

**DATE**

6/22/22

PRESENTING CLINICAL SIGNS

Reoccurring UTI.

Current Medications: Carprofen 25mg - 1 cap BID - started 6/2/22, Benadryl.

Lab Results: UA: Adequate concentration, Proteinuria, no UPC due to active sediment, Pyuria and hematuria, no bacteria seen.

PATIENT

Annie Olds

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

10/1/11

WEIGHT

32.8 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed an expansive, mineralized urethral mass that measured up to 1.3 cm in width. This is consistent with urethral carcinoma. The mass extended for at least 5.6 cm distal from the cystourethral junction. The dorsal caudal bladder wall revealed a minor mineralized polyp that is likely related to the urethral mass.

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 5.68 cm. The left kidney measured 5.31 cm.

Adrenal Glands

Both **adrenal glands** were 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 2.44 x 0.72 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland revealed an expansive nodule that measured 1.7 x 1.46 cm. The nodule was deriving from the caudal pole. The left adrenal gland measured 2.78 x 1.39 cm at the caudal pole and 0.55 cm at the cranial pole.

HOSPITAL NAME

Taylorsville VC

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.

REFERRING VET

Dr. Bray

Liver**INVOICE**

31160

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Occasional parenchymal cyst was noted in the liver. 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. 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.

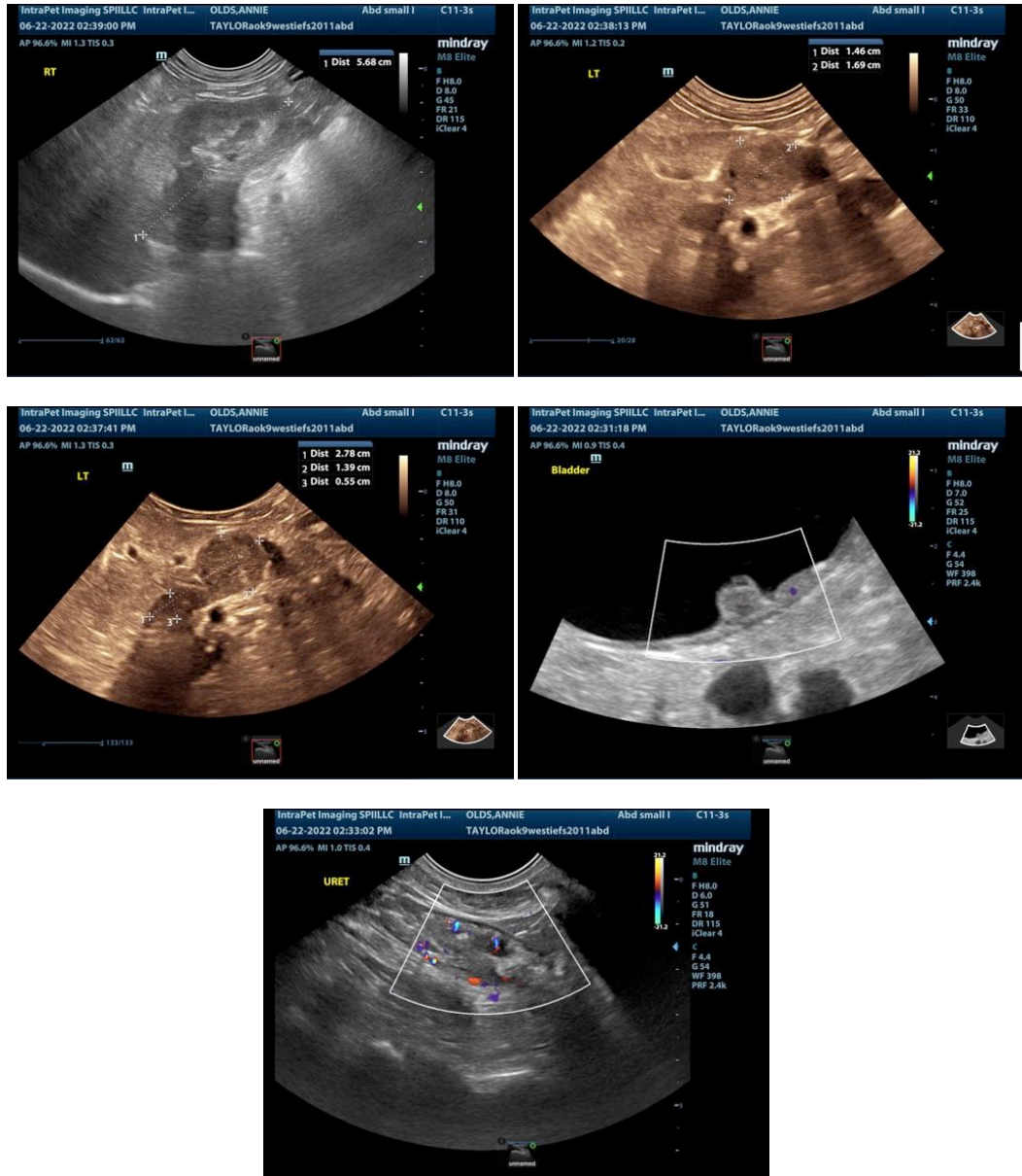
ULTRASONOGRAPHIC FINDINGS

Extensive urethral mass with concurrent bladder polyp, likely concurrent carcinoma.
Occasional hepatic cyst.
Age related abdominal changes elsewhere.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for ultrasound-guided laser ablation or urethral stent placement and chemotherapy is indicated. Chest radiographs are warranted to assess for metastatic disease. There is no evidence of organ metastasis other than the bladder polyp as a potential related lesion.





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.

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