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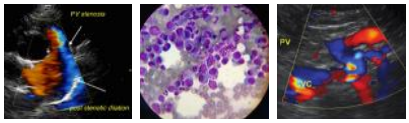


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/3/22

PATIENT

Roxy Baldwin

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

5/1/07

WEIGHT

9.25 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

37336

PRESENTING CLINICAL SIGNS

First saw rDVM 4 weeks ago; had bloodwork pre-dentistry. BW was normal but due to her age they decided to treat with antibiotics instead of surgery. About 8 days into 10 day course of ab's Roxy started w/frequent urination. UA taken to rDVM was normal. Urinary signs have not been improving; has still had frequent urination and has also had some accidents in house. Past 2 days has not been eating; drinking little; started vomiting bile. Seems very uncomfortable, is hunched over and shaking. Owners not sure if some of it can be stress due to main owner (wife) being out of town for past 2 days.

Current Medications: Baytril, Buprenorphine, Metoclopramide, Cerenia.
Lab Results: Urinalysis - no bacteria or crystals seen. WBC - 31K; Neuts - 27K w/bands; TP - 9.2; Glob. 5.5, ALKP 371, T4/SDMA normal
Radiographs: Severely gas distended stomach. Possible round mass in cranial ventral abdomen (pylorus vs gall bladder vs mass) No change in gas distension after 8 hours on IV fluids and dose of Metoclopramide
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a mineralizing mass in the cystourethral junction, entering the pelvic urethra with a maximum width of 1.43 cm, extending for approximately 3+ cm.

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. Mineralization noted in both kidneys. The right kidney measured 3.76 cm.

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 1.95 cm x 0.57 cm at the caudal pole and 0.67 cm at the cranial pole.

A **left adrenal** mass was noted, measuring 2.3 cm x 1.22 cm at the caudal pole and 0.94 cm at the cranial. Focal mineralization and hypoechoic, undifferentiated tissue present. This is strongly consistent with carcinoma or pheochromocytoma.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion

was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed concentric thickening with focal hypoechoic disruptive nodule measuring 1.0 cm. Some areas of loss of mural detail noted. Gastric stasis noted. A gastric tube was present. Trace amounts of free fluid noted.

Pancreas

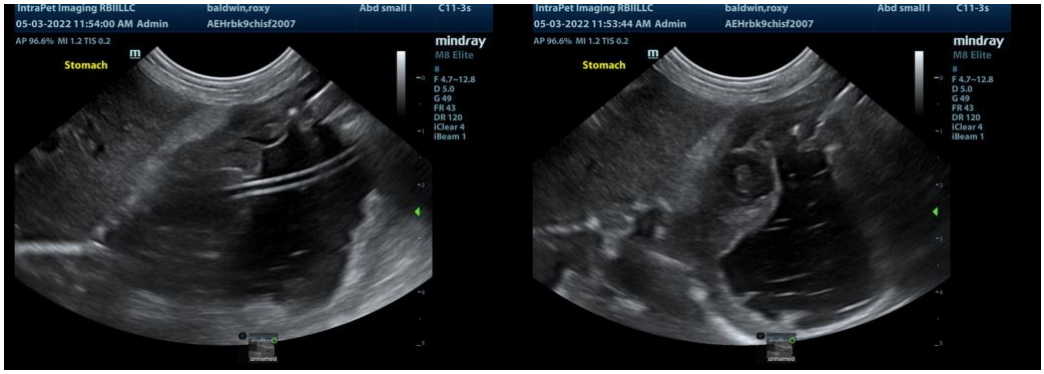
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Urethral/cystourethral junction mass – consistent with carcinoma.
- Left adrenal mass
- Mural gastric disease
- Age related renal changes
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are three separate issues in this patient. The left adrenal mass (strongly suggestive for carcinoma or pheochromocytoma), the urethral/cystourethral junction mass, and mural gastric disease. Technically, urethral stent placement could be implemented with chemotherapy, left adrenalectomy, and gastric wall resection of the regional thickening in the cranial pyloric outflow. Gastric carcinoma versus lymphoma or ulcerative disease all possible. Prognosis is poor.

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Bladder
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M8 Elite


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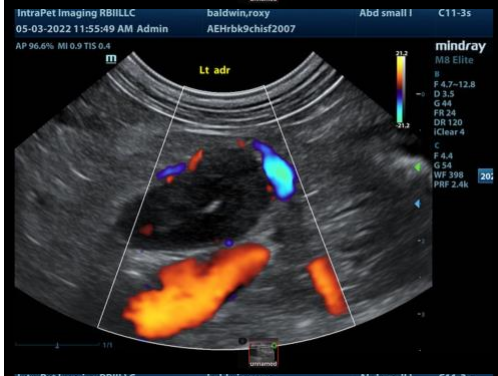
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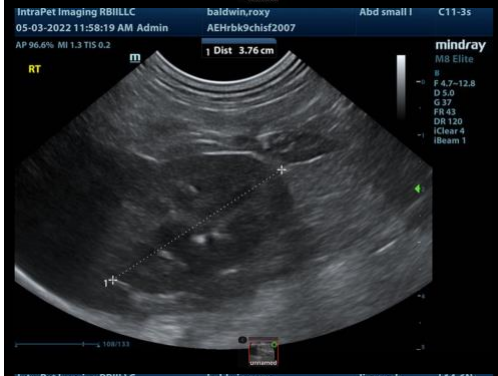
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mindray
M8 Elite


IntraPet Imaging RBIILLC
baldwin,roxy
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3 Dist 0.67 cm
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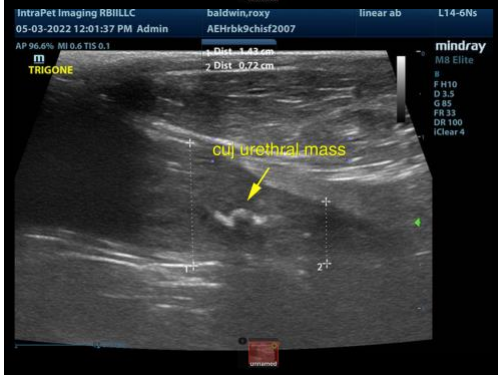
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linear ab
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AEHrbk9chisf2007
TRIGONE
2 Dist 0.72 cm
cul urethral mass
mindray
M8 Elite


baldwin,roxy
Abd small I
C11-3s
AEHrbk9chisf2007
Liver
mindray
M8 Elite

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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