



PATIENT

Emerson Streetman

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

12 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Goodman

INVOICE

32388

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Persistent hematuria, not responding to antibiotics. Sedated with Butorphanol and Dexdomitor.

Abnormal PE/Chem/CBC/UA Results: UA: repeated hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an expansive proximal urethral mass that measured 1.13 cm and a distal urethral mass that measured 1.63 cm. This is consistent with carcinoma.

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 right kidney measured 6.0 cm. The left kidney measured 7.18 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 1.12 cm at the cranial pole and 0.83 cm at the caudal pole. The left adrenal gland was hyperechoic with an expansive nodule that is consistent with adenoma. There is a mild potential for emerging pheochromocytoma or carcinoma. The left adrenal gland measured 0.98 cm at the caudal pole and 0.73 cm at the cranial pole.

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.

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.



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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. 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.

Free Abdomen

Iliac lymph nodes was enlarged. The largest of which measured 3.0 cm in width.

ULTRASONOGRAPHIC FINDINGS

Expansive proximal urethral mass and distal urethral mass consistent with carcinoma.

Iliac lymphadenopathy.

Left adrenal adenoma.

Otherwise, geriatric abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided traumatic catheterization is indicated to confirm carcinoma. Referral for urethral stent placement and chemotherapy is warranted. The length to width ratio of the iliac lymph nodes was maintained. Blood pressure measurements are indicated.





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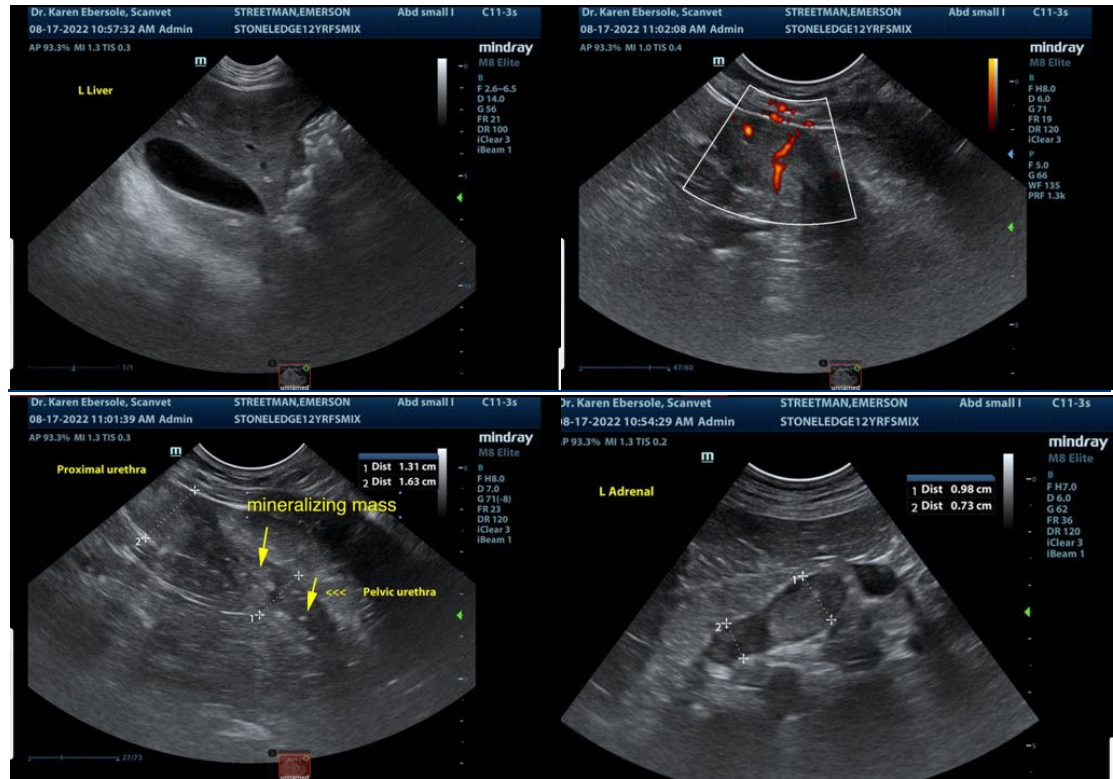
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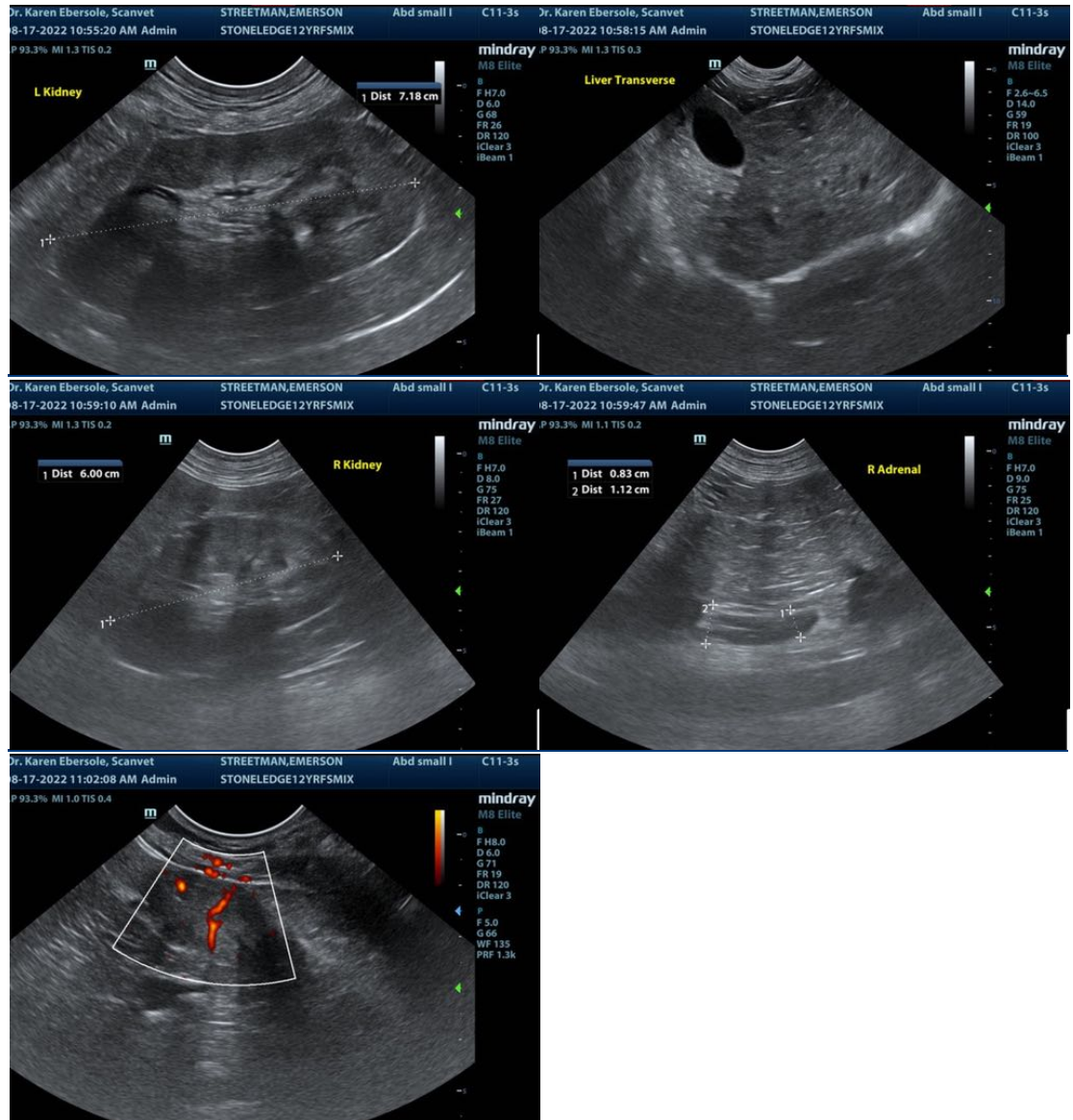
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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