

PATIENT

Tyke Moore

PRESENTING CLINICAL SIGNS

History: Chronic UTI's Splenectomy 8/22
Abnormal PE/Chem/CBC/UA Results: PE: unremarkable UA: SG 1.039 PRO 0.3 BLD 50

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Wheaton

The **urinary bladder** revealed concentric thickening in the cystourethral junction and trigone with polypoid changes measuring up to 1.4 cm. The apical wall was mildly thickened with micropolypoid changes. The thickening continued into the cystourethral junction into the proximal urethra. This is strongly concerning for urinary carcinoma. Ultrasound-guided traumatic catheterization would be warranted for further definition.

SEX

Neutered male

AGE

12 years

The **left kidney** measured 5.73 cm with pyelectasia and dilated renal pelvis with irregular contour, cortical infarcts and remodeling. Blood flow to the left kidney appeared to be mildly to moderately subnormal on Power Doppler assessment. The left ureter was slightly full likely owing to distal obstruction given the lower urinary tract pathology. The **right kidney** measured 5.95 cm with a dilated pelvis, irregular contour and moderate degenerative changes with subnormal blood flow. Echogenic debris was noted in the right renal pelvis.

WEIGHT

41 lbs

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was not visualized as it was previously removed. The splenic fossa was unremarkable.

IMAGING PERFORMED BY

Chelsea Pastor

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

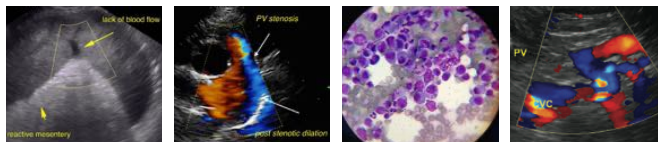
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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The gastric lumen was fluid filled. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No

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obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

BREED

Wheaton

ULTRASONOGRAPHIC FINDINGS

Thickened, irregular prostate.

SEX

Neutered male

Chronic inflammatory polyps and urethritis is possible with pyelonephritis, yet there is a strong concern for underlying lower urinary tract neoplasia.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the prostatic urethra demonstrated areas of mineralization. BRAF testing is warranted as well as ultrasound-guided traumatic catheterization. The renal pelvises can be full owing to periodic delayed outflow/obstruction or underlying pyelonephritis or pelvic scarring. The prognosis is guarded. There was no evidence of metastatic disease.

WEIGHT

41 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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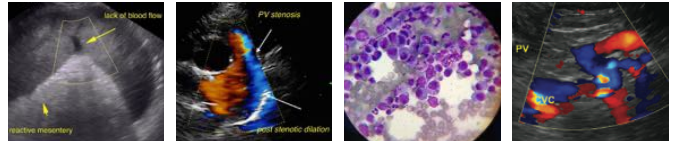
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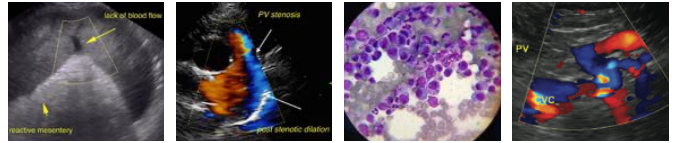
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Wheaton

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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