

**DATE PRESENTING CLINICAL SIGNS**

7/21/23

6/9/23- p presented with increased urination, small amounts, straining to urinate + accidents in the house.

**PATIENT**

Also urinates when nervous. Increased urine frequency. Have possible concern for TCC. P treated with amoxi and gabapentin. 6/29/23 Follow up UA with pathologist review concerning for TCC- pathologist would be surprised if mass was not found. Prior calcium oxalate uroliths/cystotomy 11/14/2017.

Sky Harper

**SPECIES**

Current Medications: 6/19/23- Amoxi 200mg 1 po BID qty:14 gabapentin 100mg 1 po BID qty:14

Canine

6/30/23 Galliprant 20mg 1 po SID qty:20 and Amoxi 200mg 1 PO BID qty:14

**BREED**

hx of Thyrotabs 0.1mg 1po BID, Citravet 1/2 tab po BID. 11/20/2017 Hills science diet c/d chicken for calcium oxalate uroliths

Shetland Sheepdog

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

5/29/10

**Urinary System**

The caudal **urinary bladder** revealed an infiltrative mass in the urethra and trigone. Kissing lesion concentric type pattern obstructing the left ureteral papilla. Mass width was 1.08 cm. The length was approximately 3.0 cm yet was variable depending on the angle of measurement.

**WEIGHT**

24.8 Pounds

The **left kidney** presented moderate hydronephrosis (1.84 cm) with hydroureter up to 0.92 cm. The distal left ureter was dilated to 0.58 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **right kidney** 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 cortex 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. Mineralization noted, non-obstructive. The right kidney measured 4.44 cm.

**HOSPITAL NAME**

Bel Air Vet Hospital

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.28 cm x 0.81 cm at the cranial pole and 0.87 cm at the caudal pole. The left adrenal gland measured 2.6 cm x 0.91 cm at the cranial pole and 0.89 cm at the caudal pole.

**REFERRING VET**

Dr. Stevenson

**INVOICE**

44262

**Spleen**

The **spleen** was folded upon itself and was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### **Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was 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**

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.

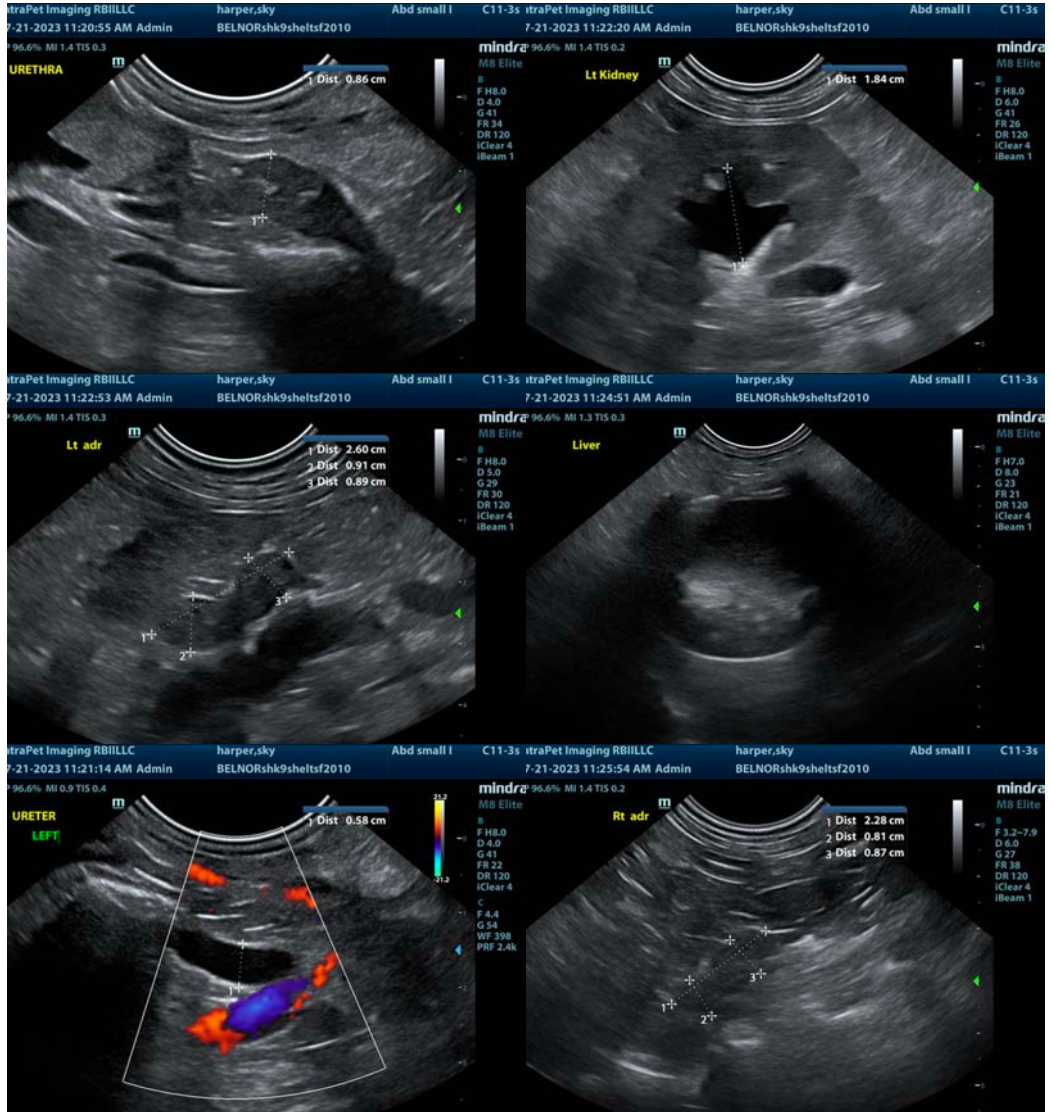
## **ULTRASONOGRAPHIC FINDINGS**

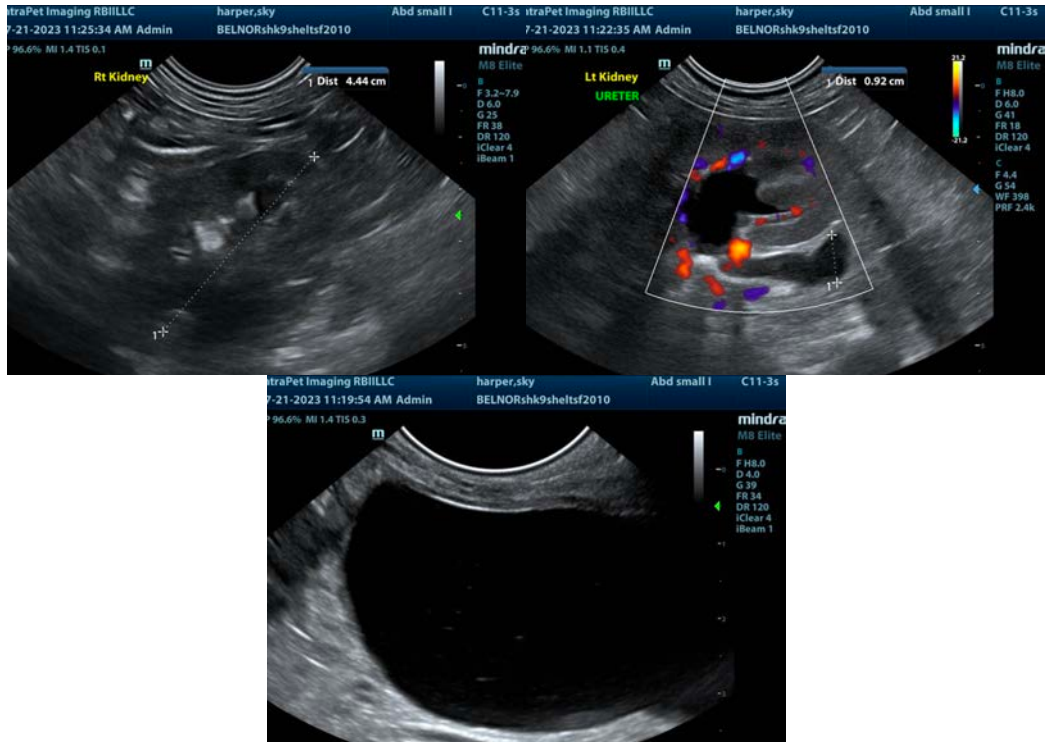
- Obstructive carcinoma type mass entering into the pelvic urethra and obstructing the left ureter
- Age related changes with mineralization, and hydronephrosis and hydroureter on the left owing to the mass obstruction.
- Bilateral adrenal hypertrophy with heterogeneous changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Referral for urethral and ureteral stent placement or SUB device should be considered in this patient with interventional specialist along with chemotherapeutic intervention. Underlying PDH/Cushing's may be playing a role as well, given the adrenal presentation.







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.

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