



**PATIENT**

Brandi Coffey

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

69 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Heather Brenner

**INVOICE**

22450

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

History: Hypothyroid diagnosed November 2022. March 30, 2023 presented for stranguria and pollakiuria and urine odor. Treated with Clavamox 375mg 1 and 1/4 BID and Proin 50mg 1 BID. April 17, 2023 still urine leaking. Had OHE at low cost facility per owner March 2013. From April 17, 2023 Culture and sensitivity treated with Amoxicillin 500mg 1 BID and Proin 75mg 1 BID. Odor improved slightly. April 26, 2023 still urine leaking, continued Amoxicillin 500mg 1 BID. May 2, 2023 still odor and drainage from perineum and owner now using diaper, staineria and dyschezia.

Abnormal PE/Chem/CBC/UA Results: March 30, 2023 urine scalding perineum and medial rear legs. Urine USG1.034, pH 7.0, RBC, WBC, Cocci and rods. April 17, 2023 creamy red drainage vulva, enlarged vulva, caudal mammary glands enlarged. Cystocentesis urine sample USG 1.025, pH 6.0, Rods, WBC. Cultured E. coli. May 5, 2023 fever 102.5, purulent drainage from vulva, swollen vulva, painful mass rostral to vulva on digital palpation and vaginal mass visible. Urine USG 1.040, pH 6.0, RBC, WBC, cocci and rods. May 10, 2023 digital vulvar exam mass protruding and painful. Caudal mammary chain symmetrical firm swelling extending caudally to vulva 12x17cm.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The body of the **urinary bladder** was unremarkable. The cystourethral junction revealed minor thickening, that appeared to enter into the pelvic urethra. This type of thickening may be acting like a check valve. The deep urethra was unremarkable, imaged up to 3.0 cm, caudal from the cystourethral junction.

The **pelvic and iliac region** in this patient revealed multiple undifferentiated lymph nodes with significant regional inflammation. The lymph nodes were distorted, hypoechoic, and irregular. The deep pelvis revealed a tubular mass, appears to be likely vaginal or cervical in origin with undifferentiated extension into the regional tissues with significant edema and cellulitis pattern. The vulva region revealed a continuous mass of similar hypoechoic echogenicity to that of the pelvis.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.5 cm. The right kidney measured 7.52 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 2.39 cm x 0.37 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 0.81 cm at the cranial pole and 0.48 cm at the caudal pole.

**Spleen**

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia



**PATIENT**

Brandi Coffey

deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended. This is a minor change.

**SPECIES**

Canine

**Liver**

**BREED**

Golden Retriever

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.

**SEX**

Spayed Female

**Gastrointestinal**

**AGE**

10 Years

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.

**WEIGHT**

69 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Dr. Heather Brenner

- Vaginal/cervical mass with extension into regional iliac lymph nodes, occupying the pelvis with significant regional inflammation. FNA of the regions indicated on this report are warranted with cytology and culture. Suspect sarcoma. This is not a surgical presentation.
- Cystourethral junction polypoid change- Strong potential for emerging transitional cell carcinoma with iliac lymphadenopathy.
- Hypersplenism
- Age-related renal changes

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Heather Brenner

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

22450

FNA of the iliac lymph node and cystoscopy with mucosal biopsies at the cystourethral junction are strongly recommended. BRAF testing +/- cytospin and slide prep of the urinary sediment to assess for abnormal transitional cells. However, cystoscopy is likely the best option in this patient. Guarded prognosis. Treatment for concurrent UTI is warranted on the meantime, however, I would avoid cystocentesis, as there is potential for transitional cell carcinoma. If sampling is absolutely not an option, then treatment for underlying UTI and potential NSAID treatment, such as Deramaxx or similar could be considered empirically, and recheck sonogram in 3-4 weeks. The lesion does not appear resectable given its position in the cystourethral junction.

**DATE**

5/10/23



**PATIENT**

Brandi Coffey

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

69 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

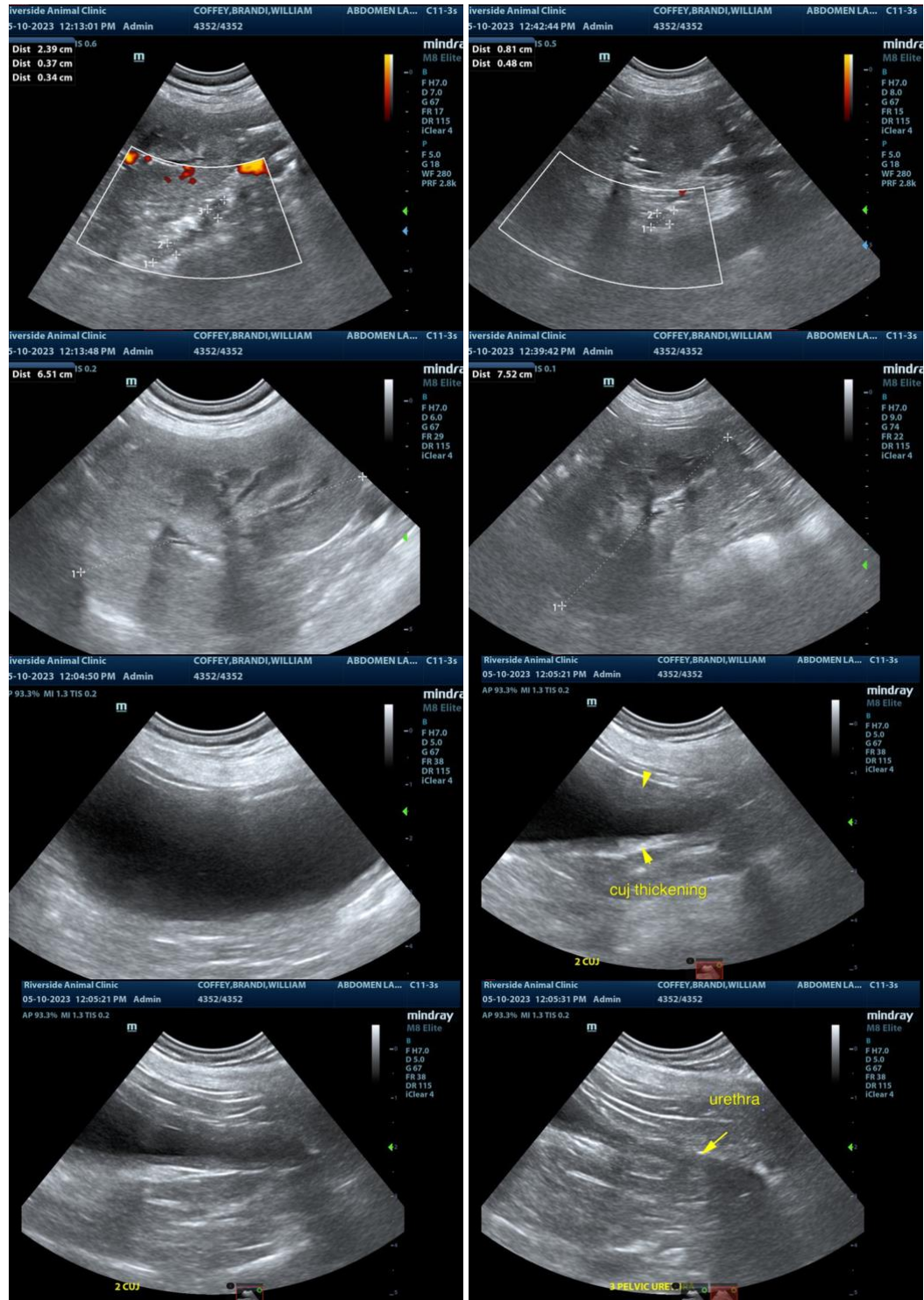
Dr. Heather Brenner

**INVOICE**

22450

**DATE**

5/10/23





**PATIENT**

Brandi Coffey

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

69 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

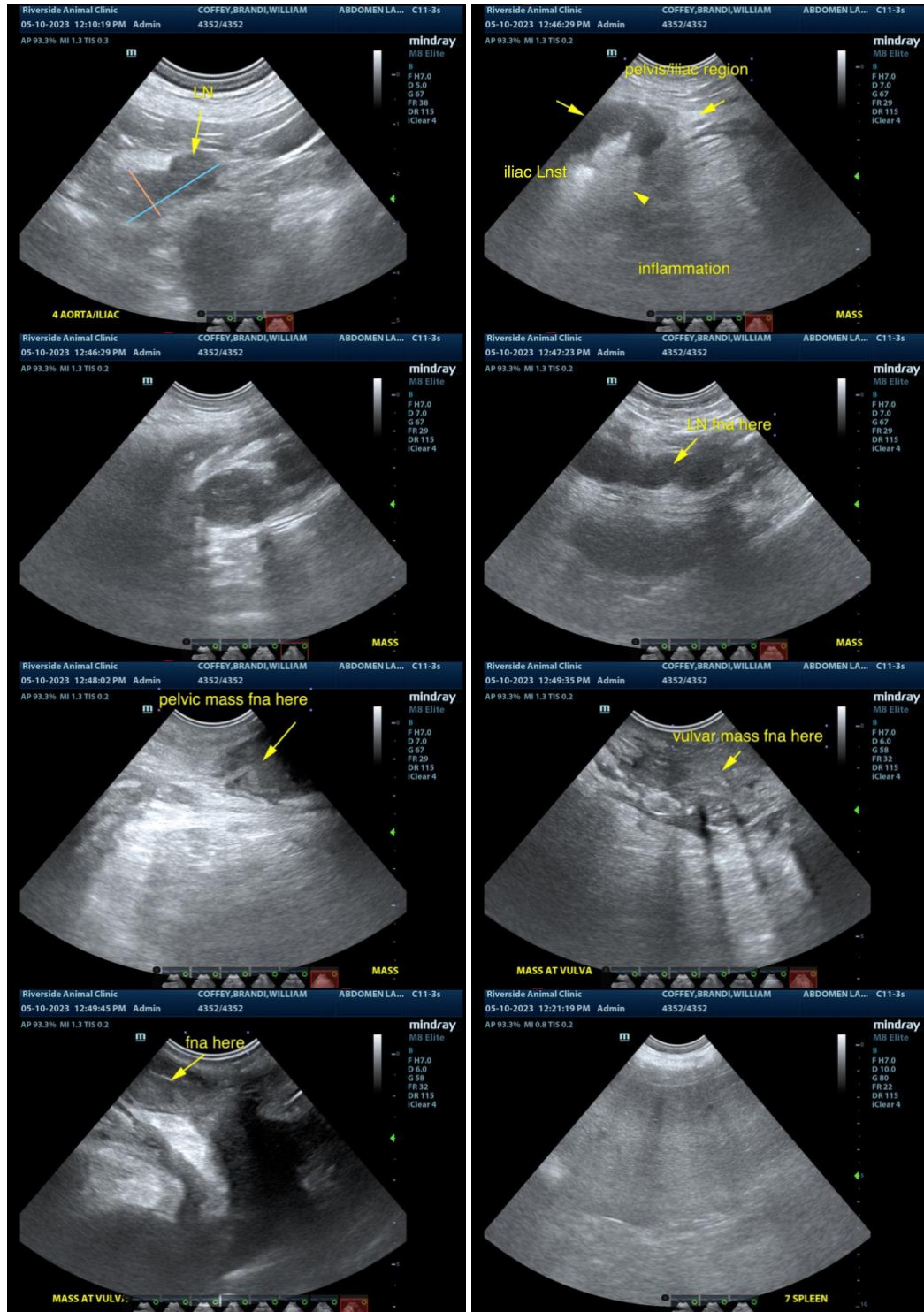
Dr. Heather Brenner

**INVOICE**

22450

**DATE**

5/10/23



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



**PATIENT**

can be of any further assistance please contact me.

Brandi Coffey

**SPECIES**

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

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

69 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Heather Brenner

**INVOICE**

22450

**DATE**

5/10/23