



PATIENT

Weezer Detheir

SPECIES

Canine

BREED

Pomapoo

SEX

Spayed Female

AGE

12 years

WEIGHT

11.8 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Tierney

INVOICE

96275

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: Patient vomiting off and on for 2 weeks, can hear stomach gurgling at times, many times in the morning. Cerenia helps, Pepcid does not, otherwise acting normal, no changes in diet or treats. Current meds: Adequan, rare - Carprofen.
Abnormal PE/Chem/CBC/UA Results: ALP 148.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cranial 2/3 of the **urinary bladder** appeared normal. However, the cystourethral junction and urethral mass were noted. The width measured 0.6 cm and extended a length of at least 1.5 cm.

The iliac trifurcation was unremarkable.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign was noted in the right kidney and measured 4.03 cm. The left kidney measured 4.23 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 left adrenal gland measured 1.63 x 0.63 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.98 x 0.76 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. 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. 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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The **stomach** revealed mild, non-specific hypertrophy. The lumen was empty. There was no evidence of mural disease noted. No neoplastic criteria is met.

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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.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with incidental urethral and cystourethral junction mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease. Oncology referral for stent placement +/- chemotherapy would be indicated. Regarding the gastrointestinal signs GI protectant protocol would be indicated such as the following. The urethral lesion is concerning for long term management. Free catch urine sample with cytospin may be definitive regarding confirmation of transitional cell carcinoma, which is suspected. A clinical trial of the following may prove effective.

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Helicobacter/Gastritis protocol

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, **Metronidazole (10-20 mg/kg p.o. b.i.d.)**, **Sucralfate (0.5-2 g/dog PO)** and **Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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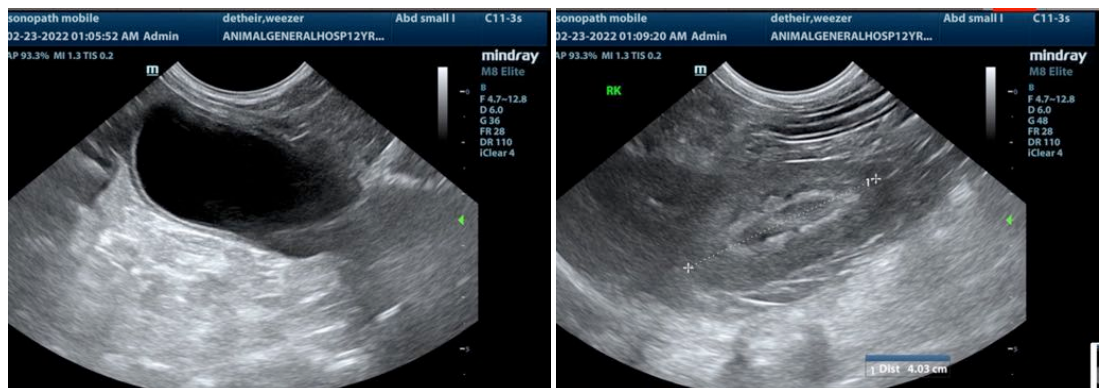
Dr. Tierney

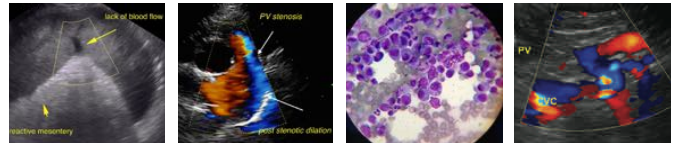
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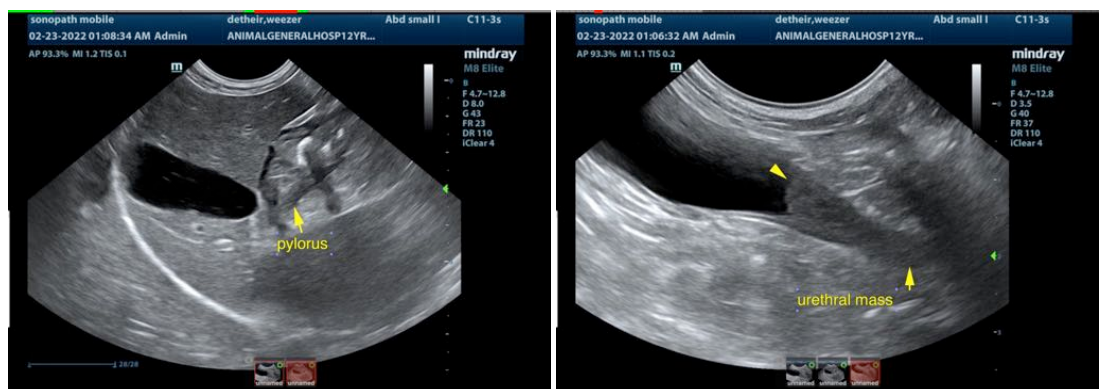
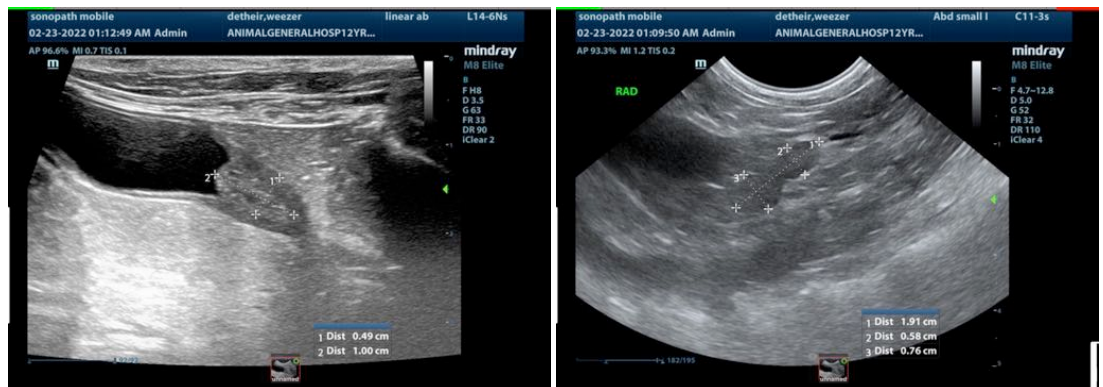
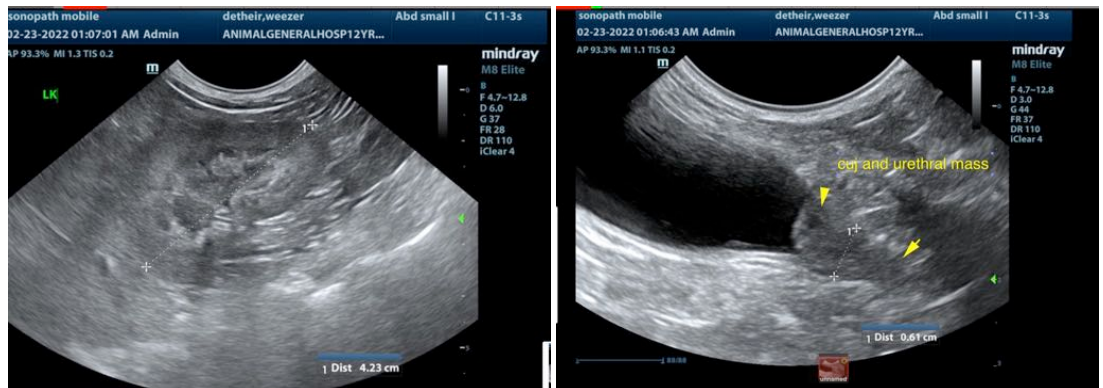
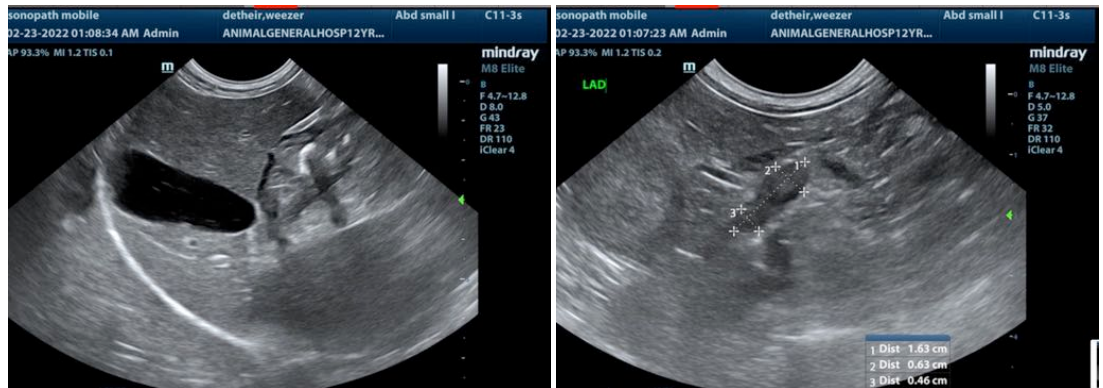
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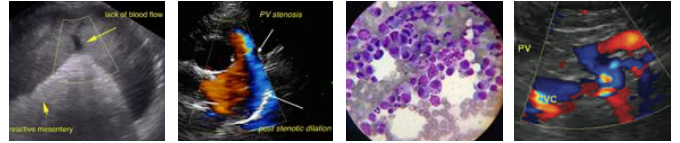
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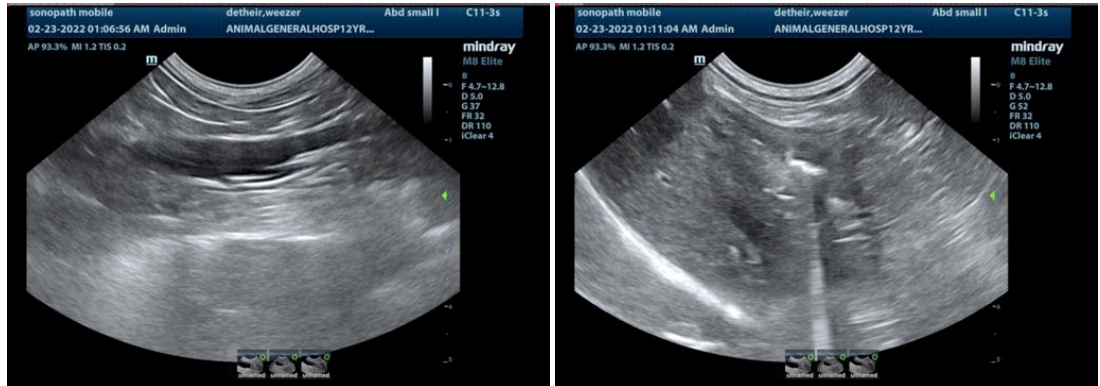
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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