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Clinical Sonography & Telecytology
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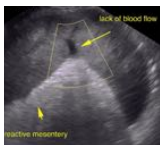

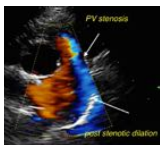

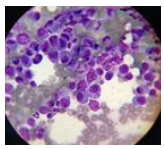
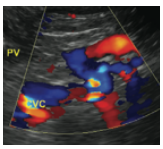

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sasha Lloyd

SPECIES
Canine

BREED
Pub Mix

SEX
Spayed female

AGE
8 years

WEIGHT
26 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
42278

DATE
12/21/22

PRESENTING CLINICAL SIGNS

History: diarrhea for weeks, straining to urinate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Sand accumulation with polypoid bladder wall changes. Grouping of sand measured approximately 1.5 cm. The cystourethral junction revealed concentric mural thickening with dystrophic mineralization within the wall. There is a strong concern for carcinoma.

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 4.84 cm. The left kidney measured 4.52 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 2.54 x 1.34 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 1.8 x 0.6 cm at the caudal pole and 0.75 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

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multi-focal, hypoechoic nodular changes were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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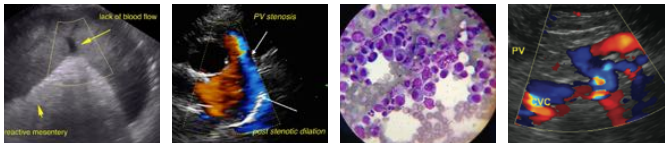

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Gastrointestinal

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

Polypoid bladder wall changes.

Hypoechoic hepatic nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient can be catheterized then ultrasound-guided traumatic catheterization of the cystourethral junction and bladder is indicated. BRAF testing is recommended as well as cytospin of a free catch urine sample to assess for pathological cytology/carcinoma cells. FNA of the hepatic nodular changes is recommended to ensure that this is nodular hyperplasia as opposed to underlying metastatic disease. There is a strong concern for bladder carcinoma. Cystoscopy would be ideal.

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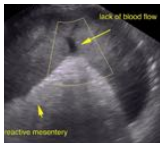
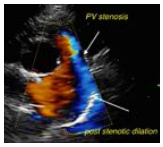
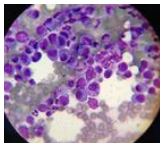
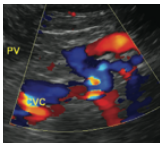

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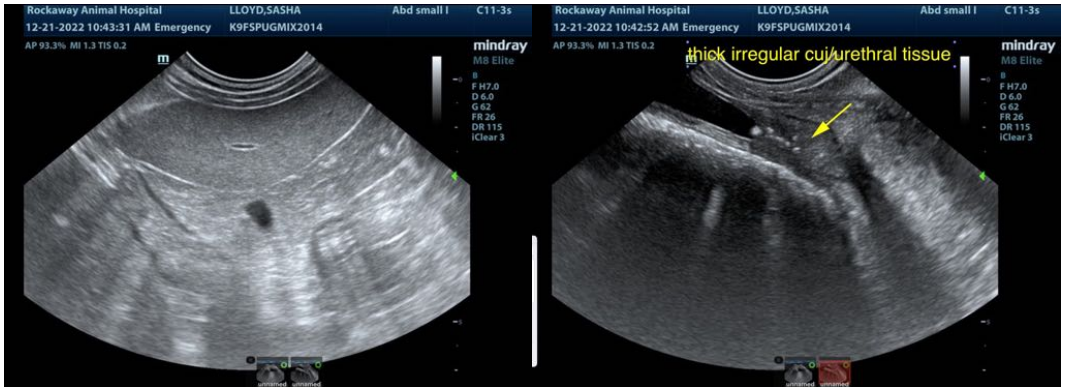

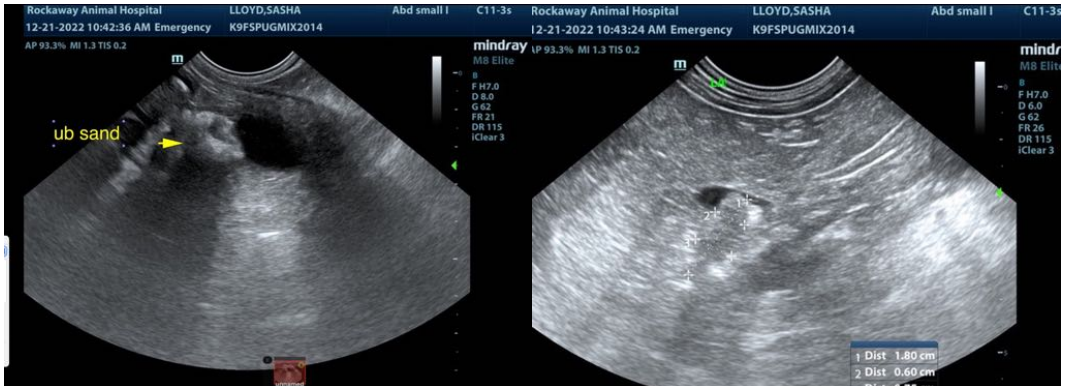

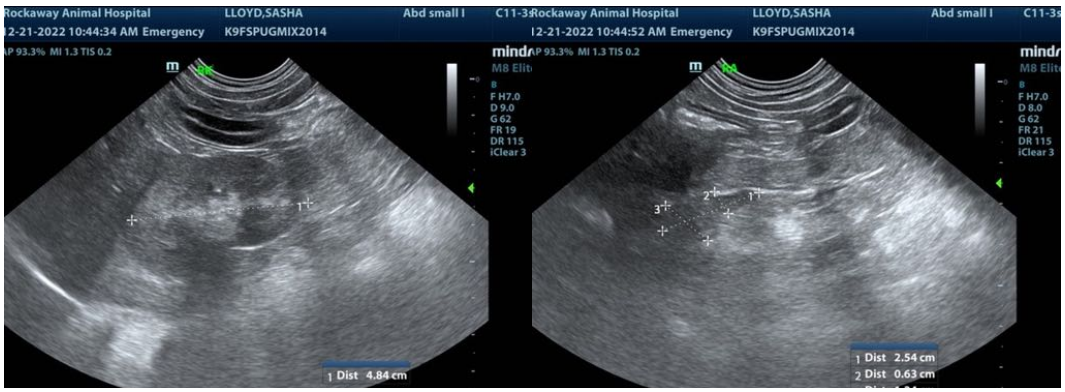

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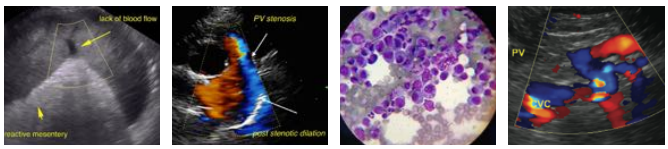

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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