



PATIENT **PRESENTING CLINICAL SIGNS**

Clyde McFadden

History: Presented for anorexia and straining to urinate and defecate. Seen at rDVM and dx with abdominal mass. Currently on soloxine for hypothyroidism and rimadyl.
Abnormal PE/Chem/CBC/UA Results: Not currently azotemic.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Collie

Urinary System

The **urinary bladder** revealed concentric bladder wall thickening with polypoid changes and some areas of transmural penetration. Concurrent bladder calculi was noted and measured 0.6 cm. The left ureter appeared obstructed with a 1.0 cm mass that appeared to be deriving from the bladder wall.

SEX

Neutered male

The prostate was enlarged, irregular and mineralized measuring 3.0 cm with pericapsular inflammatory pattern.

Regional inflammation was noted throughout the pelvis.

AGE

7 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.44 cm. The left kidney revealed severe hydronephrosis with echogenic debris.

WEIGHT

28.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **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 left adrenal gland measured 0.4 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

IMAGING PERFORMED BY

Megan Odgers, VMD

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

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Dr. Witt

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

SPECIES

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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. The colon was thickened with moderate hypertrophy. This is likely secondary to chronic straining and measured 0.45 cm in wall thickness. Sublumbar lymph node was enlarged, irregular and mineralized. This is strongly suggestive for metastatic disease and measured 1.04 cm.

BREED

Collie

SEX

Neutered male

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.

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

28.8 kg

Urethral prostatic mass with peripheral inflammation extending to the cystourethral junction.

Concurrent bladder calculi.

Secondary left renal hydronephrosis.

Sublumbar lymphadenopathy, suggestive for metastatic disease.

Secondary colitis pattern.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hydronephrosis is unclear, yet is likely obstructive. Chemotherapy and stent placement may be possible or SUB device. However, this is a multi-centric carcinoma pattern involving the prostate, urethra, left ureter with secondary hydronephrosis. Referral to Dr. Berent and Dr. Weiss at Animal Medical Center in NYC is likely the best option in this patient. Chest radiographs are warranted to assess if metastatic disease is present in the lungs.

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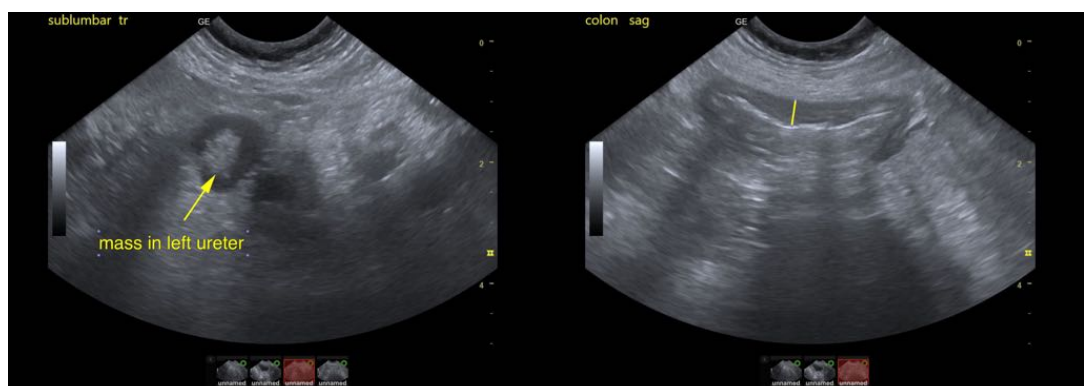
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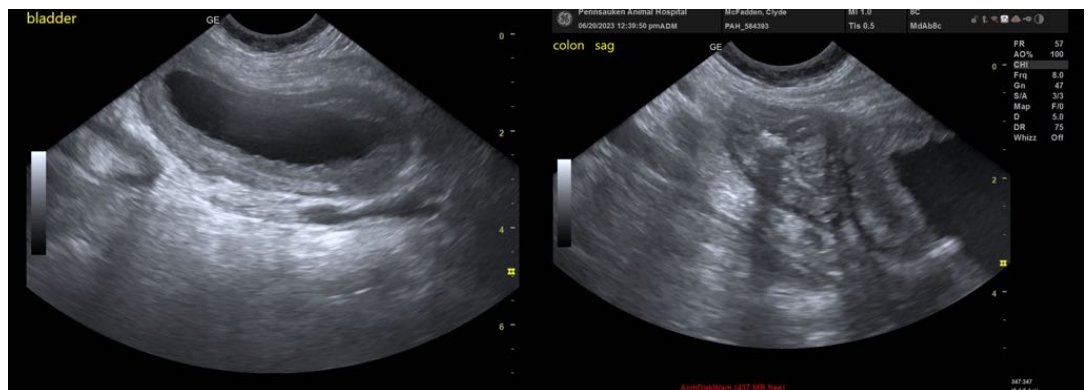
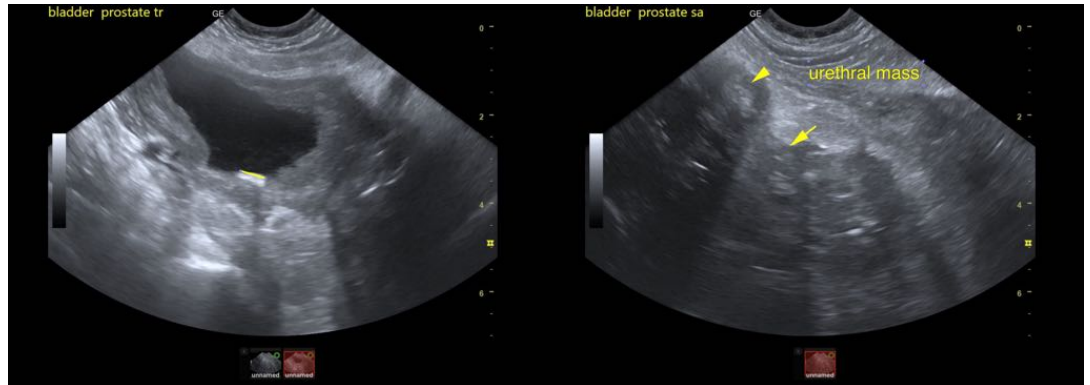
Neutered male

AGE

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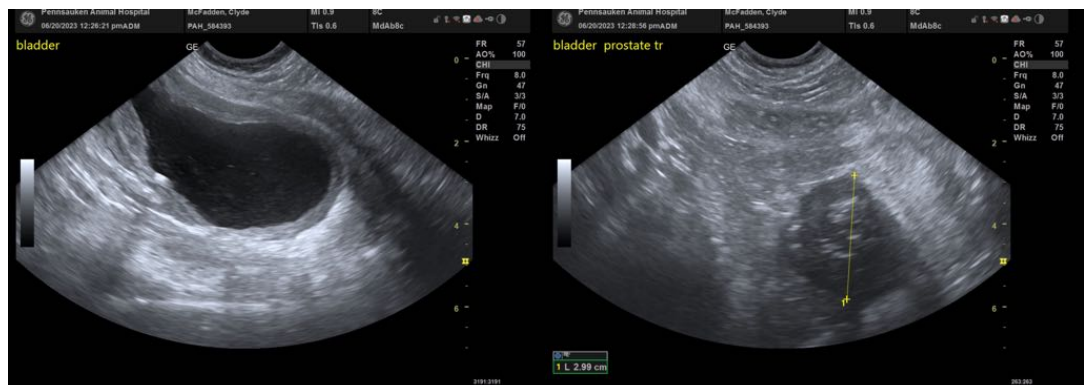
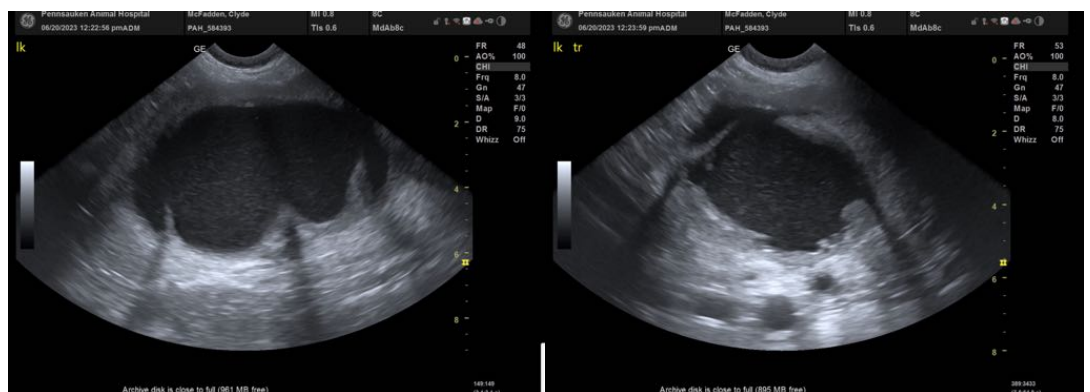
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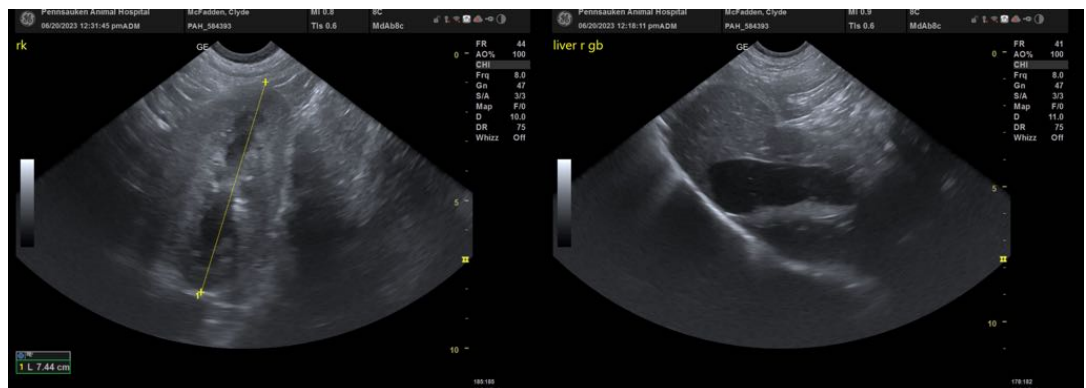
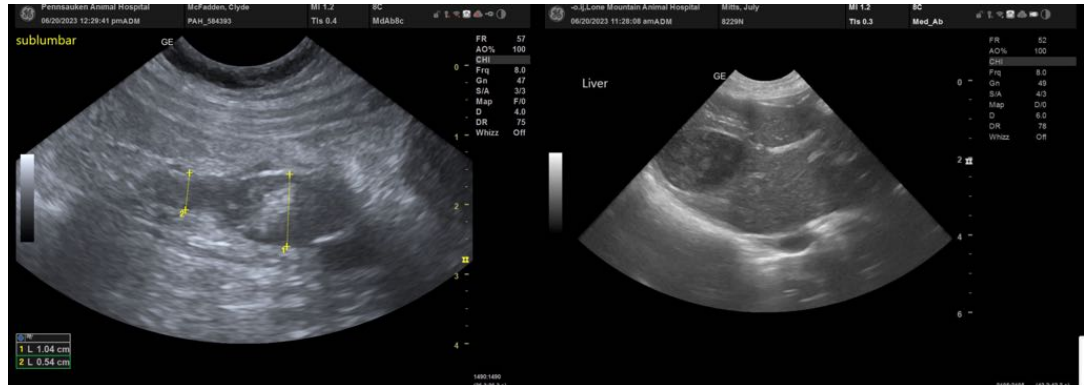
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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