



PATIENT

Mia Josephson

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

23.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Gudrun Gunther

INVOICE

16010

DATE

6/10/22

PRESENTING CLINICAL SIGNS

History: Cushing's - controlled by Vetoryl CKD Recurrent UTI abdominal mass palpated during exam
Abnormal PE/Chem/CBC/UA Results: Creatinine 6.4 ALT 297

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical wall thickening, extending 3.3 cm with polypoid changes (measuring up to 2.2 cm). The cystourethral junction and urethra were unremarkable. The ureteral papillae were unremarkable. No obstructive disease noted. The pathology does appear potentially resectable by removal of the cranial half of the urinary bladder.

The **kidneys** revealed moderate interstitial nephrosis pattern with areas of cortical infarcts and mineralization. Slight pyelectasia was noted in the right kidney, measuring 0.37 cm. The right kidney measured 5.02 cm. The left kidney revealed slight pyelectasia, measuring 0.26 cm. The left kidney measured 5.72 cm. Regenerative cortical cysts were noted, not neoplastic. No evidence of abscessation noted.

Adrenal Glands

Both **adrenal glands** measured normal, however, appear subjectively swollen. The left adrenal gland measured 0.76 cm. The right adrenal gland measured 0.63 cm at the caudal pole and 1.1 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** revealed mild irregular contour, increased portal markings and coarse architecture. The left liver revealed hepatoma type pattern (measuring approximately 8.0 cm) with abnormal intrahepatic vascular pattern, may be secondary to shunting. Areas of mineralization were also noted.

The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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



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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

Primary Findings

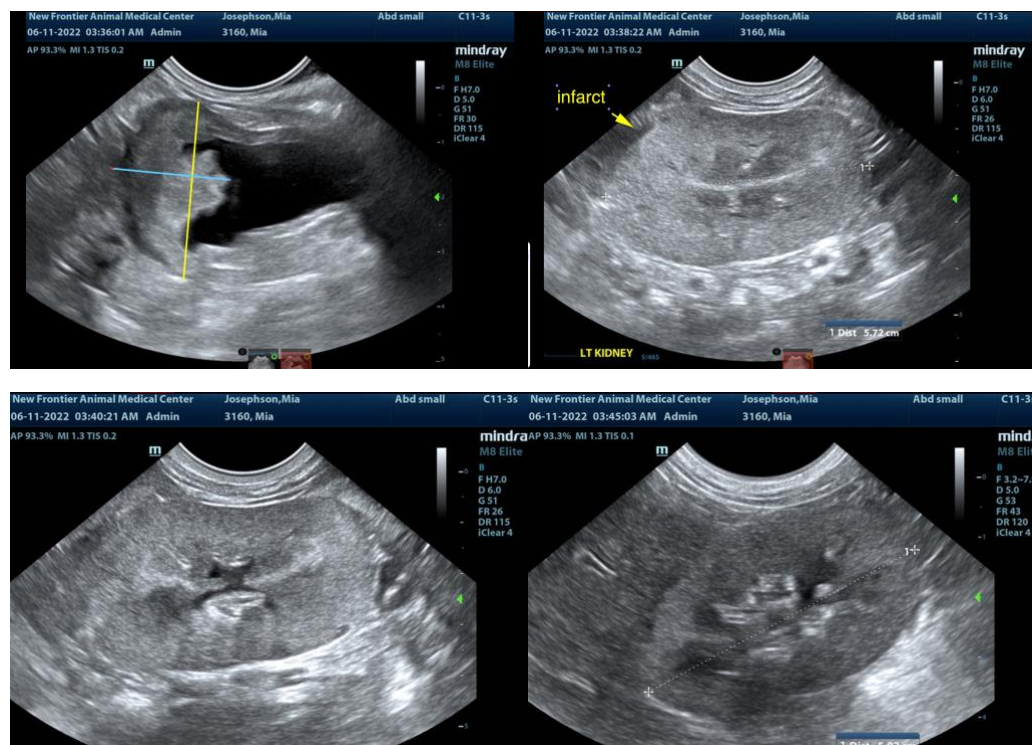
- Polypoid urinary bladder changes. Chronic cystitis polypoid hyperplasia versus transitional cell carcinoma
- Chronic interstitial nephrosis pattern with pyelectasia and infarcts
- Left liver hepatoma type pattern, appears stable yet it is pedunculated. Intralobar shunting appears to be evident.
- Subjectively swollen adrenal glands

Secondary Findings

- Gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. Eventual left lobectomy could be considered. The intraabdominal mass, if palpated cranially, is likely the lobar hepatoma type mass, occupying the left liver lobe. This appears resectable. Left lobectomy could be considered, as well as resection of the cranial half of the urinary bladder in this patient. Otherwise, cystoscopy to obtain mucosal polypoid biopsies of the bladder would be indicated as a preliminary evaluation. The adrenal pattern would be most consistent with Cushings/PDH.





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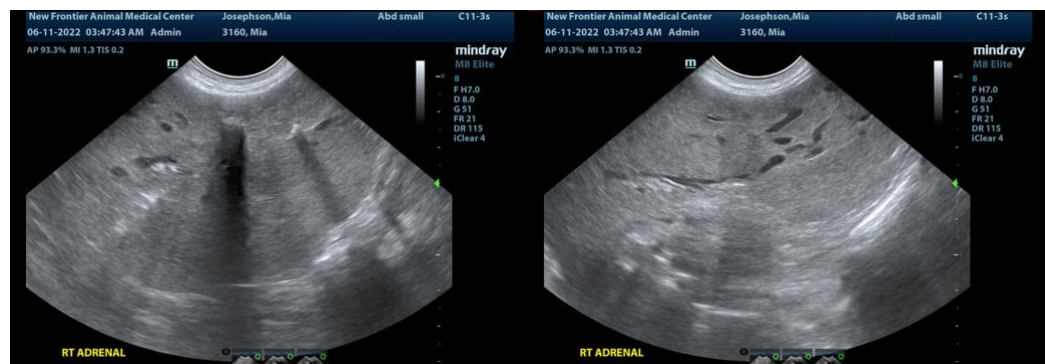
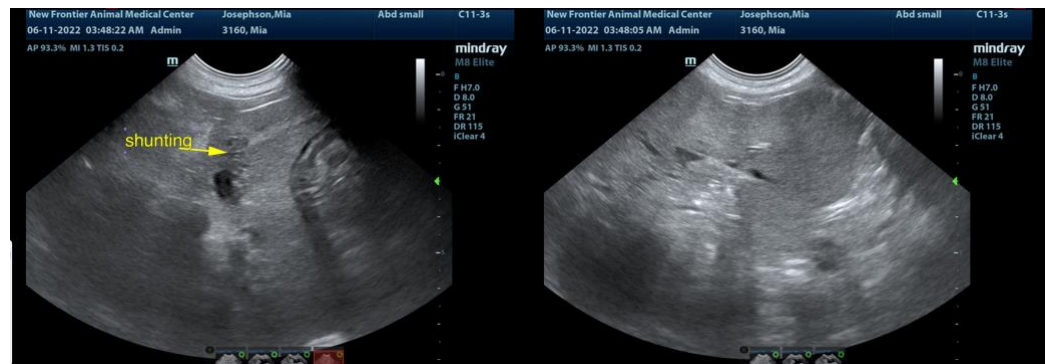
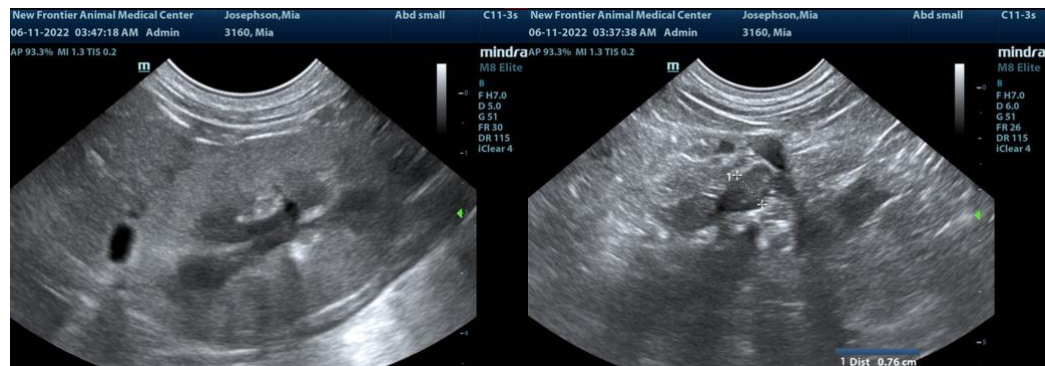
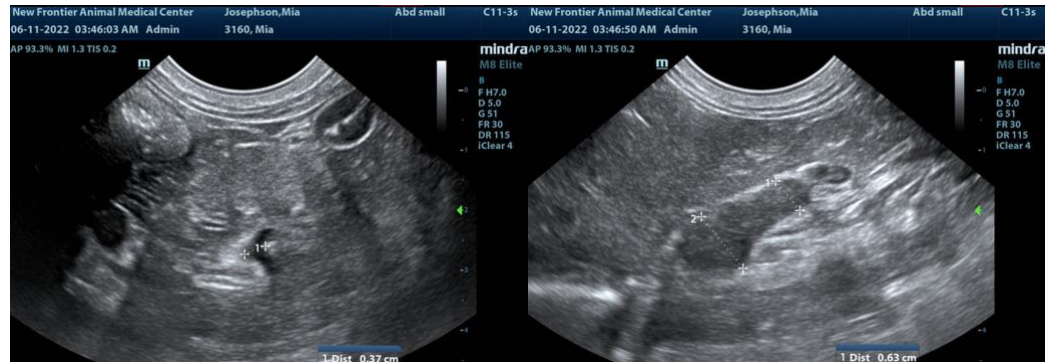
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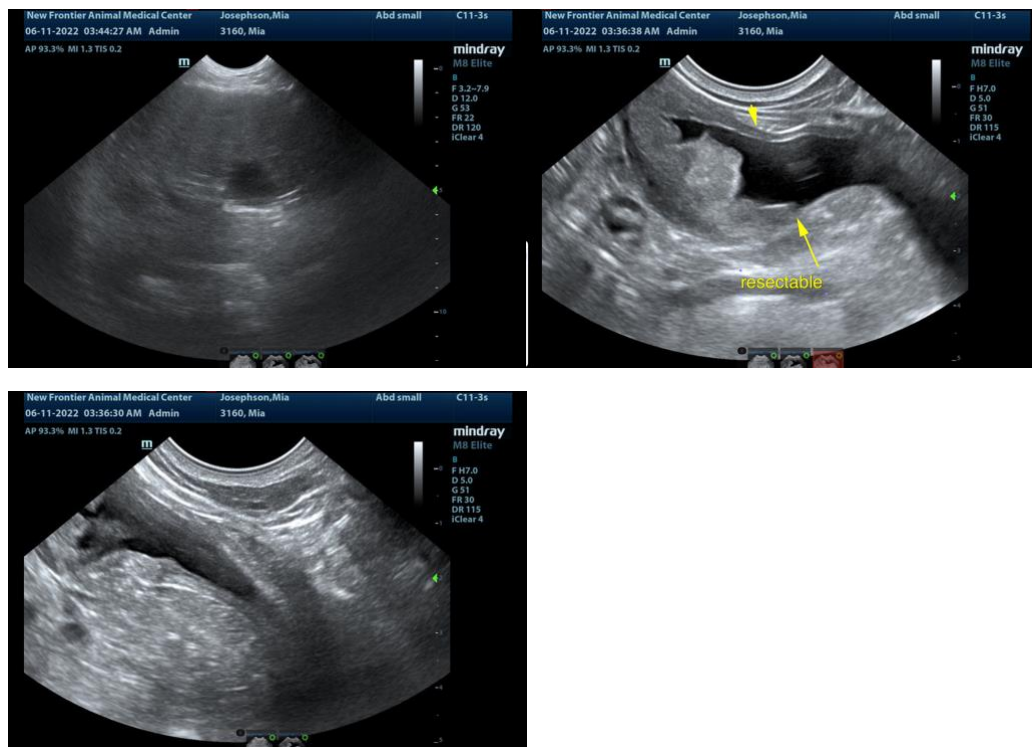
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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