



PATIENT

PRESENTING CLINICAL SIGNS

Cleo Zalewski

Hx of pollakiuria for the past 4 weeks, Possible stranguria, No PD,V,D. appetite ok. in 7 days Cleo gain 3/4Lbs, owner noticed the abdomen getting bigger.

SPECIES

Abnormal PE/Chem/CBC/UA Results: 6cm L caudal MGT, multiples mammary nodules, distended/tense abdomen, DDZ stage 3, BCS 5/9 Vet Screen: ALK P: 151 (H) 5-131 Creatinine: 0.4 (L) 0.5-1.6 CBC: WNL T4: WNL 1/22/22 UA: PRO/CREA: 69.3 (H) <0.5-0.5 UA: Blood 3+ Protein 2+ SG: 1.018 WBC: 2-3 SQUAM: 2-3 Amorph Ura 11-20

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Maltese

Urinary System

SEX

The **urinary bladder** revealed a 1.3 x 2.0 cm mineralizing cystourethral junction/urethral mass, nonresectable. The mass was obstructing the presumed left ureter, which was dilated at approximately 1.0 cm.

Intact Female

AGE

The **right kidney** 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. The right kidney measured 3.86 cm with pyelectasia noted. A large cystic structure was noted in the left abdomen in the region of the **left kidney**, suspect complete hydronephrosis. The cystic structure measured approximately 6.0 cm with echogenic debris. The right kidney appears to have been imaged from both the left and right sides, as this would be an odd pattern for pyometra, although I cannot rule out that possibility.

14 Years

WEIGHT

8.75 Pounds

Adrenal Glands

INTERPRETED BY

Spleen

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jose

Liver

HOSPITAL NAME

AC Queens

The **liver** was diffusely hyperechoic compared to falciform fat. Hypoechoic nodular changes noted, most consistent with nodular hyperplasia. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

REFERRING VET

Dr. Kwasnik

Gastrointestinal

INVOICE

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.

36994

Pancreas

DATE

4/19/22



PATIENT

Cleo Zalewski

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.

SPECIES

Canine

Other

The uterus was empty and measured 5.0 mm. The right ovary was uniform at 0.90 cm.

BREED

Maltese

ULTRASONOGRAPHIC FINDINGS

- Bladder mass with hydroureter (presumed left ureter)
- Large cystic and echogenic structure in the left abdomen – suspect severe left renal hydronephrosis or possible pyometra of the left uterine horn. However, the uterine base was empty and unremarkable.
- Nodular hyperplasia live pattern

SEX

Intact Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

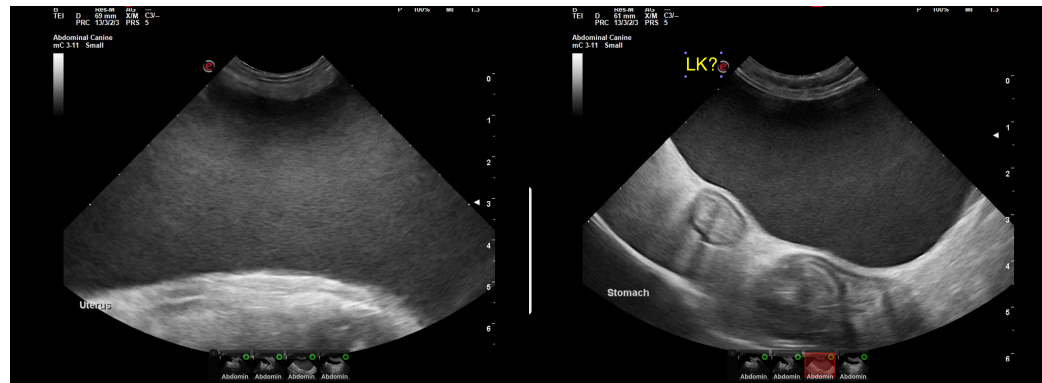
Exploratory surgery would be necessary. However, the bladder mass that is obstructing both the ureter and urethra is nonresectable. Stent placement and/or ultrasound guided laser ablation would be necessary. Prognosis is poor long-term.

AGE

14 Years

WEIGHT

8.75 Pounds



INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

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Dr. Kwasnik



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Canine

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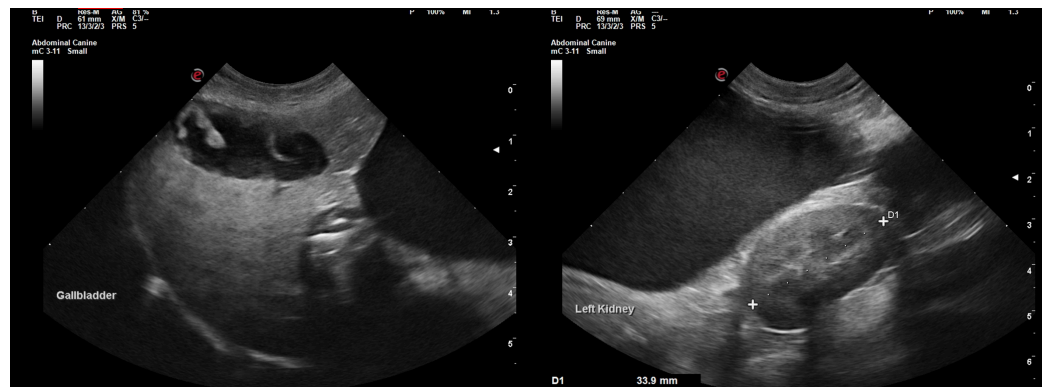
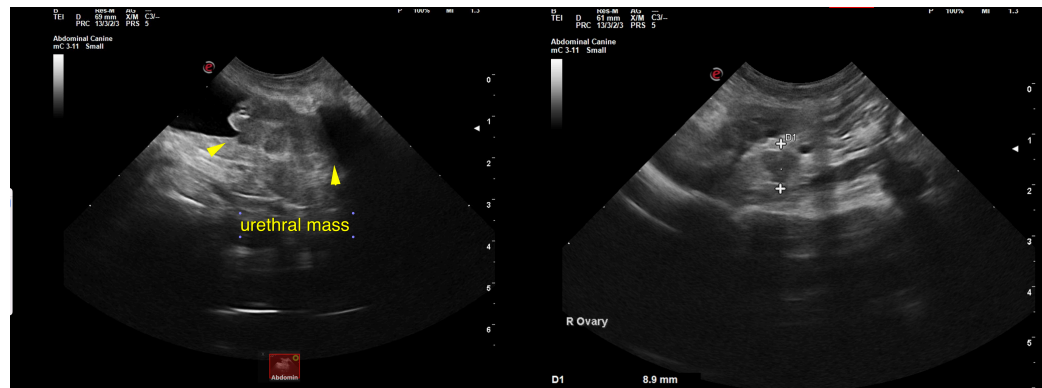
Dr. Kwasnik

INVOICE

36994

DATE

4/19/22



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

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