



PATIENT

Camden Bush

SPECIES

Canine

BREED

Coonhound Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Barengo

INVOICE

99297

DATE

4/14/22

PRESENTING CLINICAL SIGNS

Vulvar discharge since January. Vulvar mucosa very inflamed on exam; digital vaginal exam normal. UA showed transitional cells with abnormal morphology. Has improved on antibiotics, but visibly bloody urine this morning.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: ALP 466 UA: low numbers WBC, RBC and cocci. Moderate amount of transitional cells with abnormal morphology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal; however, the cystourethral junction and the proximal urethra revealed thickening. The cystourethral thickening measured 1.0 x 0.6 cm.

The uterine stump was unremarkable with no evidence of pathology.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.42 cm. The right kidney measured 5.52 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 0.4 cm at the cranial adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. A focal, hypoechoic 1.5 cm nodule was noted.

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.

Gastrointestinal



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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.

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Pancreas

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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

Cystourethral junction/proximal urethral thickening.

AGE

11 years

Splenic nodule.

WEIGHT

64 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy is strongly recommended to assess for transitional cell carcinoma. If the patient can be catheterized then traumatic catheterization with ultrasound-guidance can be considered. FNA of the splenic nodule is indicated. There is a strong potential for early transitional cell carcinoma. The underlying history is likely related to cystourethral junction pathology. There was no evidence of metastatic disease.

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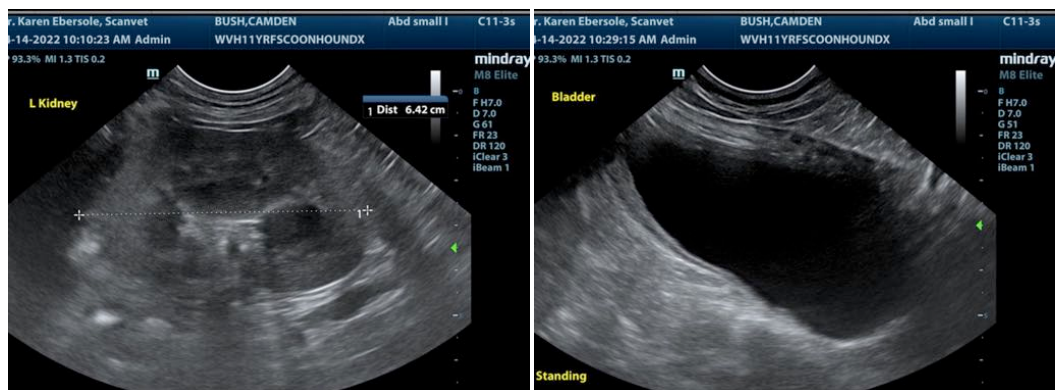
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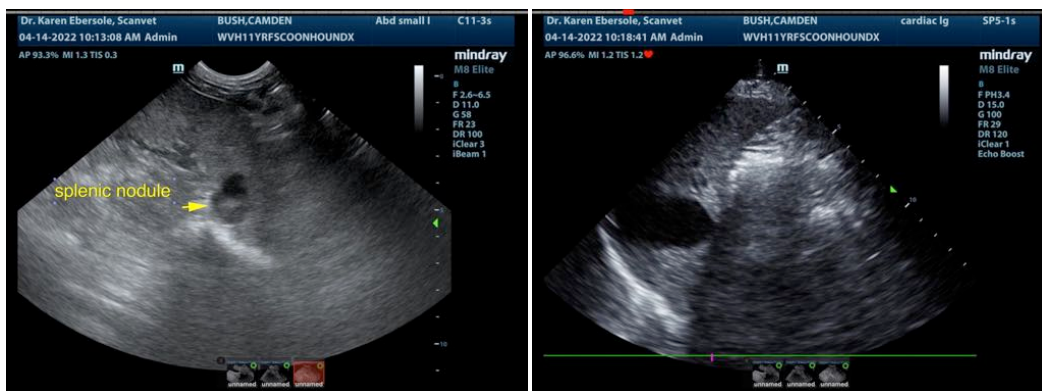
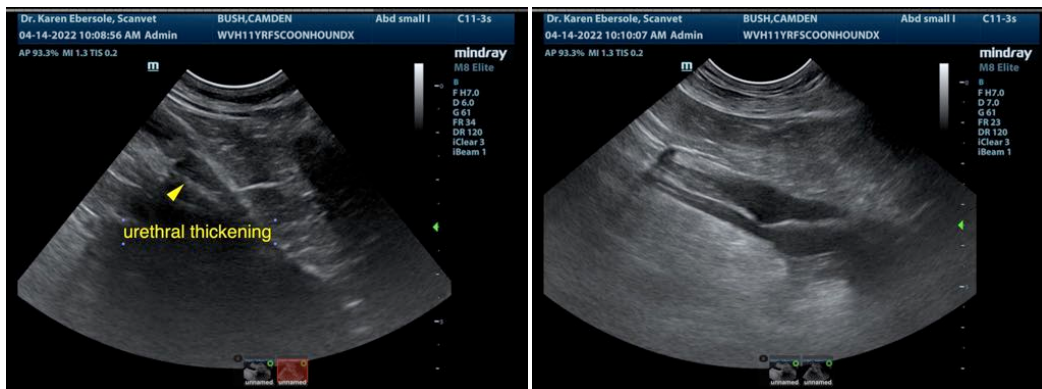
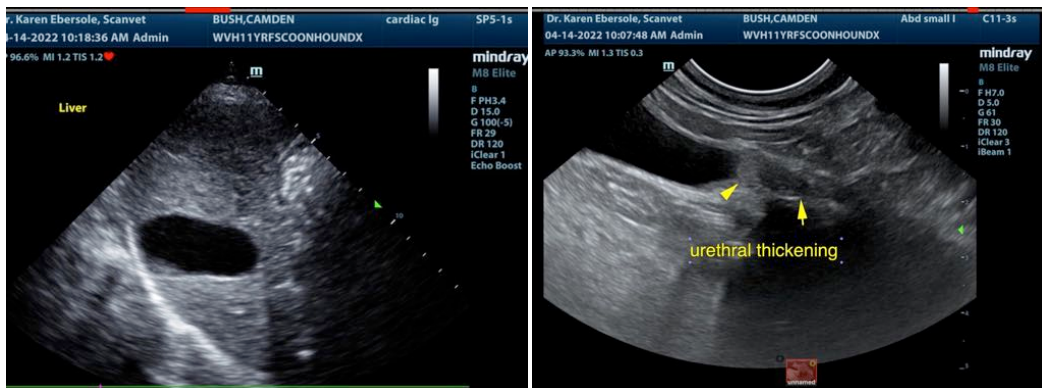
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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