



PATIENT

Pumpkin Hyde

PRESENTING CLINICAL SIGNS

2/21/22 ultrasound = cystourethral junction mass. 1cm width extending 3cm into urethra. Recheck. Current meds: meloxicam 10# dose

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shih Tzu

The urethral mass is persistent and measured 1.33 x 5.0 cm, increasing by approximately 20-30% in size. The urethral mass continued with multi-focal areas of mineralization into the pelvic urethra to approximately 3.1 cm. The mass irregularly projected into the bladder further than it did on the prior sonogram. Vascularity was moderate on power Doppler assessment. The iliac trifurcation was unremarkable.

SEX

Spayed Female

AGE

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.14 cm.

WEIGHT

11.57 lbs

Adrenal Glands

The left adrenal gland was slightly enlarged and fairly similar compared to the prior sonogram measuring 2.2 x 0.95 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland has progressed into a mass deriving from the cranial body measuring 2.1 cm x 2.16 cm in length. Impingement upon the vena cava was noted without vascular invasion. The right adrenal gland measured 2.84 x 0.7 cm at the caudal pole and 1.25 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

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 was noted.

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

Liver

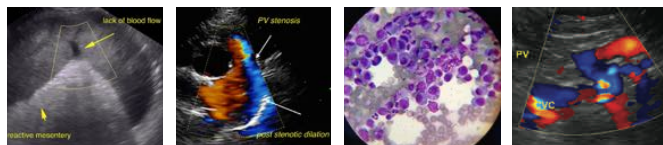
The left cranial **liver** revealed a hypoechoic nodule was noted with coarse architecture elsewhere. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

30193

DATE

5/9/22



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Gastrointestinal

Pumpkin Hyde

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.

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Pancreas

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.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Progressive urethral/bladder tumor increased by 20-30% in size.

Progressive right adrenal nodular mass. Appears resectable. The left adrenal gland is similar to the prior sonogram; however, the right adrenal gland cranial pole has evolved into a full mass.

WEIGHT

11.57 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for carcinoma or pheochromocytoma in the right adrenal; however, adenoma is still possible, appears resectable. Serial blood pressure measurements are recommended. If the patient appears Cushingoid then work-up for Cushing's disease is indicated. An argument could be made for both PDH and adrenal dependent Cushing's if the patient is Cushingoid. The prognosis is guarded. Ideally a right adrenalectomy would be performed along with urethral stent placement and potential chemotherapeutic intervention. If the patient is hypertensive then urine catecholamine is indicated to assess for pheochromocytoma of the right adrenal gland.

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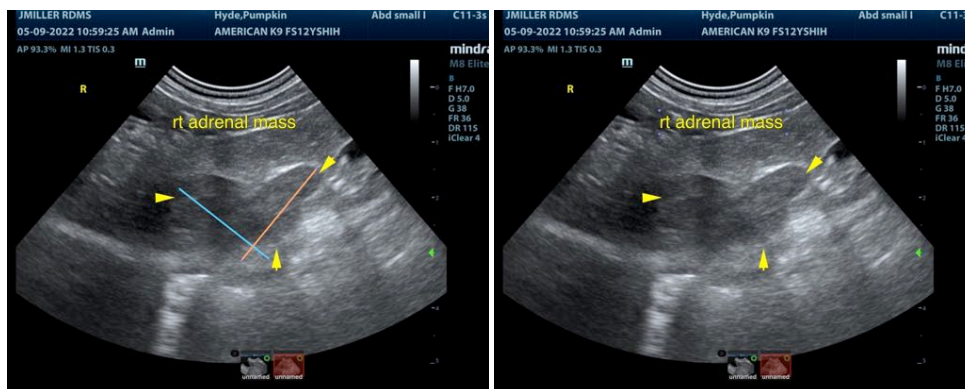
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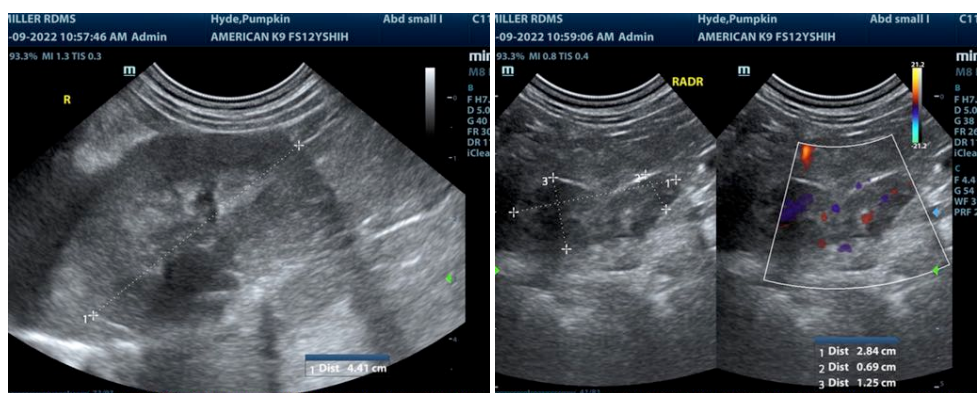
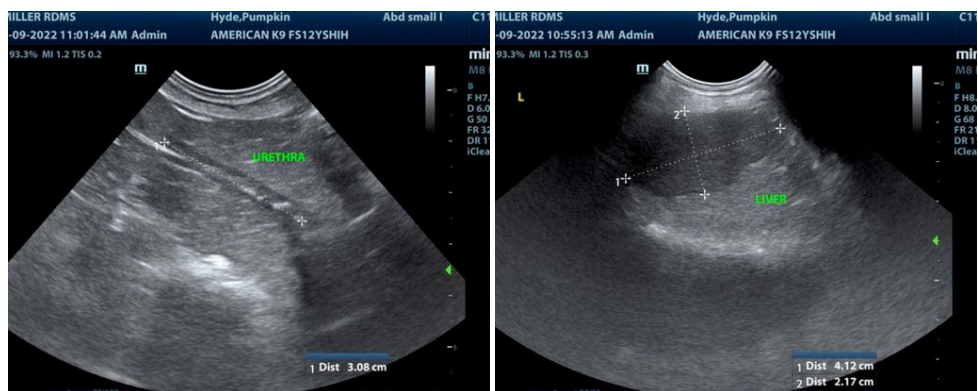
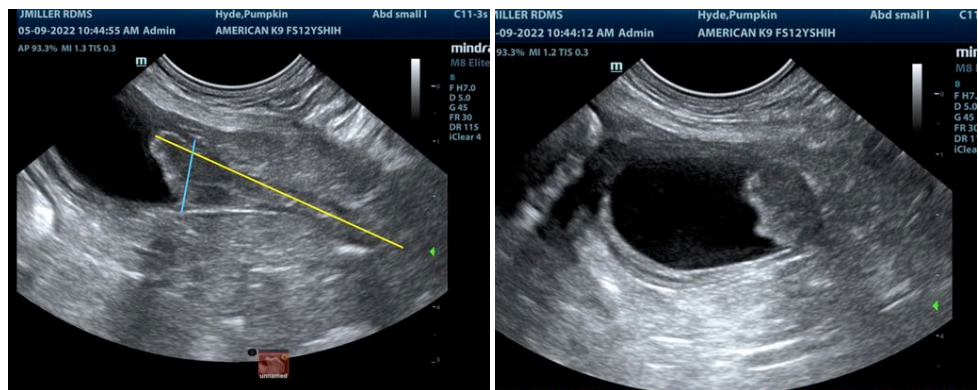
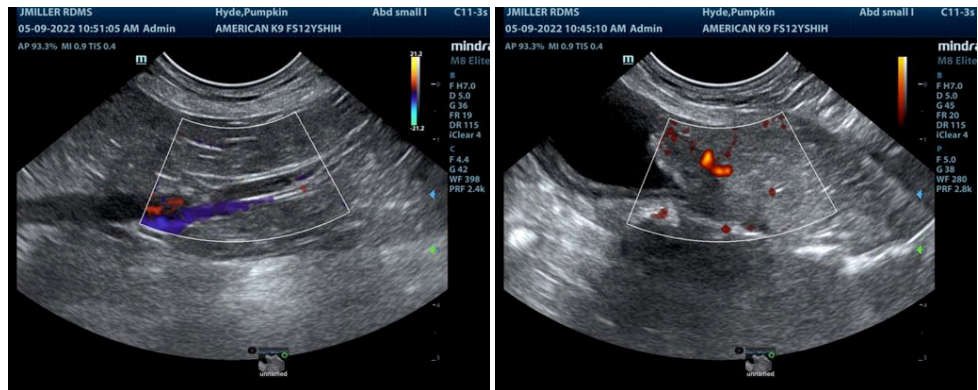
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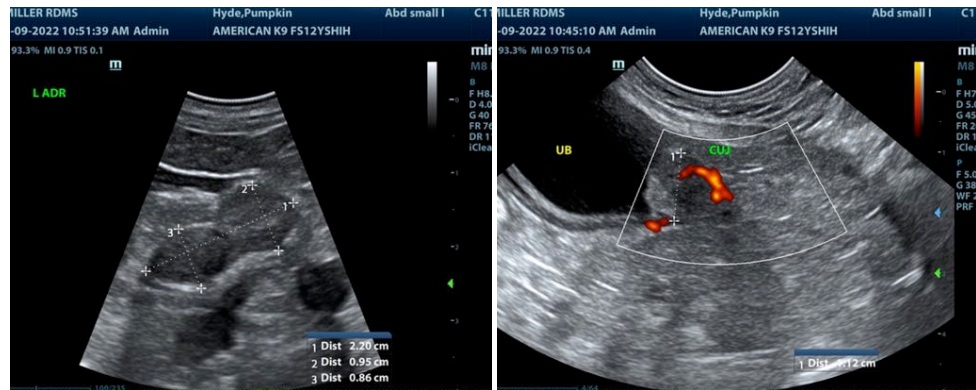
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

12 years

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.

WEIGHT

11.57 lbs

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