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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE**

5/2/23

**PATIENT**

Bimba Lane

**SPECIES**

Canine

**BREED**

Pug X

**SEX**

Spayed Female

**AGE**

8/28/10

**WEIGHT**

19 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Schaupp

**INVOICE**

47053

**PRESENTING CLINICAL SIGNS**

Seen at the ER for anorexia, panting, shaking, hiding, seems painful. This was the 2nd occurrence in a few months. Was kept at ER for 24 hours to start meds after BW and Xrays. P/E today: Temp 101.2, cranial abdomen not tender today, no heart murmur, well hydrated, BAR

Current Medications: Clavamox 125 mg BID, Gabapentin 100 mg BID, Cerenia 24 mg QD, Ondansetron 4mg BID

Lab Results: BW from ER - WBC 20k, alk phos 918, UA - 2+ protein

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** itself was unremarkable. The pelvic urethra revealed a mineralizing mass initiating 1.0 cm caudal from the cystourethral junction. The mass measured 1.0 cm wide and extended for at least 3.0 cm distally.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight mineralization noted in both kidneys. The right kidney measured 4.52 cm. The left kidney measured 4.93 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 right adrenal gland measured 2.12 cm x 0.60 cm at the caudal pole and 0.71 cm at the cranial pole. The left adrenal gland measured 2.03 cm x 0.68 cm at the caudal pole and 0.65 cm at the cranial pole.

**Spleen**

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.

**Liver**

The **liver** presented coarse architecture and mixed echogenic coalescing hypoechoic nodular changes. The right liver revealed a pronounced caudate process measuring 4.45 cm with an isoechoic mass formation, possibly hepatoma. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

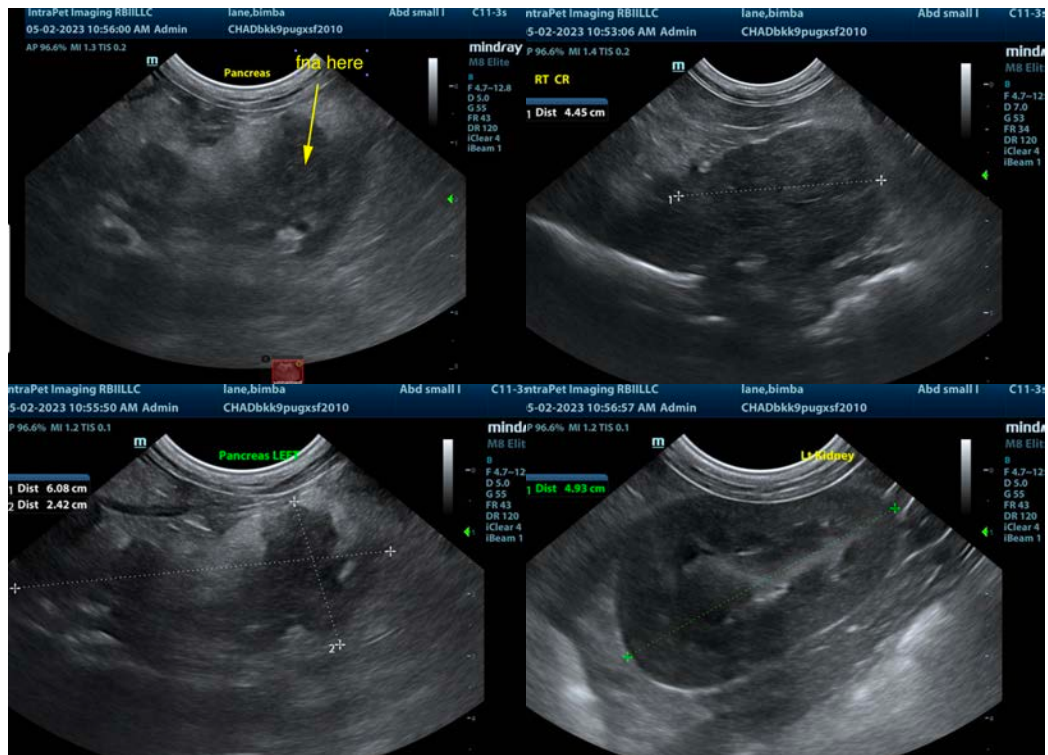
The left limb of the **pancreas** revealed mixed hypoechoic irregular parenchyma with regional hyperechoic fat, consistent with pancreatic necrosis and regional inflammation. The right limb presented heterogeneous parenchymal changes.

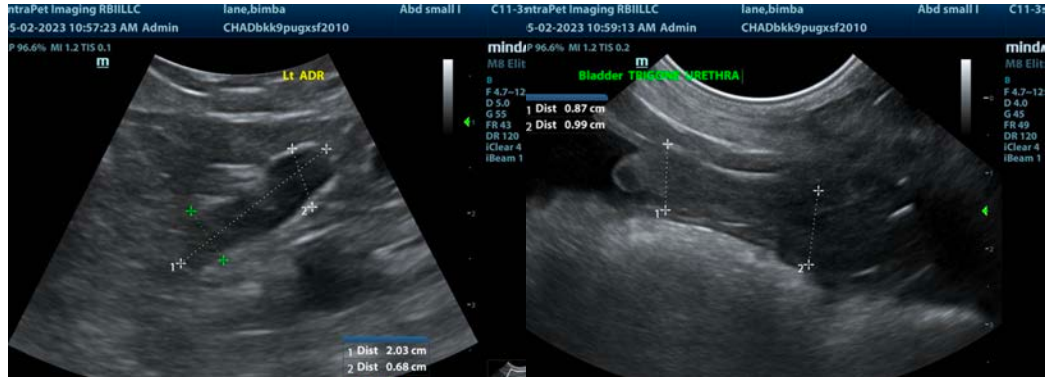
## ULTRASONOGRAPHIC FINDINGS

- Urethral mass – strongly consistent with carcinoma.
- Chronic active pancreatitis with pancreatic necrosis pattern
- Nodular hyperplasia liver pattern with caudate process hepatoma or carcinoma

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreatic and hepatic lesions recommended. Possibility of pancreatic carcinoma less likely. If the patient can be stabilized regarding the pancreatic and hepatic presentation, then eventual urethral stent placement could be considered. BRAF testing +/- traumatic catheterization could be considered to confirm suspicion of urethral carcinoma. No evidence of carcinoma-type metastatic lesions.





**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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