gastrointestinal

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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.

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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.

SEX

Spayed female

Free Abdomen

The iliac lymph nodes were reactive and measured up to 0.5 cm.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

23.7 lbs

Bladder mass.

Moderate chronic renal changes with pyelectasia.

Benign hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy with bladder wall biopsies are recommended or direct resection of the apical half of the urinary bladder. Transitional cell carcinoma is strongly suspected. There was no evidence of metastatic disease. Treatment for UTI is indicated given the renal pyelectasia. Chest radiographs are warranted to assess for metastatic disease. A minimal amount of urine was present in the bladder rendering the bladder thickening/mass more dramatic. Reassessment of the bladder at full bladder repletion can also be considered. BRAF testing as well as cytospin of free catch urine sample to assess for pathological cells could be utilized. Other causes of anorexia such as orthopedic, CNS or thoracic disease should be considered.

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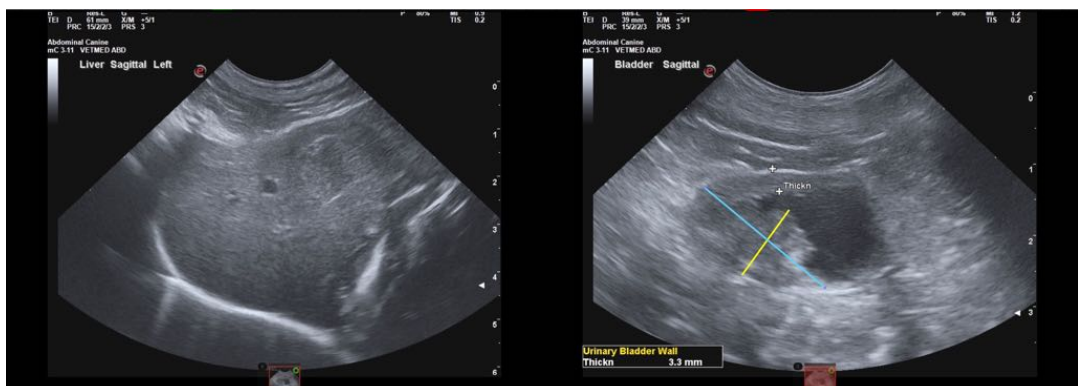
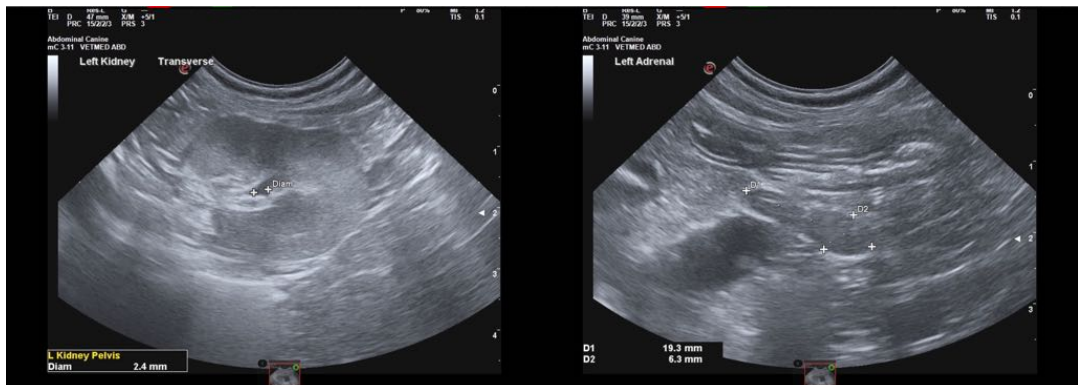
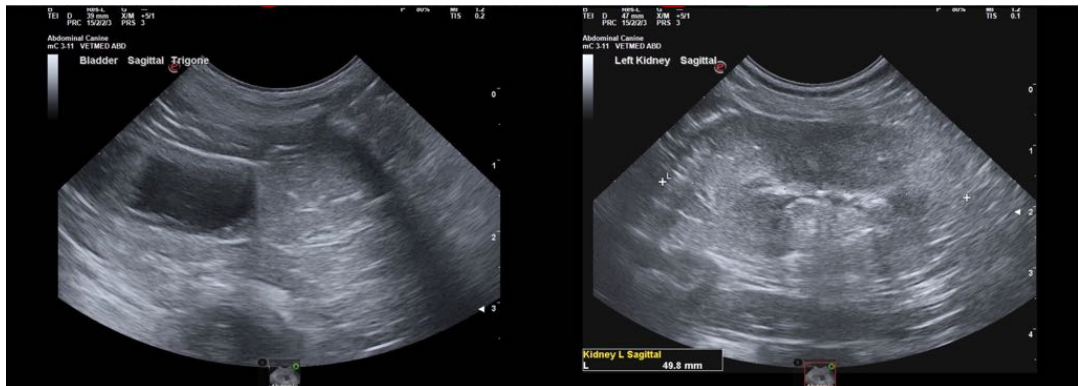
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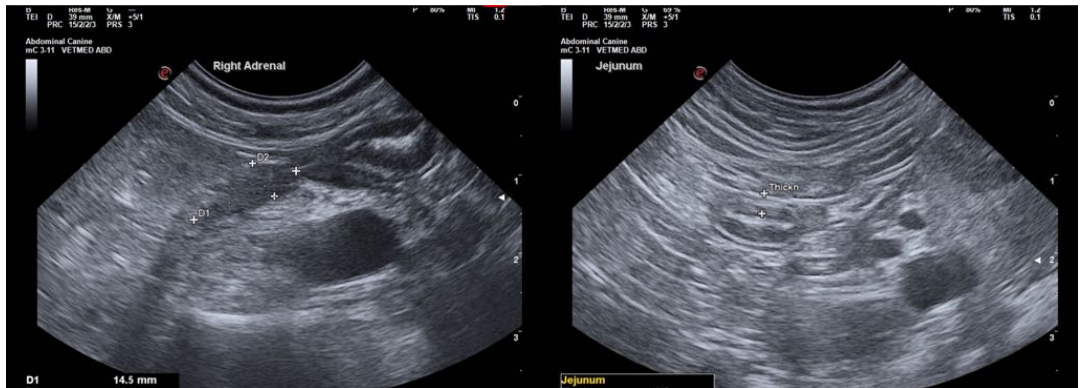
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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