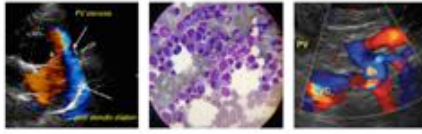


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Clinical Sonography & Teletology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Cali Bemier

SPECIES

Canine

BREED

Maltese Mix

SEX

Intact Female

AGE

14 years

WEIGHT

6.32 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr. Thomas**INVOICE**

99357

DATE

4/19/22

PRESENTING CLINICAL SIGNS

Onset of gross hematuria and lethargy noted for the past 24 hours. History of a bladder mass. BRAF was negative. Cystoscopy with biopsies performed were inconclusive. Patient has been treated with Piroxicam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN*Urinary System*

The **urinary bladder** revealed an extensive 10.5 cm mass that occupied the majority of the bladder. A minimal amount of anechoic urine was noted in the bladder. Polypoid changes were noted in the region of the ureteral papillae and measured up to 1.5 cm. The cystourethral junction and visible urethra appeared to be free of evident pathology. The ureters were not obstructed.

The left ovary was uniform and measured 1.36 x 0.78 cm. The right ovary was cystic and measured 2.09 x 0.82 cm.

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 right kidney measured 4.85 cm with a 2.3 cm anechoic cyst. The left kidney measured 4.19 cm with corticomedullary mineralization/calculi, non-obstructive.

Adrenal Glands

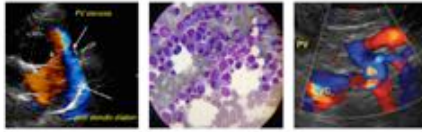
The right **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.52 cm at the caudal pole and 0.35 cm at the cranial pole. The caudal pole of the left adrenal gland was enlarged and measured 0.96 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was uniformly swollen. Occasional hyperechoic nodule was noted and was non-pathological. 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. The gallbladder was unremarkable.

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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. Minor retention of ingesta was noted in the stomach. 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

Extensive bladder mass occupying 90% of the bladder itself.

Moderate degenerative renal changes with cysts and calculi.

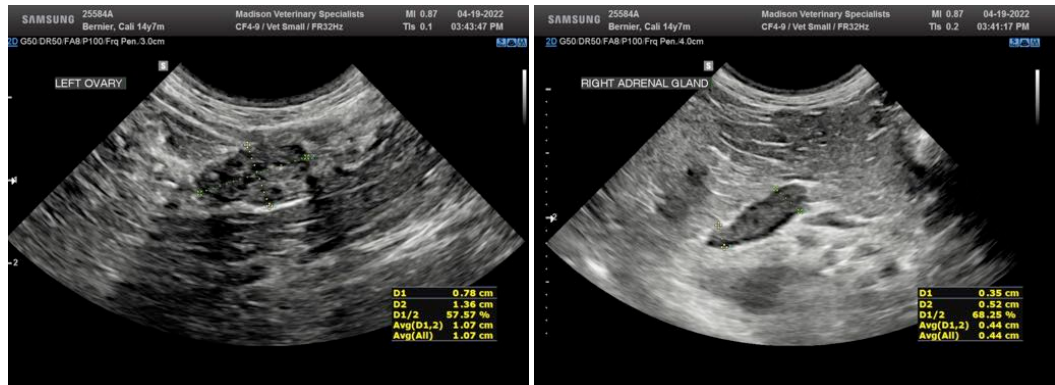
Hepatic remodeling, not overtly pathological.

Hyperplastic left adrenal.

Right ovarian cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided laser ablation could be considered in this patient if available in this region. Otherwise, oncological consultation is indicated. There was no evidence of metastasis.



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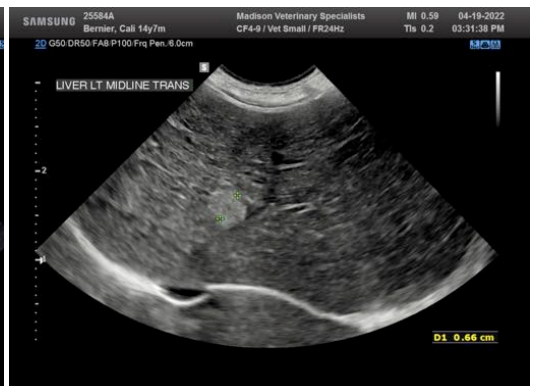
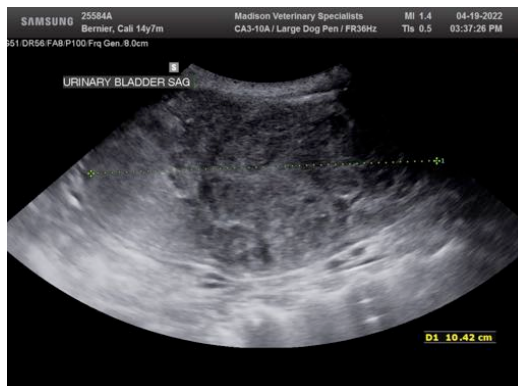
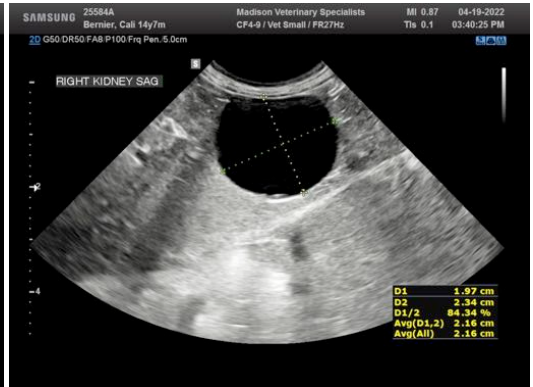
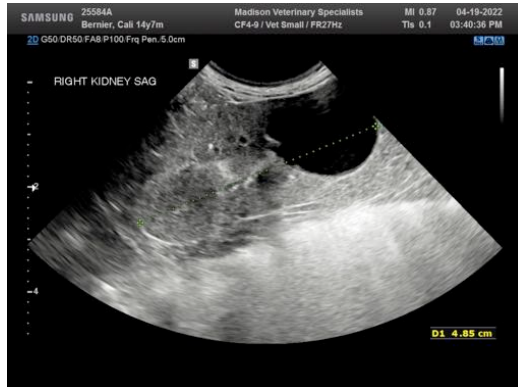
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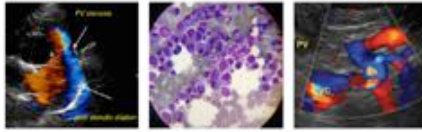
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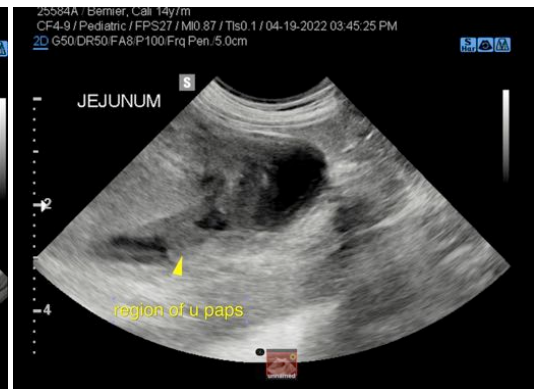
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com