SonoPath
Clinical Sonography & Telecytology
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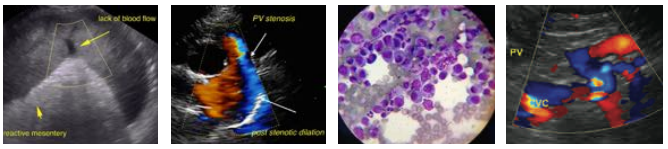

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Scooter Kuhn

SPECIES
Canine

BREED
Rottweiler

SEX
Neutered male

AGE
15 years

WEIGHT
64.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Waffle

HOSPITAL NAME
Torch Lake VC

REFERRING VET
Dr. Waffle

INVOICE
96817

DATE
3/11/22

PRESENTING CLINICAL SIGNS

History: Hx of hematuria at termination of urination. Has been on 2 week course of amoxicillin. Blood improved but did not resolveder.
Abnormal PE/Chem/CBC/UA Results: Dull hair coat; generalized muscle wasting; respiratory stridor at level of larynx (suspect Lar par).

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. Multiple calculi and polypoid changes were noted at the ventral apical wall and dorsal wall. This appears resectable with removal of the cranial half of the urinary blad. Bladder sand was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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. The left lateral liver revealed an anechoic cyst that measured 3.0 cm. This appears benign. 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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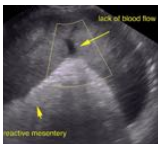
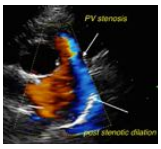
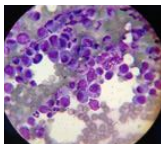
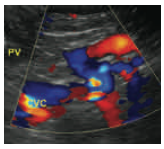

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Gastrointestinal

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.

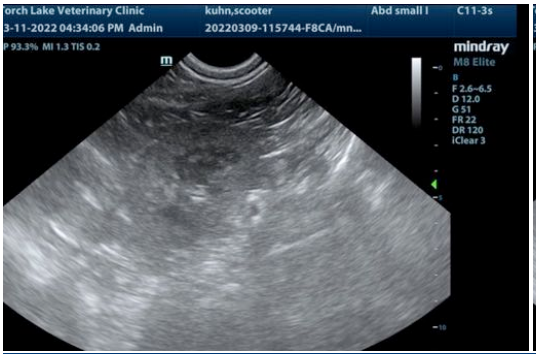
ULTRASONOGRAPHIC FINDINGS

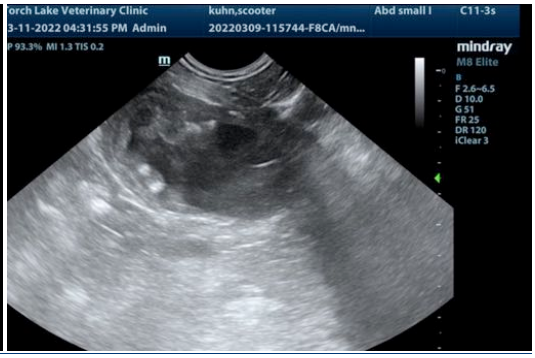
Hepatic cyst.

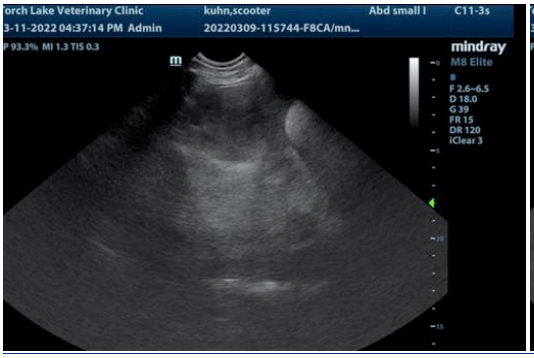
Moderate degenerative renal changes.

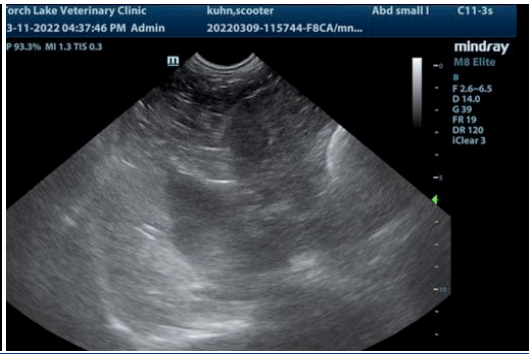
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic cyst is subjectively benign. Ultrasound-guided drainage could be considered, yet this is not an overt clinical issue. Removal of the cranial half of the urinary bladder, normal and retrograde bladder flushing is recommended in this patient. There is a potential for underlying carcinoma. Otherwise, traumatic catheterization could be considered with cytospin of the sediment to assess for any carcinoma cells. However, the pathology appears resectable after removal of the cranial half of the urinary bladder.









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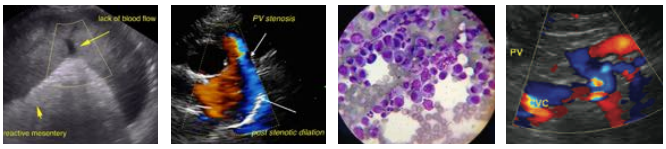

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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