



PATIENT PRESENTING CLINICAL SIGNS

Boca Costa History: Diabetic patient, previously DKA 8/2020. Currently on 4.5 units of Humulin - N SQ BID 8am & 8pm).
Glucose 33, BUN 33, Phos. 2, ALP 215, K+ 3.4. U/A: trace blood, RBC 4+, USG 1.013.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Havanese

The **urinary bladder** presented minor mucosal hypertrophy and slight polypoid changes. Polyp was noted at the ventral aspect of the caudal bladder and measured 1.0 cm with other polypoid changes noted. The urethra was unremarkable.

SEX

The residual prostate was uniform and measured 0.48 cm.

Neutered male

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. Slight pyelectasia was noted. The left kidney measured 4.18 cm. The right kidney measured 3.63 cm.

AGE

15 years

WEIGHT

16 lbs

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 1.54 x 0.51 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 1.57 x 0.44 cm at the caudal pole and 0.55 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

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. McConnell

Liver

The left **liver** revealed a cystic mass measuring 3.72 cm. The mass subjectively appears benign, yet does expand upon the capsule. There was no evidence of rupture or inflammation. The remainder of the liver 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 acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

INVOICE

91332

DATE

8/18/21



PATIENT *Gastrointestinal*

Boca Costa 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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Caudal bladder polyp, likely polypoid hyperplasia with the possibility of emerging carcinoma. This should be monitored carefully.

AGE

15 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

16 lbs

Ultrasound-guided traumatic catheterization could be considered or attempt at resection. However, the surgeon should be prepared that there will be little tissue at the cystourethral junction for closure. The polyp appeared to impinge upon the cystourethral junction directly.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Traumatic catheterization with cytology and culture would be appropriate. The kidneys appear subjectively near end stage given the degenerative changes. Guarded long term prognosis depending upon the growth rate of the polypoid change and long term renal function.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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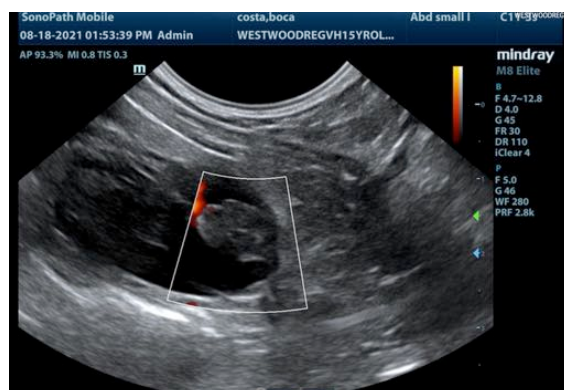
Dr. McConnell

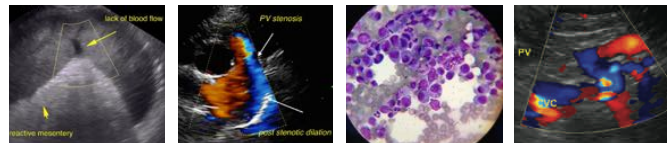
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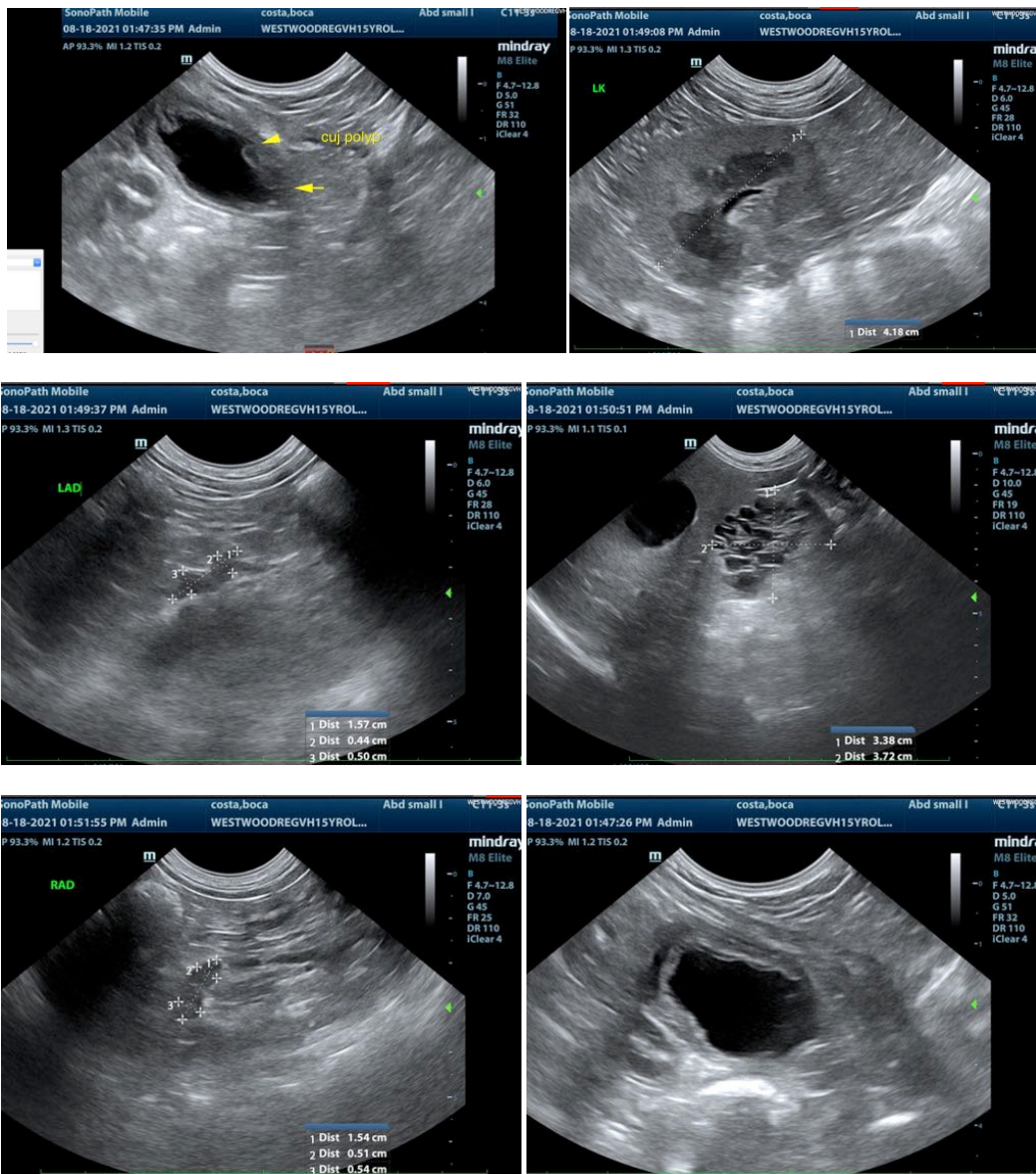
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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