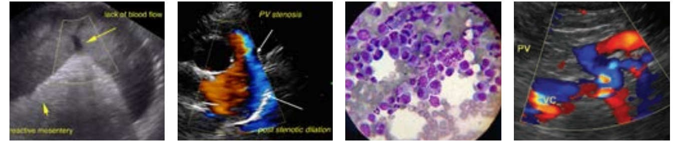
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Esse Lemmy

SPECIES
Canine

BREED
Havanese

SEX
Spayed Female

AGE
12 Years

WEIGHT
12 Years

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Dorris

HOSPITAL NAME
County Line Vet Clinic

REFERRING VET
Dr. Dorris

INVOICE
46125

DATE
3/23/23

PRESENTING CLINICAL SIGNS

History of chronic uroliths and urinary accidents. She has had previous cystotomy procedures and is on Proin at home. Her hindlimbs are stained from chronic dribbling urine. She presented for her third cystotomy, and x ray revealed a large left kidney with hydronephrosis. Her bloodwork was within normal limits. The bladder stone was removed. Since her surgery a few weeks ago, she has started leaking urine in her sleep again. Today, she presented febrile at 104, but has been eating and drinking well at home. Her incision is clear and clean with mild erythema at the most cranial portion. Her Chemistry revealed mild ALP, otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral caudal mural mass measuring 2.3 cm in length x 1.0 cm in width, entering into the cystourethral junction, with areas of mineralization, strongly suggestive for carcinoma. The visible distal urethra appeared to be unremarkable. However, distal metastasis could not be completely ruled out. Given patient surgery, the ventral caudal wall area could be secondary to bladder involution. However, the pattern is more consistent with possible concurrent tumor. Review of the surgical approach recommended, as there is thickening in the area of the cystourethral junction, which would be odd for a surgical approach.

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. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. An anechoic cyst measuring approximately 3.0 cm was noted in the left kidney, deriving from the caudal pole. The left kidney measured 5.45 cm with pyelectasia present. Blood flow to the kidneys appeared to be adequate. The right kidney measured 4.2 cm.

Adrenal Glands

The **left adrenal gland** was visualized obliquely and was mildly heterogeneous, measuring approximately 1.0 cm in width.

The **right adrenal gland** measured 0.40 cm.

Spleen

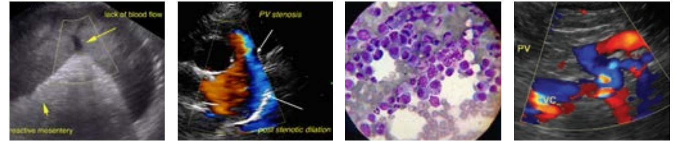
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **gastric** wall appeared mildly thickened without loss of mural detail. Mucosal hypertrophy noted, particularly in the gastric fundus. Muscularis, submucosa, and serosa appear to be intact.



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Pancreas

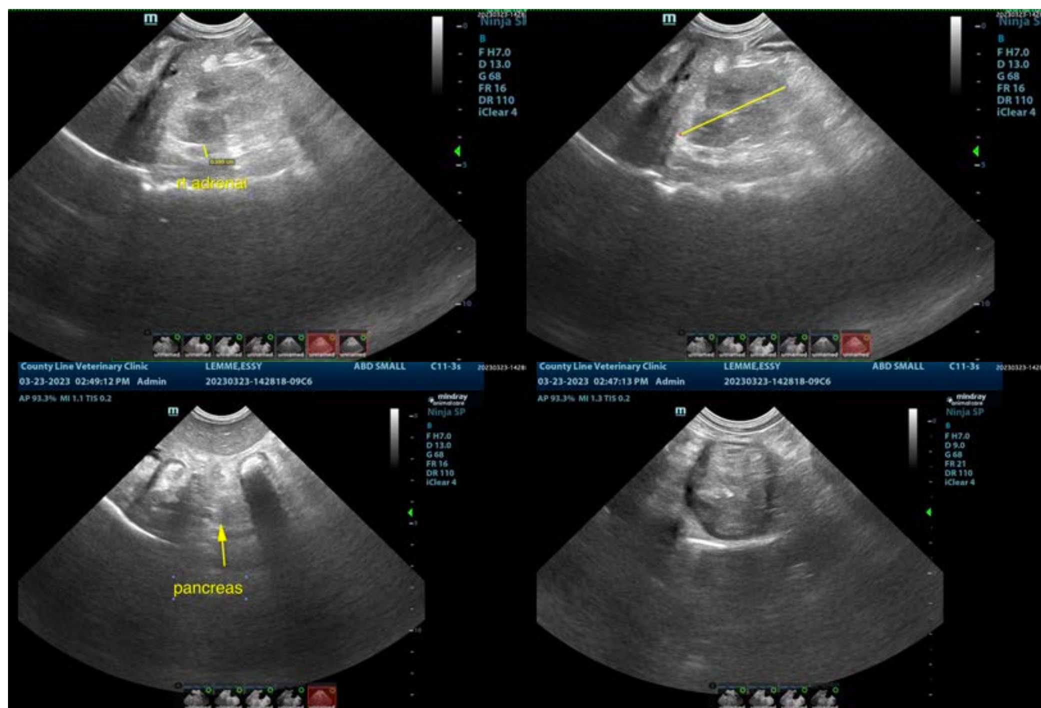
The **pancreas** revealed mild heterogeneous, hypoechoic parenchymal changes (primarily in the right limb) with enhanced surrounding mesentery. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Hyperplasia owing to prior episodes of pancreatitis versus active inflammation can both present in this fashion.

ULTRASONOGRAPHIC FINDINGS

- Caudal bladder mass
- Left renal cyst with moderate degenerative changes
- Thickened gastric fundus – history of gastritis suspected.
- Chronic active pancreatitis suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If bladder biopsies were taken, review of the histopathology indicated. Otherwise, cystoscopy warranted with mucosal biopsies at the level of the ventral aspect of the cystourethral junction. Treatment for gastritis and pancreatitis warranted in the meantime, given the cranial abdominal presentation. Urine culture and sensitivity indicated. Treatment for UTI indicated. If medical management is to be utilized, recheck sonogram of the upper gastrointestinal tract and bladder in 5-7 days to assess for progression or regression.



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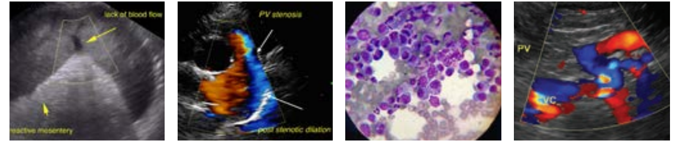

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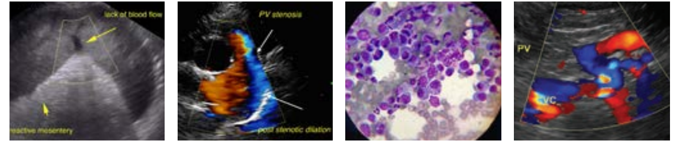

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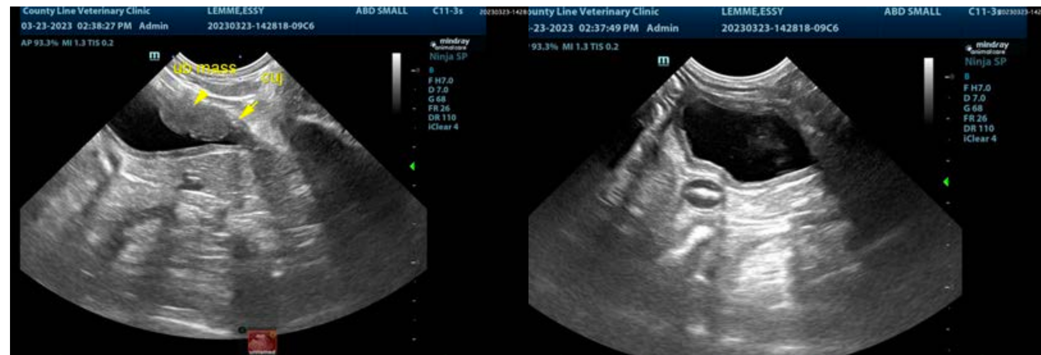

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com