



PATIENT

Lady Williams

SPECIES

Canine

BREED

Petite Basset Griffon

SEX

Spayed Female

AGE

14 Years 3 Months

WEIGHT

30.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

43071

DATE

12/1/22

PRESENTING CLINICAL SIGNS

urethral obstruction, unknown cause medically relieved with ace and methadone takes prazosin, takes galliprant but did not get today, took gabapentin for U/S sedation - needed 0.7mL Methadone IM
Abnormal PE/Chem/CBC/UA Results: urea nit. -75(hi), creat-2.9(hi), abs neu - 18200(hi) , precision PSL- 454(hi), WBC - 20.(hi) , platelet count - 466(hi), neu - 91(hi) , lymph - 5(lo) , EOS - 1(lo) ua - wbc: 4-10(hi) RBC : 4-10 (hi) SG - 1.021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended with suspended debris. The pelvic urethra was dilated to 1.0 cm and tapered approximately 3.0 cm caudal from the cystourethral junction. The deep pelvic urethra revealed a thickening consistent with a urethral mass measuring approximately 7.0 mm in width x at least 1.5 cm distally. However, the view was obscured at that point. Vaginoscopy warranted to assess if tumor visualization is present.

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. Mineralization noted in both kidneys. The left kidney measured 5.35 cm. The right kidney measured 5.35 cm. Pyelectasia and infarcts noted in the right kidney. Embedded infection may be an issue.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

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

The **stomach** was overdistended with chyme. The small intestine and colon were unremarkable.

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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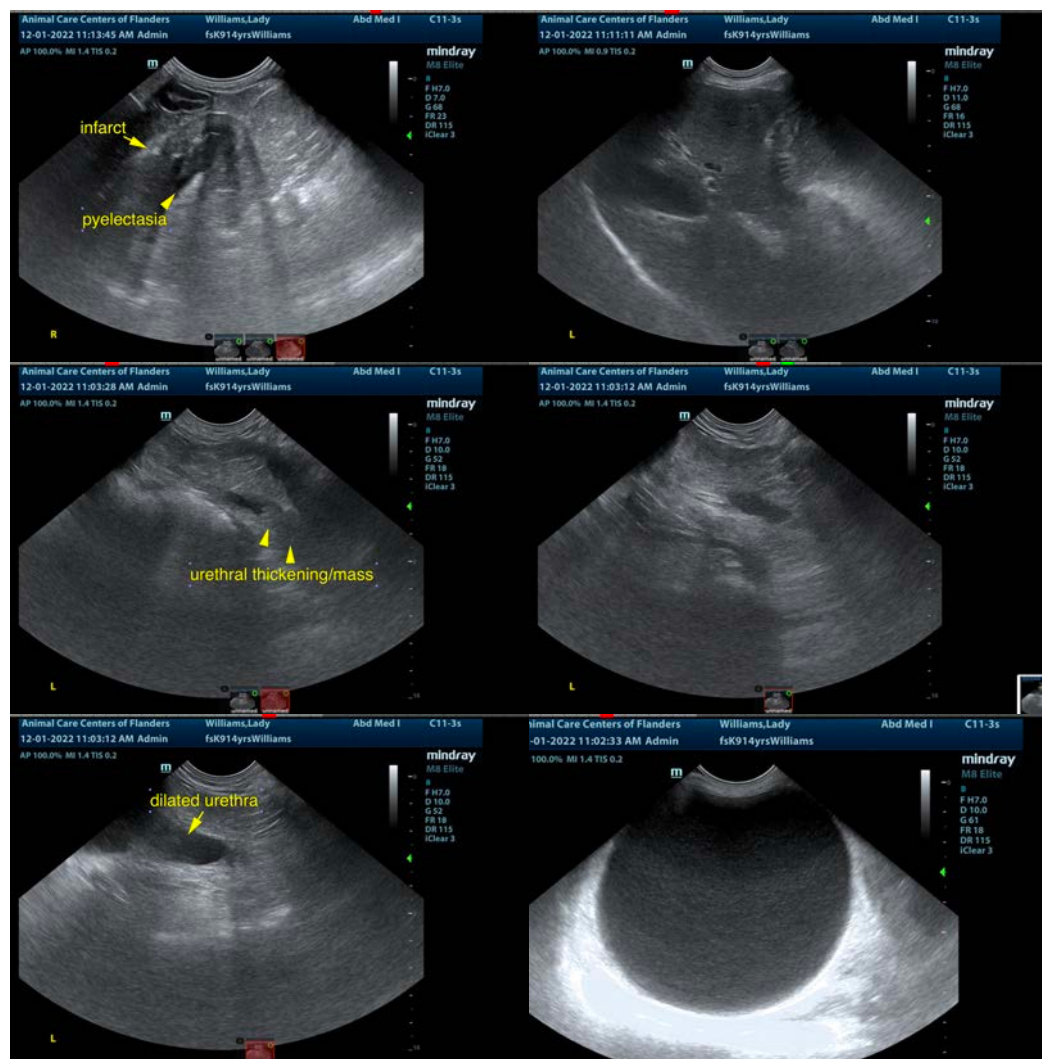
Dr. Hallihan

ULTRASONOGRAPHIC FINDINGS

- Deep urethral tissue thickening – strong concern for transitional cell carcinoma, approximately 4-5 cm distal from the cystourethral junction.
- Moderate degenerative renal changes with chronic pyelectasia of the right kidney
- Gastric stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy would be ideal in this patient +/- eventual urethral stent placement. Prognosis is guarded and largely dependent upon next step of treatment.



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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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