



PATIENT

Cookie Ramos

SPECIES

Canine

BREED

Schnauzer X

SEX

Spayed Female

AGE

9 Years

WEIGHT

8.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Yashar Alami
Alamdari

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Yashar Alami
Alamdari

INVOICE

33897

DATE

12/31/21

PRESENTING CLINICAL SIGNS

Cookie is a 9 yo FS Schnoodle who presented o Dec 21, 21 for difficulty urinating + lethargy. She was treated for UTI 2-3 months ago. About 1 week ago, O noted that she was taking longer than usual to urinate and was only leaving a small amount each time. O has been observing her since, but now she has stopped eating and is much more quiet. O did notice that there was a small amount of blood in the urine recently and that is when she called to schedule the appointment. Urinalysis revealed bacteria in urine antibiotic therapy started but was not beneficial. Recheck is done on Dec 29, 21 and suspected for bladder trigon mass on initial ultrasound study. Full AUS recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a concentric cystourethral junction and urethral mass with multifocal mineralization, strongly consistent with transitional cell carcinoma. Iliac lymph nodes were mildly enlarged and hypoechoic, measuring 0.6 cm. Strong potential for metastatic disease from the urethral/bladder tumor. The urethral mass measured at least 4.0 cm craniocaudal to the visible pelvic urethra. This may continue further beyond the imaging plane.

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 4.8 cm. The left kidney measured 4.9 cm. .

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.0 cm. The left adrenal gland measured 0.70 cm at the cranial pole and 0.58 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. Hyperechoic lipogranulomatous changes noted. 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 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. 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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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

- Cystourethral junction/urethral mass – strongly consistent with transitional cell carcinoma.
- Possible metastatic changes to iliac lymph nodes
- Mild bilateral adrenal hypertrophy – potential emerging PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy/ultrasound guided laser ablation would be ideal for this patient +/- stent placement and chemotherapy.





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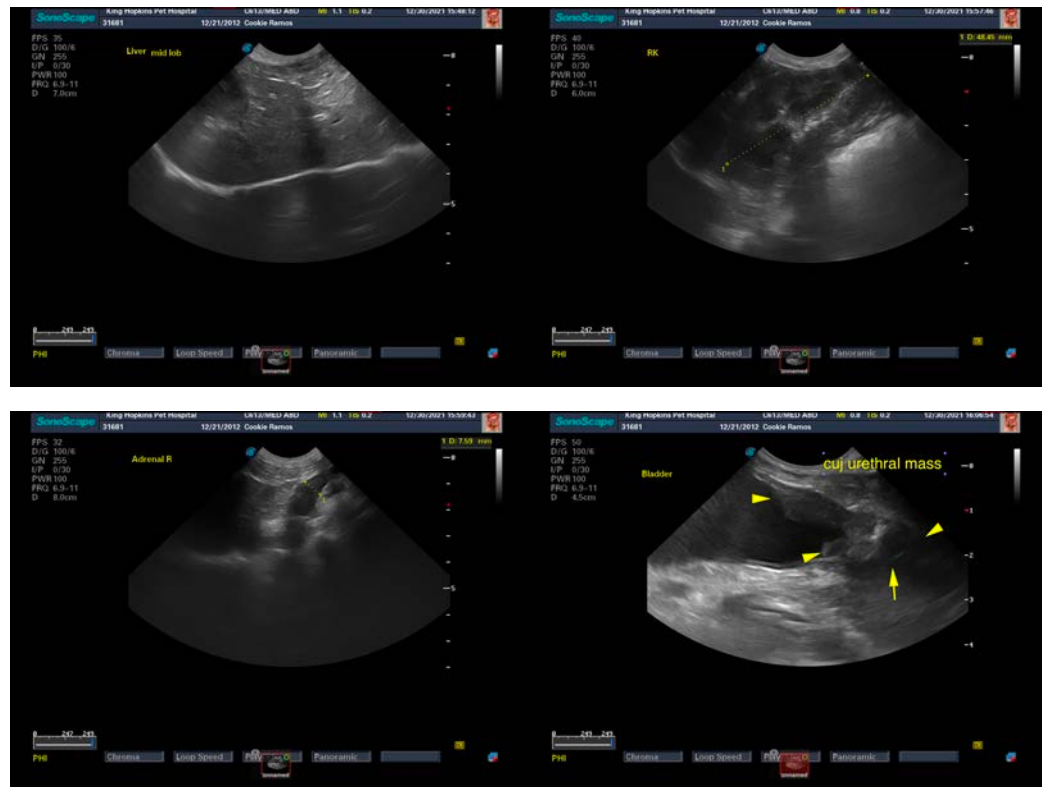
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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