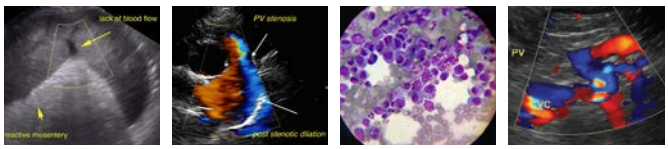
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Brin Castledine

SPECIES
Canine

BREED
Spaniel X

SEX
Spayed Female

AGE
12 Years

WEIGHT
12.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Andrew Holmes

HOSPITAL NAME
Cedarview AH

REFERRING VET
Dr. Andrew Holmes

INVOICE
38656

DATE
6/10/22

PRESENTING CLINICAL SIGNS

Chronic otitis and atopy Gallbladder mucocele - 2018 3x UTI over the past 2 years (currently being treated for one) On prednisone, simplicef and ear meds chronically, currently on clavamox for UTI Abnormal PE/Chem/CBC/UA Results: CBC, biochemistry, U/A performed last week: WBC increased to 28.9 Neutrophils increased to 23.4 Monocytes increased to 2.8 Platelets increased to 1109 ALP increased to 1014 fT4 decreased to <3.86 U/A: USG 1.014 pH 5.0 WBC 30/HPF RBC 5/HPF Rods Non-squamous epithelial 6-10/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal from the cystourethral junction cranially. However, a 2.0 cm mass in the cystourethral junction/proximal urethra was noted with areas of mineralization. The mass continued at least 3.0 cm into the pelvic urethra, strongly consistent with transitional cell carcinoma.

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. Cortical cystic changes noted and slight pinpoint mineralizations. The left kidney measured 5.27 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The **left adrenal gland** was upper limits of normal at 0.86 cm, visualized obliquely.

The **right adrenal gland** presented normal size and 0.60 cm in maximum width.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** presented coarse architecture with coalescing hypoechoic nodular changes with increased portal markings, consistent with history of inflammatory hepatopathy. Lobar biliary mineralization also noted, non-obstructive. The gallbladder was not visible.

Gastrointestinal

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.

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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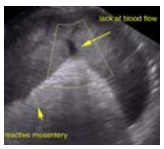
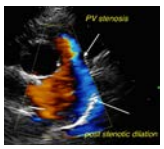
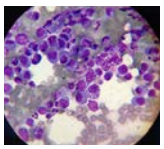
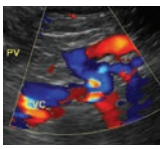

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PRIMARY FINDINGS

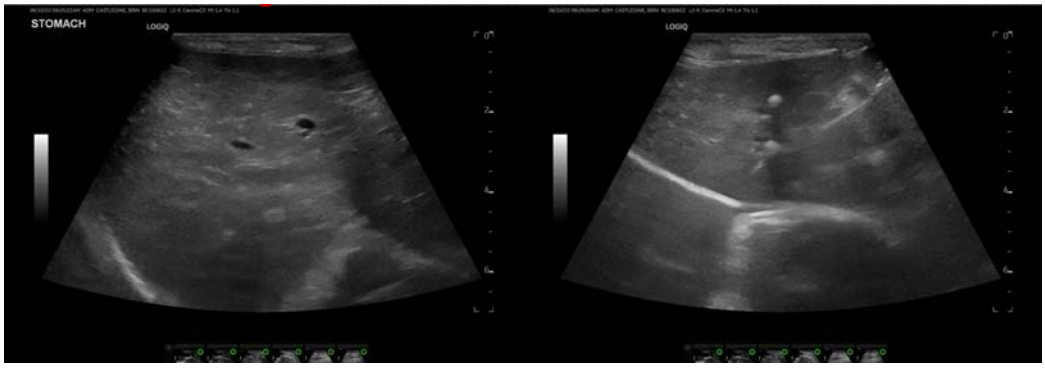
- Cystourethral junction/proximal urethral mass

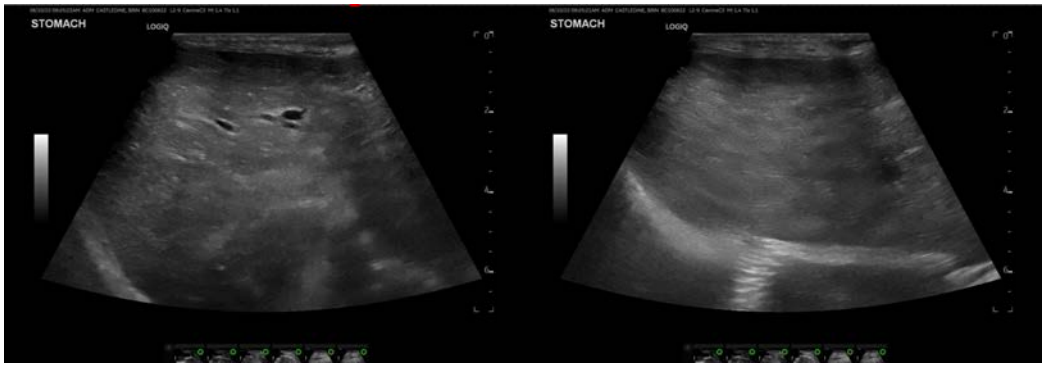
SECONDARY FINDINGS

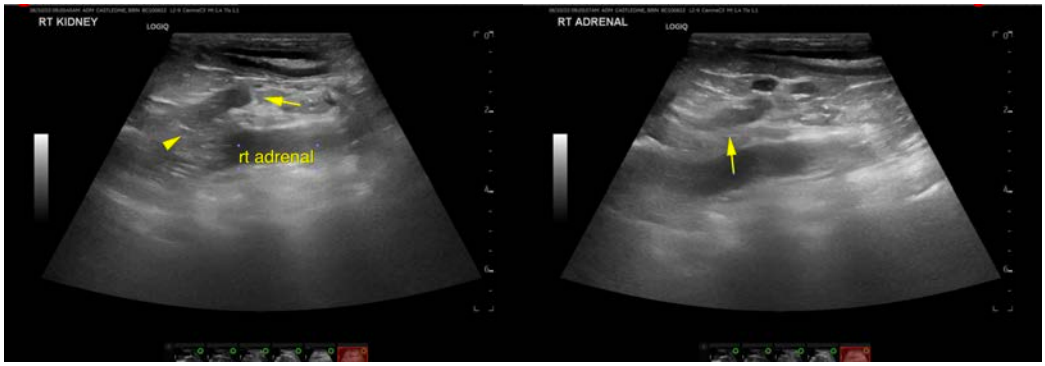
- Hepatic remodeling with lobar biliary mineralizations – history of cholangitis/cholangiohepatitis
- Age related renal changes with cortical cysts and mineralizations
- Splenic mineralization
- Age related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm assuming that the gallbladder has been surgically removed, given the history of mucocele. The most immediate issue is the urethral mass, which is strongly consistent with transitional cell carcinoma. Referral for urethral stent placement and chemotherapy indicated as well as coverage for UTI. Degenerative changes in the kidneys were moderate. Bile acid profile would be appropriate. Ursodiol and hepatic nutraceuticals appropriate if the urethral mass is to be addressed.







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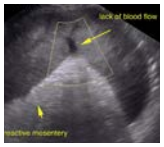
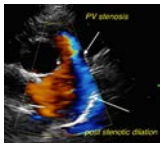
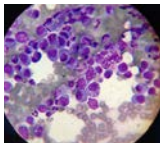
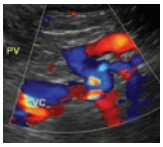

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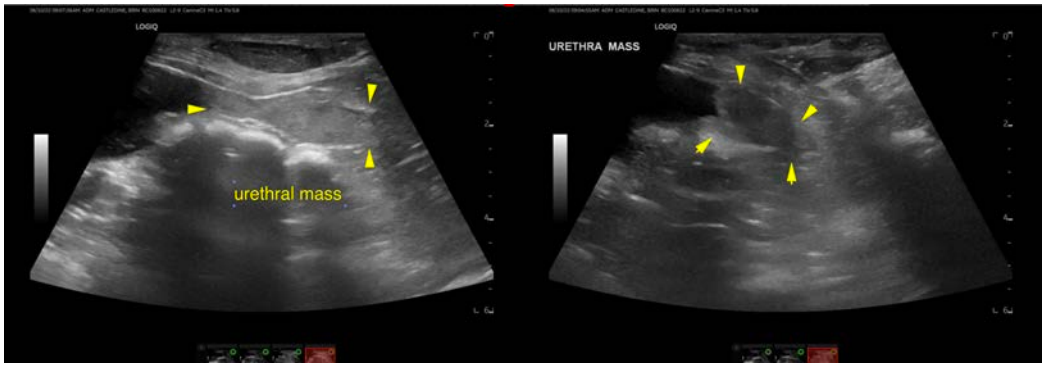

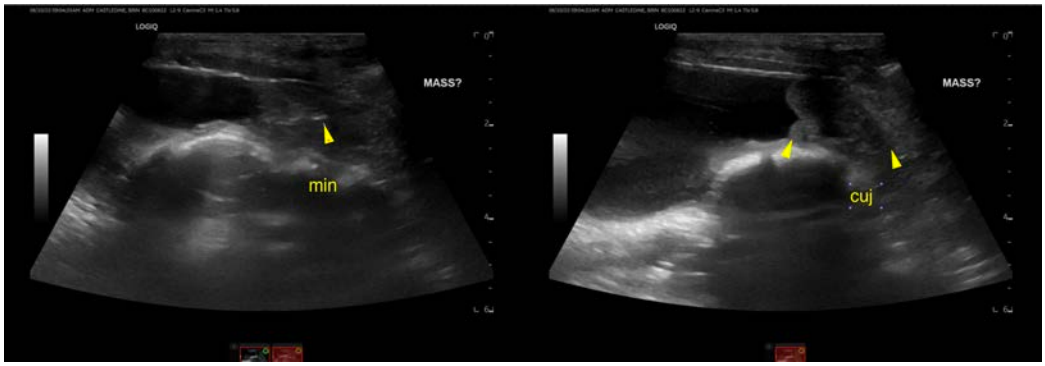

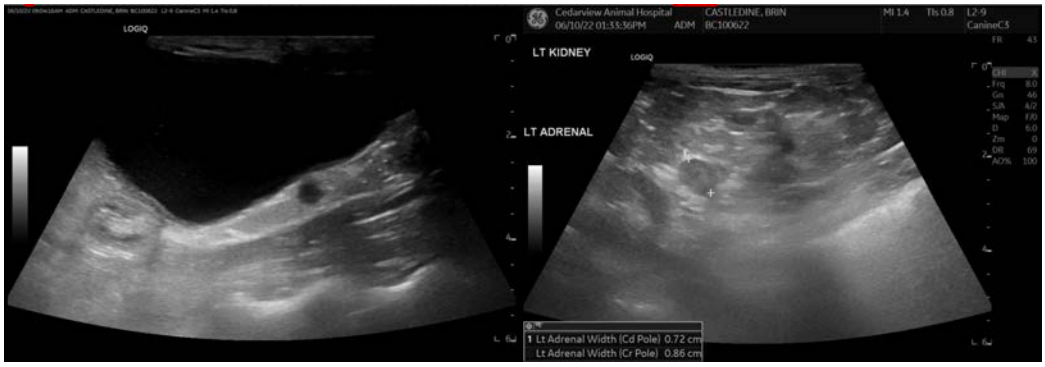

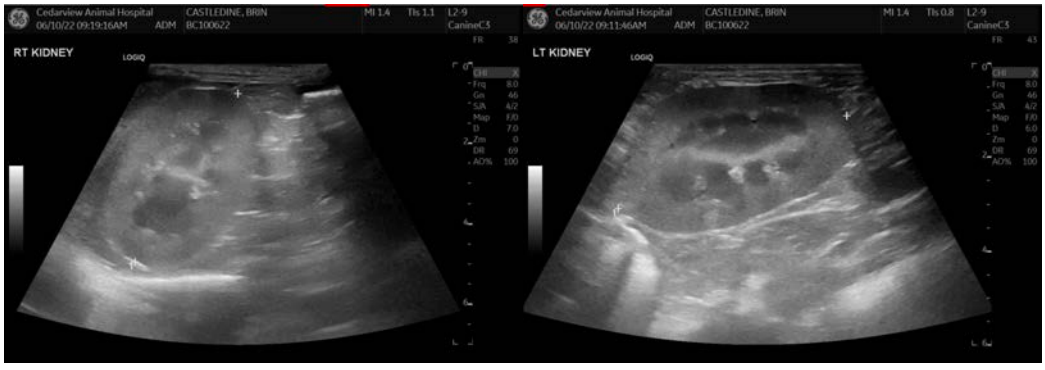

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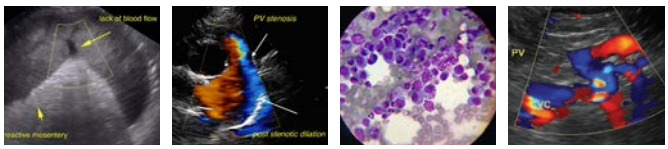

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com