

**DATE**

3/18/22

PRESENTING CLINICAL SIGNS

History: First seen by us on 1/31/22 and was diagnosed with UTI, sent home on Clavamox; Rechecked on 2/14/22 and took abdominal rad, evidence of stones and poss abdominal mass, extended course of Clavamox and placed on c/d; 3/14/22 recheck exam and recheck rad- less bladder stones but mass poss associated with liver or spleen.

PATIENT

Ruby O'Conner

Lab Results: See attached.

SPECIES

Radiographs: See attached.

Canine

Date of Previous IntraPet Ultrasound: No previous.

BREED

Frenchie

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** revealed sand accumulation. Minor bladder thickening noted. Minor apical polyps noted. Urethral sand also noted.

AGE

9/9/12

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen.

WEIGHT

30 Pounds

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.04 cm. The left kidney measured 5.05 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 2.8 cm x 0.65 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 2.01 cm x 0.7 cm at the caudal pole and 0.71 cm at the cranial pole.

HOSPITAL NAME

Animal Care Center

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. The spleen was folded upon itself caudally.

REFERRING VET

Dr. Muedeking

Liver**INVOICE**

14367

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.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The pylorus revealed a focal hypoechoic 1.3 cm x 1.0 cm mural nodule with loss of structural detail, appears partially obstructive. The small intestine and colon were unremarkable.

Pancreas

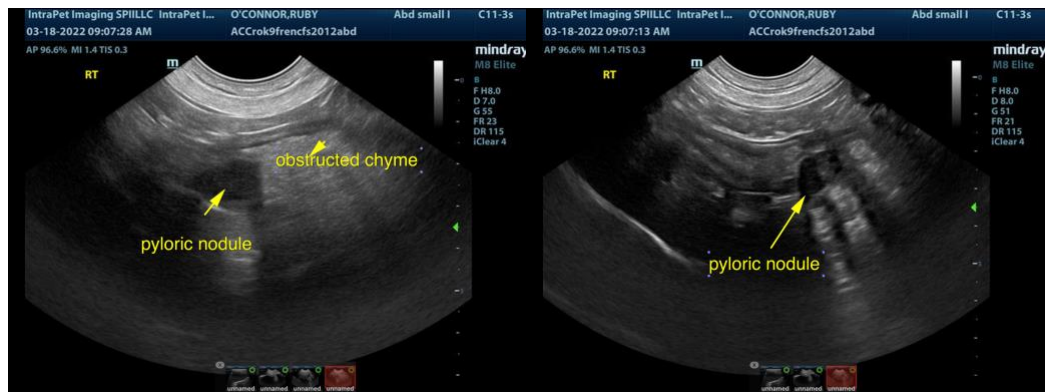
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

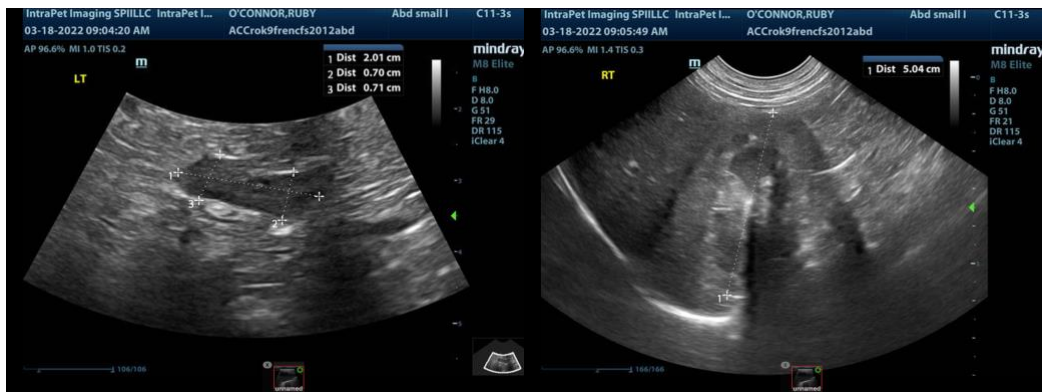
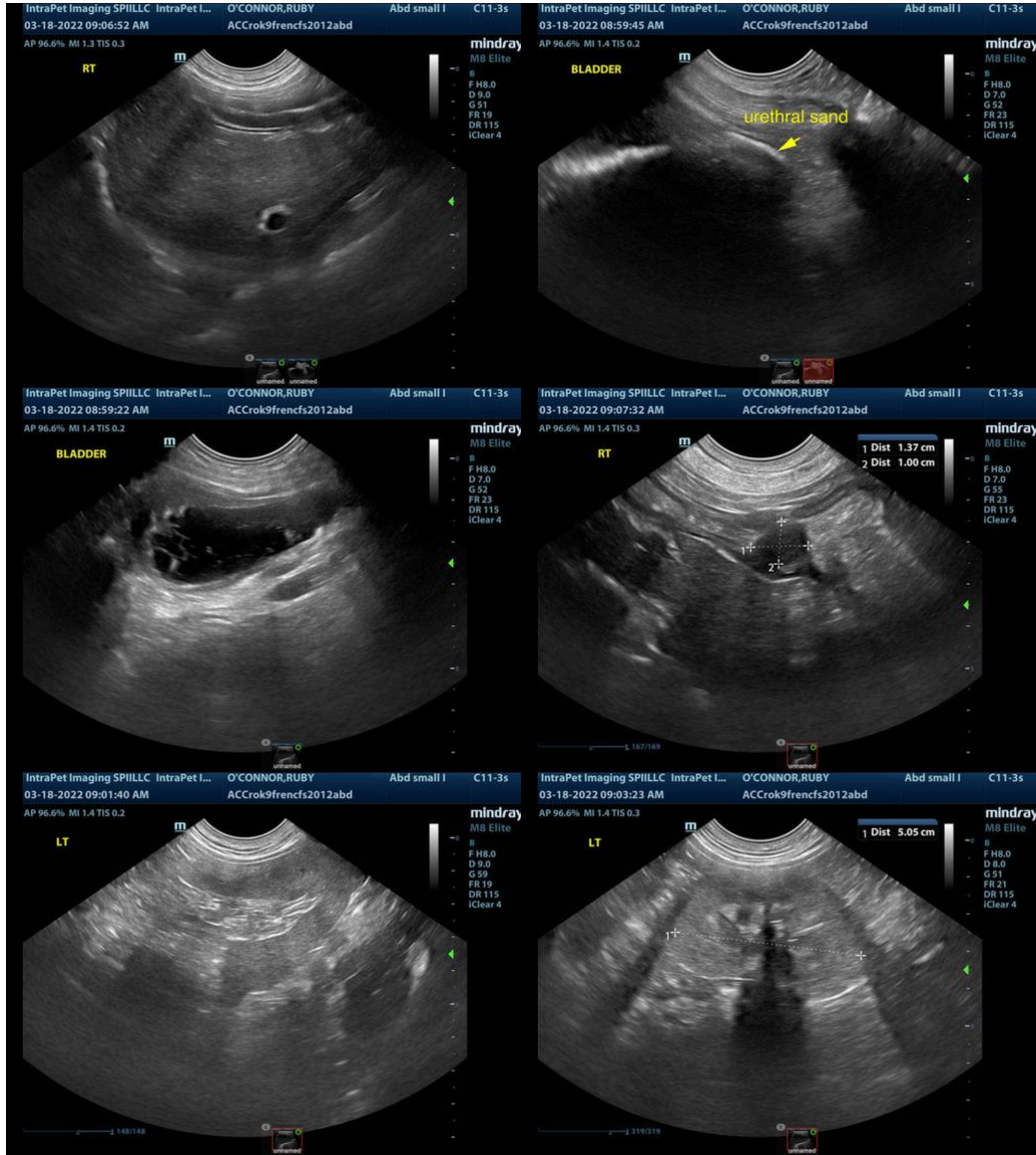
ULTRASONOGRAPHIC FINDINGS

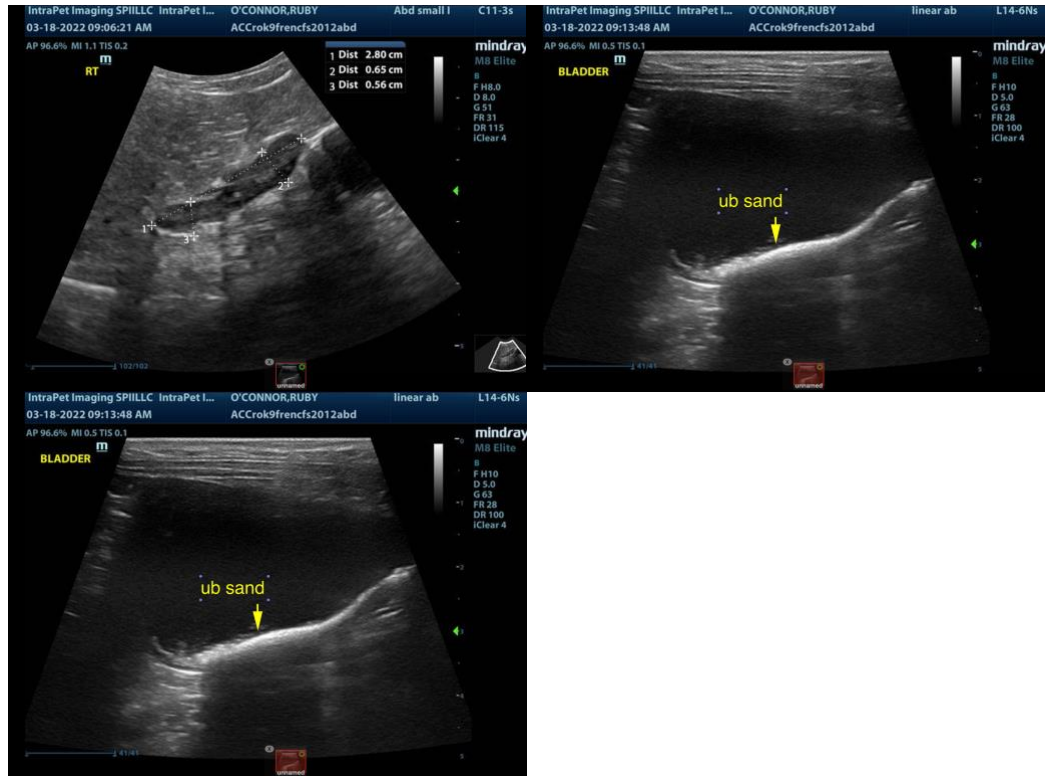
- Bladder sand and debris, likely chronic cystitis with urethral sand
- Obstructive pyloric nodule, delayed outflow gastric pattern
- Age-related pancreatic changes
- Splenic fold, positional variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy warranted in this patient, as the pyloric polyp is concerning. Cystotomy and pyloric biopsy or possible resection could be considered; however, given the position of the nodule, a clean resection without a full Bill Roth procedure may be difficult. Normal and retrograde flushing of the urethra would be ideal if cystotomy is to be performed. Differentials on the gastric poly include low-grade epithelial cell tumor, focal lymphoma and carcinoma all possible.







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.

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