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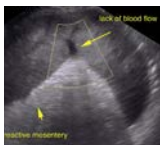
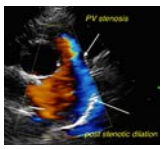
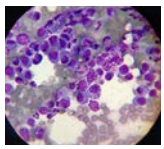
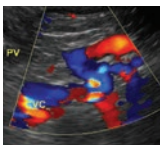

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1-800-838-4268 info@sonopath.com

PATIENT

Penny Gillette

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

10 Years

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Stephanie Welch

INVOICE

43842

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Hx of two MCT (dermal)- grade 2 removed within last year, also hx lyme disease - treated. Presented for hematuria that was noticed this morning for first time and increased urgency to urinate over last 2 weeks, progressing. Otherwise acting normal at home. No straining. No changes to drinking habits. Had alprazolam and gabapentin this AM. Hx anxiety.

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM - WNL/NSF..., 4DX w/reflex pending. U/A and culture if indicated also pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented ventral to apical wall thickening measuring up to 1.3 cm with loss of structural detail. Coalesced debris noted in the bladder itself as well as in the proximal urethra. Minor urethral thickening noted and sand.

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 and no evidence of pelvic dilation was present. The right kidney measured 6.5 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.67 cm.

The body of the **right adrenal gland** was largely uniform. However, a 1.0 cm x 0.50 cm hypoechoic structure was noted in the region of the phrenic vein. It appears to be attached to the right adrenal, however further imaging is necessary. Possible emerging neoplasia. The right adrenal gland measured 0.98 cm at the cranial pole and 0.80 cm at the caudal 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 were noted.

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.

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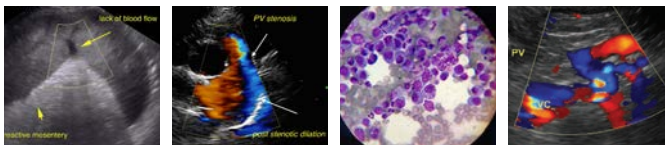

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

- Irregular right adrenal gland with possible phrenic vein invasion or occupation
- Chronic cystitis bladder pattern with sand
- Age related renal changes
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural evidence of disease related to mast cell disease. Minor potential for underlying carcinoma. Cystoscopy recommended in this patient with mucosal biopsies or traumatic catheterization if the patient can be catheterized. Cytospin of a free catch urine sample could also be considered to assess for transitional cells. BRAF testing would be valid as well. Recheck sonogram one month regarding right adrenal and urinary bladder. Run blood pressure if > 160 systolic then urine catecholamine to assess pheochromocytoma.

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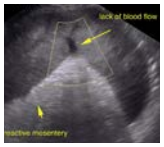
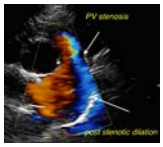
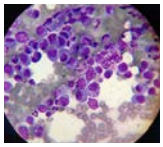
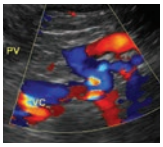

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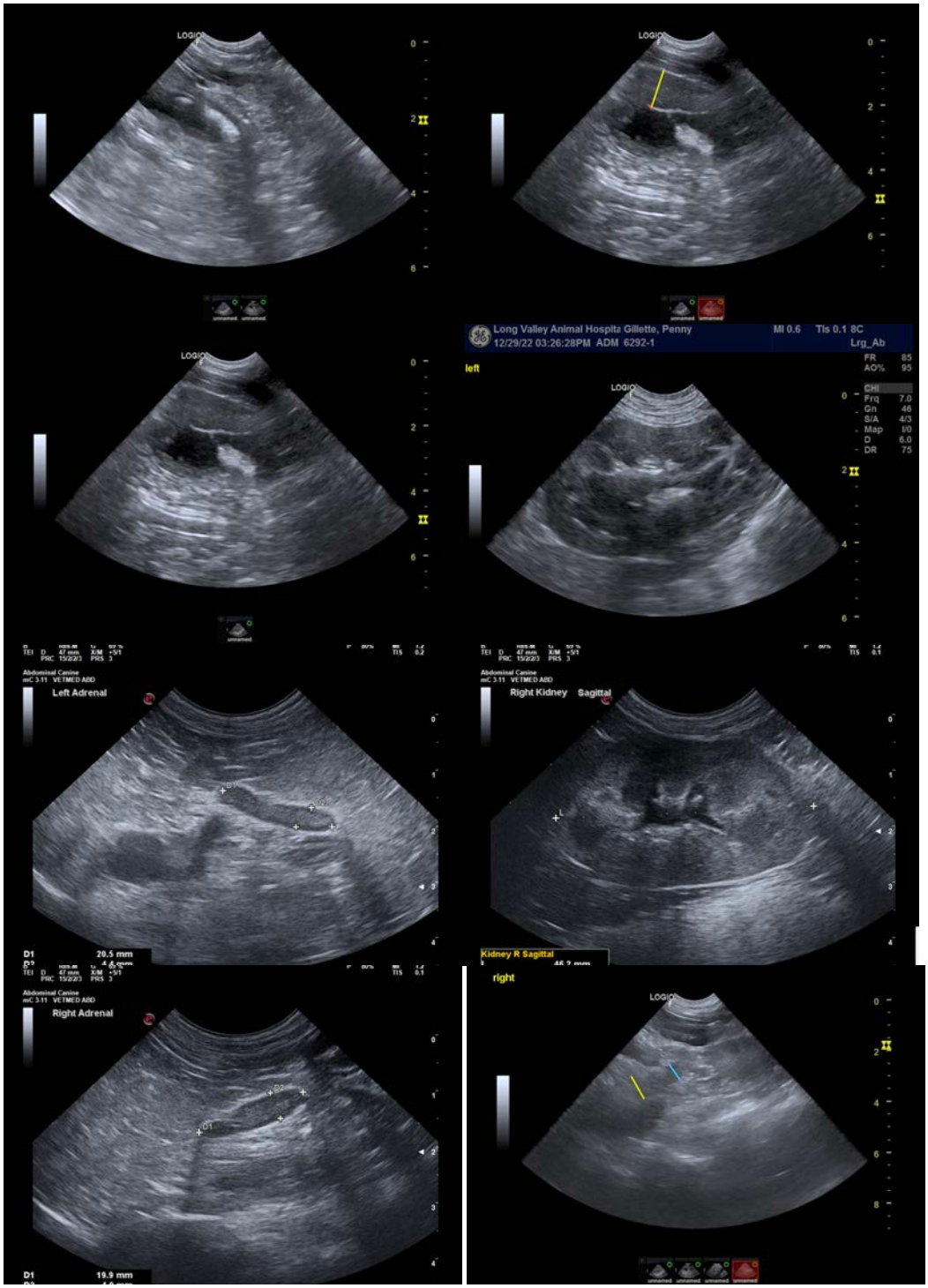

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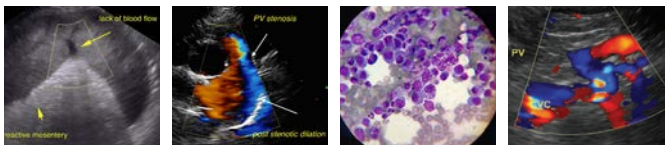

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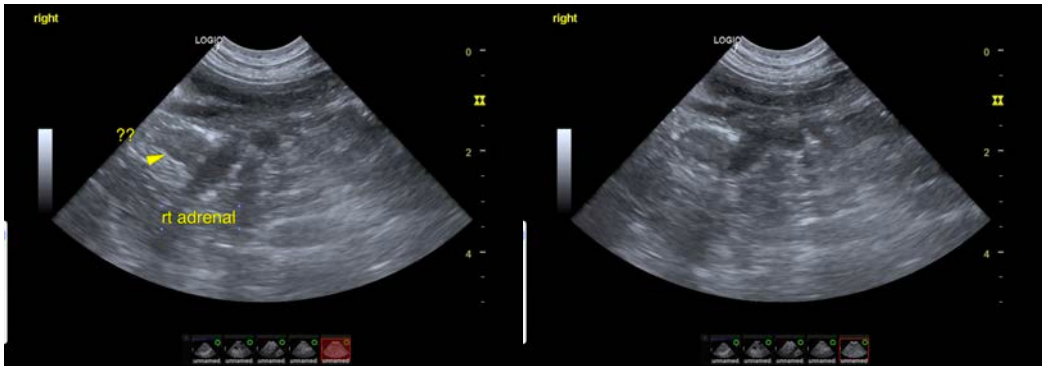

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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