



PATIENT

Juno Helwani

PRESENTING CLINICAL SIGNS

History: vulvar bleeding; O says had OHE a year ago

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Tibetan Mastiff

Urinary System

The **urinary bladder** presented extensive polypoid changes. A polypoid mass, deriving from the dorsal cranial wall, appeared to be sessile and resectable. The cystourethral junction appeared unremarkable. Cystoscopy would be ideal to obtain mucosal biopsies. The urethra was mildly thickened.

SEX

Intact Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.83 cm. The right kidney measured 7.0 cm.

AGE

5.5 Years

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 3.84 cm x 1.8 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 2.6 cm x 0.73 cm at the caudal pole and 0.72 cm at the cranial pole.

WEIGHT

116 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

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

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

Some reactive mesentery was noted associated with the small intestine; however, the **gastrointestinal tract** was unremarkable otherwise.

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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.

DATE

7/15/22



PATIENT

Free Abdomen

Juno Helwani

Some reactive **mesentery** was noted associated with the small intestine.

SPECIES

Other

Canine

No evidence of residual **ovaries**. The uterine stump appeared to superimpose upon the urethra in unremarkable fashion.

BREED

ULTRASONOGRAPHIC FINDINGS

Tibetan Mastiff

- Polypoid bladder mass with remodeled mesentery and mildly thickened urethra

SEX

Cystoscopy would be ideal for mucosal biopsies and inspect urethra. Otherwise, exploratory surgery could be considered with resection of the bladder pathology. No overt masses were noted within the urethra; however, seeding could not be completely ruled out. No evidence of organ metastasis. Vaginal exam recommended. When partial cystectomy is performed, inspection of the mesentery in the mid abdomen is also indicated.

Intact Female

AGE

5.5 Years

WEIGHT

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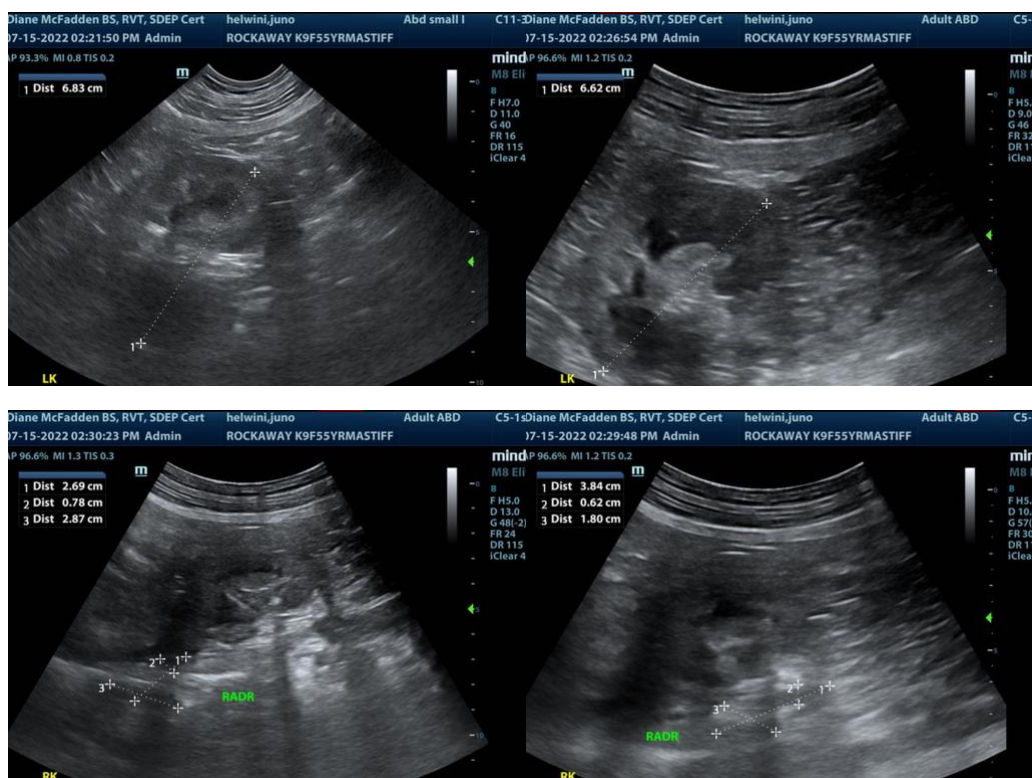
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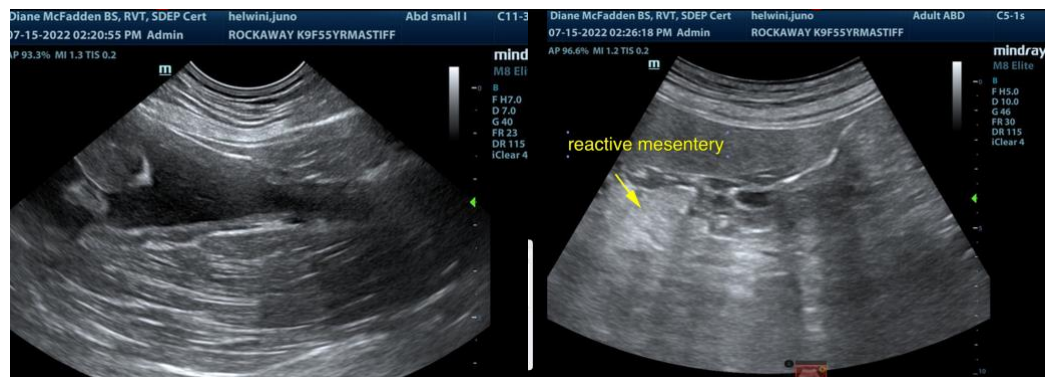
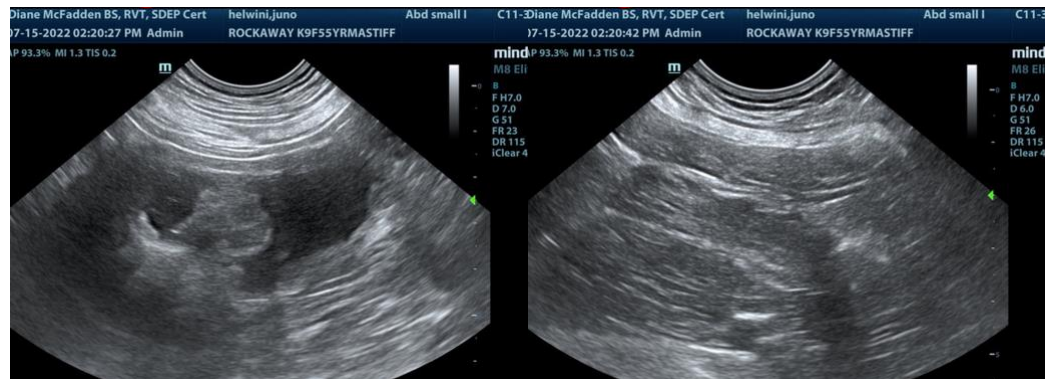
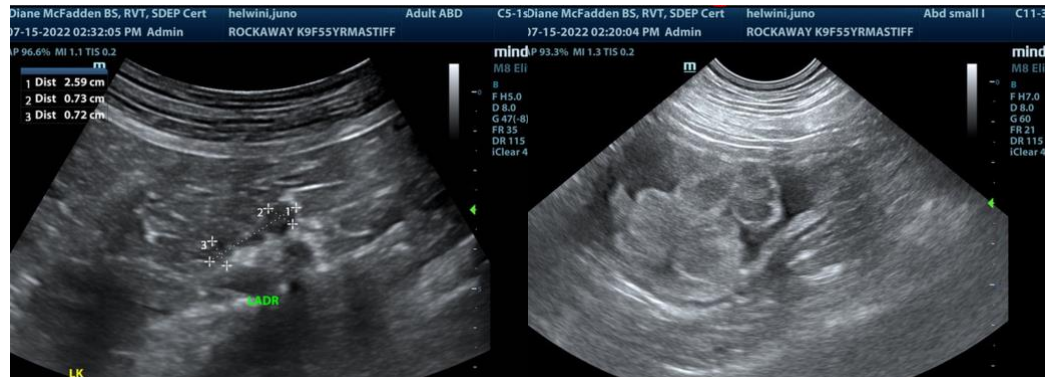
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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