

**DATE PRESENTING CLINICAL SIGNS**

2/6/23

O considering pursuing surgery at another facility and requested a recheck US from us.

Current Medications: Dasuquin.

Lab Results: See attached.

**PATIENT**

Petey White

Date of Previous IntraPet Ultrasound: 5/17/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed minor repletion where are the prior sonogram revealed moderate repletion.

Therefore, wall thicknesses are artificially different now when compared to the prior sonogram. The

cystourethral junction of the bladder and proximal urethra were unremarkable. Progressive ventral apical and dorsal apical wall thickening was noted. Wall thickness measured up to 1.6 cm. A minor amount of sand was noted and a focal polyp that measured 0.8 cm. This was similar to the prior sonogram.

**BREED**

Pitbull Mix

**SEX**

Neutered male

The **kidneys** revealed mild degenerative changes with pelvic and corticomedullary calculi with cortical infarcts and remodeling. Minor pyelectasia was noted in the left kidney and measured 0.28 cm. Pelvic calculus was noted in the right kidney with significant degenerative surrounding changes. The right kidney measured 6.27 cm with a 0.34 cm pelvic calculus.

**AGE**

9/8/08

**WEIGHT**

107.4 lbs

**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 3.15 x 0.96 cm at the cranial pole and 0.94 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed an expansive 3.27 x 2.6 cm parenchymal mass. This is newly progressed pathology. Capsular progression was noted. Minor, heterogenous changes were noted elsewhere in the spleen. The splenic nodule has progressed to a 3.27 cm mass and on the prior sonogram it was a nodule that measured 2.0 cm.

**HOSPITAL NAME**

Warm and Fuzzy VC

**REFERRING VET**

Dr. Hepner

**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.

**INVOICE**

42576

**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.

### **Heart**

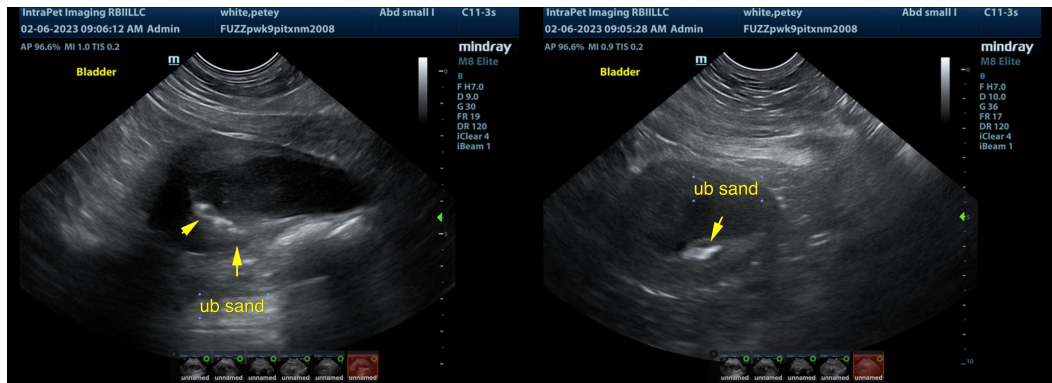
Rapid view of the heart revealed no evidence of pathology. No evidence of pleural effusion or pericardial effusion.

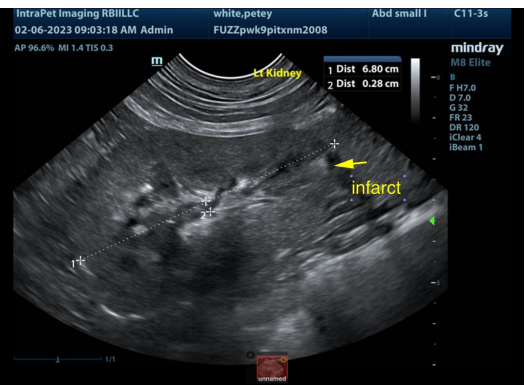
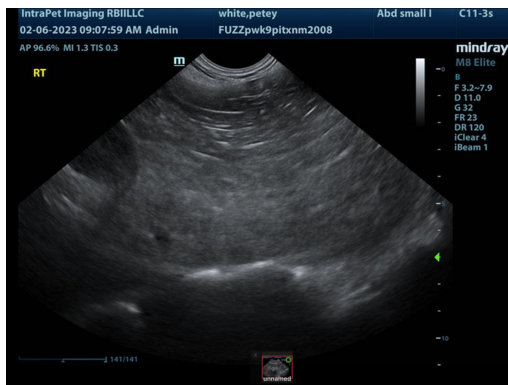
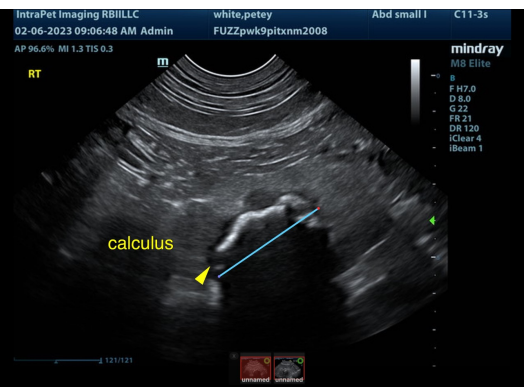
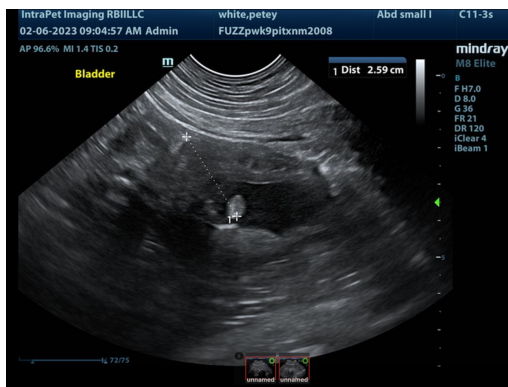
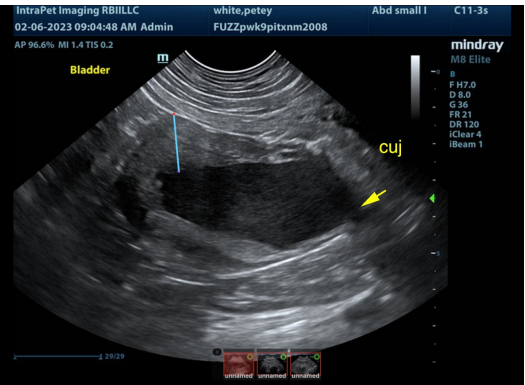
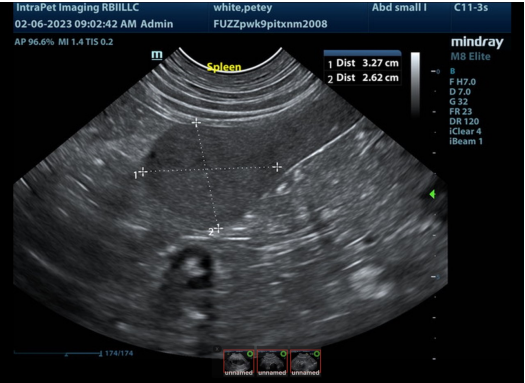
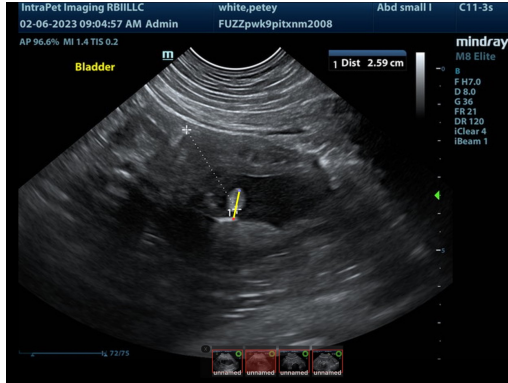
### **ULTRASONOGRAPHIC FINDINGS**

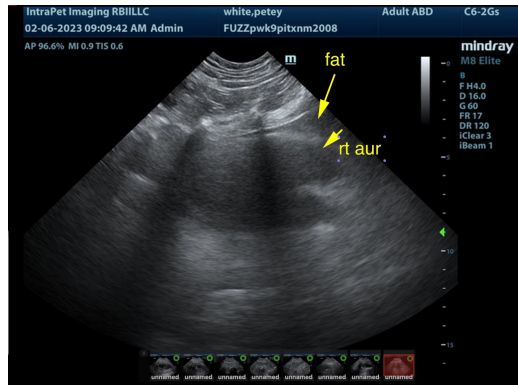
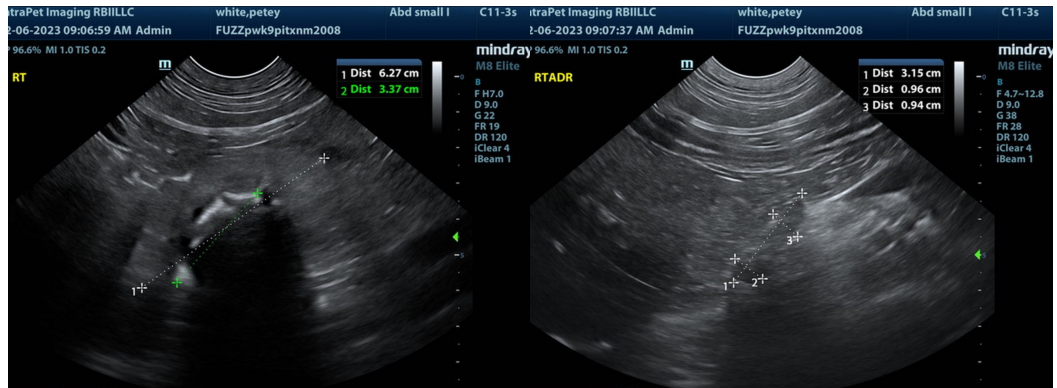
Moderate degenerative renal changes with large pelvic calculus in the right kidney. Minor pyelectasia and corticomedullary calculi in the left kidney with infarcts and remodeling. Splenic nodule has progressed to an overt mass with capsular expansion. Severe chronic cystitis bladder pattern with apical polyp.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The polyp has not changed. The cystitis pattern may be somewhat artificially thickened owing to minimal repletion. If resection of the bladder wall is to be considered then removal of 2/3 of the bladder wall would be necessary to remove the entire wall thickening. However, splenectomy is strongly encouraged given the newly developed splenic pathology. Round cell neoplasia, hemangiosarcoma and hyperplasia are the primary differentials in the spleen. Chronic cystitis is likely as cause of the bladder thickening. Right nephrotomy with large calculus removal of the right kidney can be considered. However, this is a judgment call on whether this would be clinically fruitful or not. FNA of the splenic mass can also be considered for further definition from a pre-surgical standpoint and staging.







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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