

PATIENT PRESENTING CLINICAL SIGNS

Coco Niglia Patient with history of diabetes and UTIs presents for hematuria, urinary accidents, and malodorous urine. AFAST scan showed mostly empty bladder with thickened bladder wall. Current meds: Vetsulin 6 units BID/ W/D and Fresh Pet diet. R/O cystitis/stone/TCC, etc.

SPECIES Abnormal PE/Chem/CBC/UA Results: Lymphs 0.85, MPV 14.5, glucose 646, BUN 31, phosphorous 7.0, potassium 6.0, chloride 107, ALP 222.

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

12 ½ years

WEIGHT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed moderate degenerative changes with pelvic calculi, cortical remodeling and infarcts. Calculus was noted in the right kidney and measured up to 0.6 cm. The right kidney measured 3.11 cm. The left kidney pelvic calculus measured 0.66 cm and the left kidney measured 3.69 cm in length.

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. A heterogenous nodule was noted at the cranial pole of the right adrenal gland. The right adrenal gland measured 1.38 x 0.88 cm at the cranial pole and 0.59 cm at the caudal pole with a heterogenous nodule at the cranial pole. The left adrenal gland was enlarged, irregular, nodular and mineralized measuring 1.78 x 1.32 cm.

Spleen

The **spleen** revealed multiple, expansive, parenchymal masses measuring up to 3.8 cm. One of the splenic masses appeared to invade into the phrenic vein. Multi-focal mineralization was noted in the spleen as well. This is likely owing to underlying Cushing's disease.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Hartwick

INVOICE

30280

DATE

5/10/22



PATIENT *Gastrointestinal*

Coco Niglia The upper **gastrointestinal tract** revealed mild hypertrophy and echogenic mucosal remodeling. The small intestinal tract and colon were unremarkable.

SPECIES

Canine *Pancreas*

BREED

Maltipoo The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Spayed Female *Heart*

AGE

12 ½ years Rapid view of the heart revealed no evidence of pathology.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with calculi.

Irregular, mineralized left adrenal gland. Adenoma versus adenocarcinoma.

Nodular right adrenal gland.

Splenic masses with splenic venous invasion.

Upper GI hypertrophy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left adrenalectomy, splenectomy and liver biopsy could all be justified in this patient. However, the expansive nature of the splenic pathology is concerning as clean resection may be difficult. Long term viability of the kidneys is of concern as well. Differentials include hemangiosarcoma versus round cell neoplasia or possible metastatic disease in the spleen from the left adrenal gland. The left adrenal gland appears resectable.

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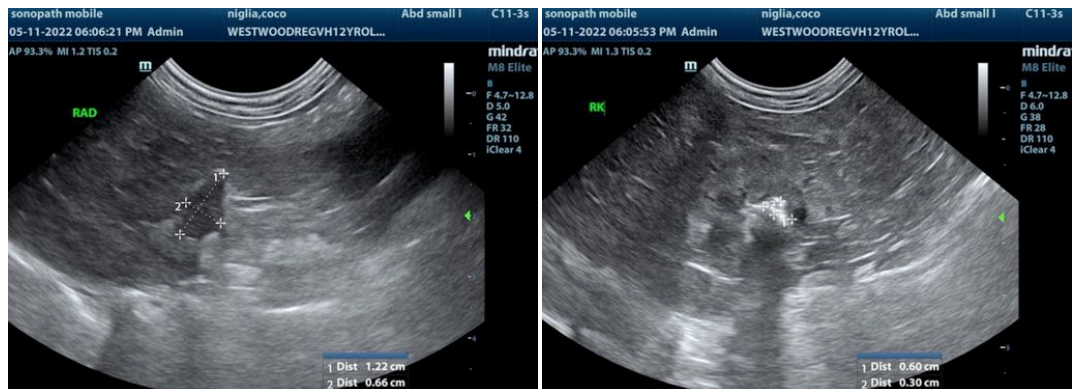
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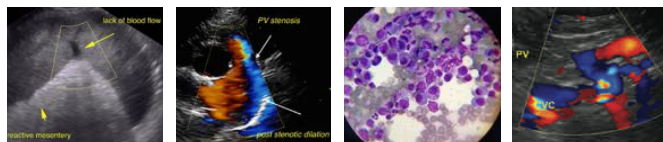
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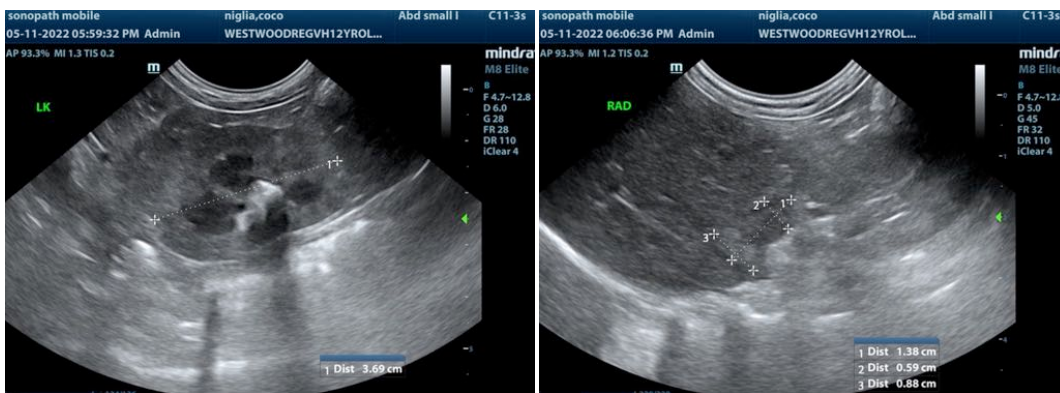
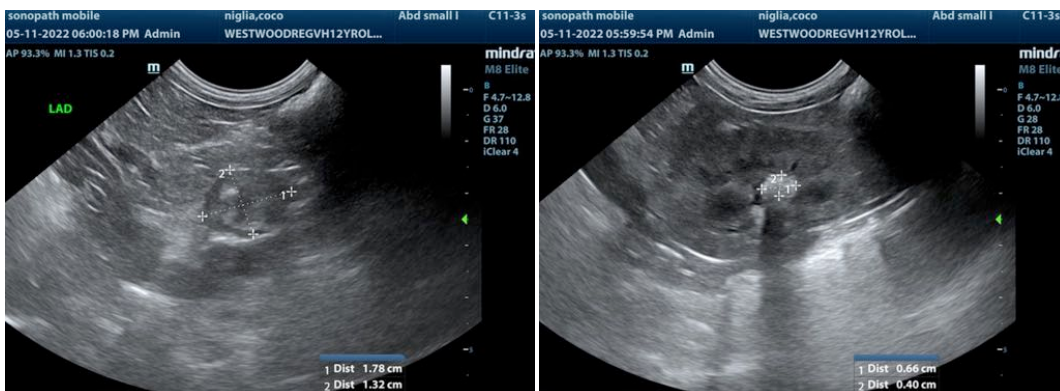
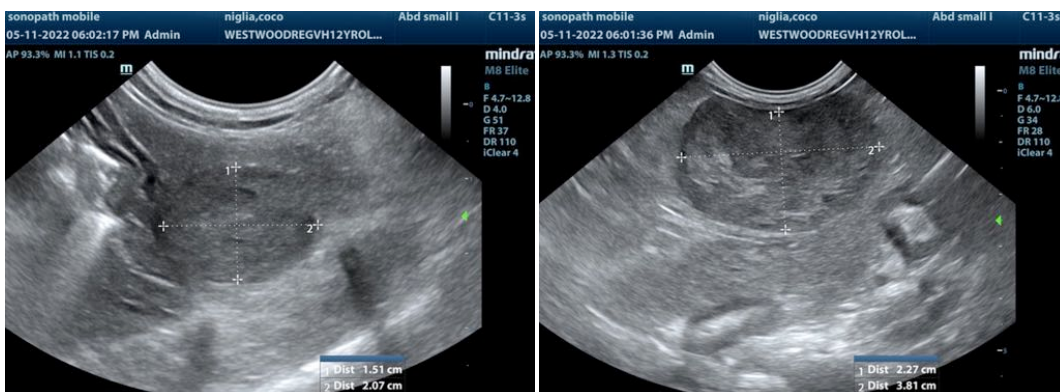
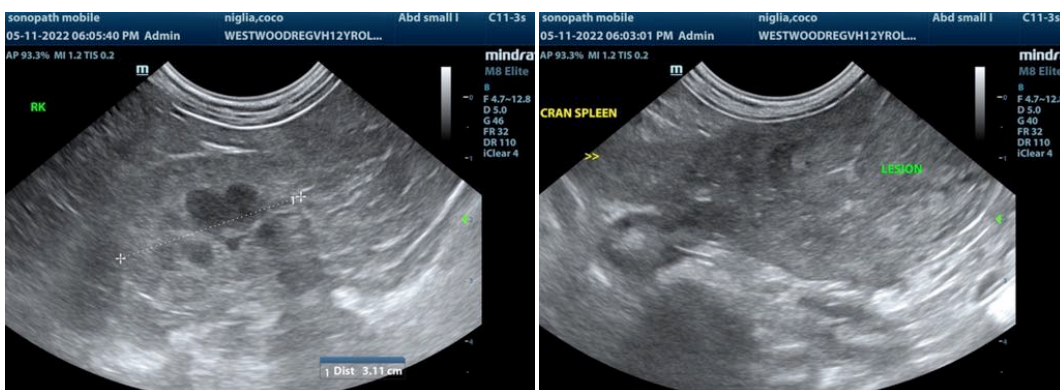
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PATIENT

Coco Niglia

SPECIES

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Maltipoo

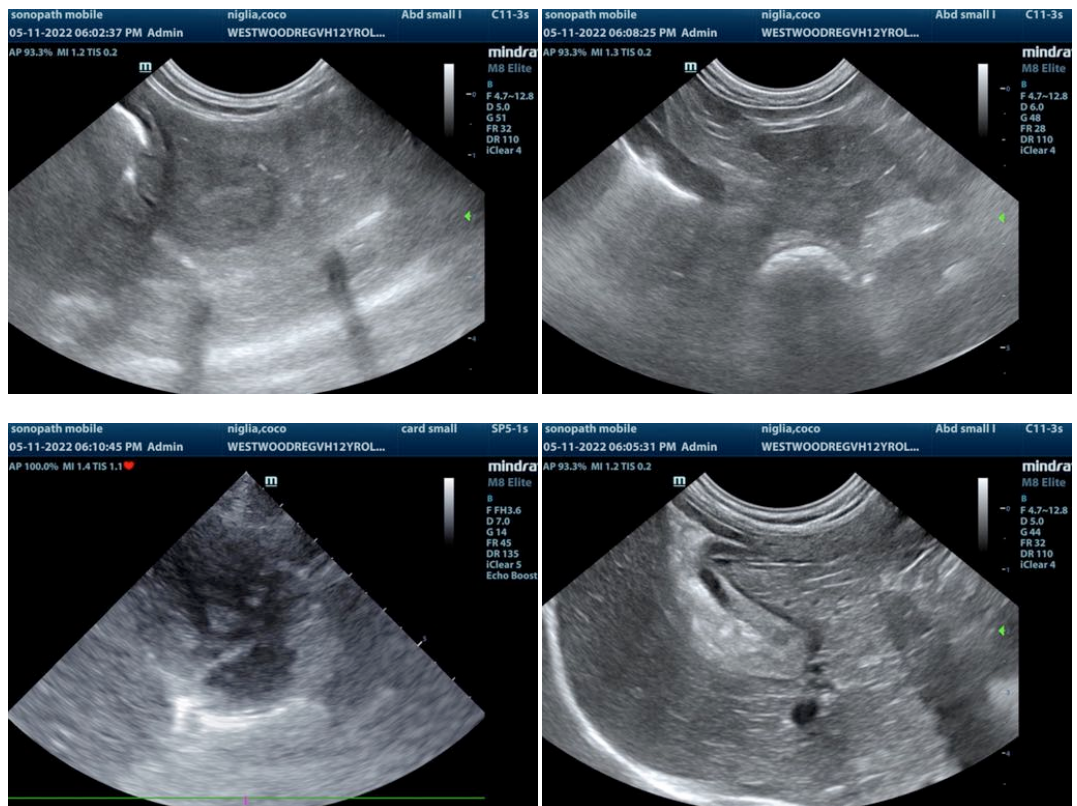
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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