

**DATE**

9/17/21

**PRESENTING CLINICAL SIGNS**

History: Elevated Liver enzymes and possible bladder stones.

Current Medications: No current medications.

Lab Results: Attached separately.

**PATIENT**

Dexter Nein

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: utilized for AUS

Stat Report: not requested

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Chihuahua Mix

**Urinary System**The **urinary bladder** revealed a cystourethral junction urethral mass, measuring 1.44 cm at maximum width x 3.7 cm in length entering into the deep pelvic urethra, moderately vascular.**SEX**

Neutered male

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 4.49 cm. The left kidney measured 4.49 cm.**AGE**

3/17/11

**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 left adrenal gland measured 1.67 cm x 0.64 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 1.44 cm x 0.62 cm at the caudal pole and 0.71 cm at the cranial pole.**WEIGHT**

17.1 lbs

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

Fountain Green VC

**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.**REFERRING VET**

Dr. Lerner

**INVOICE**

13126

**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.

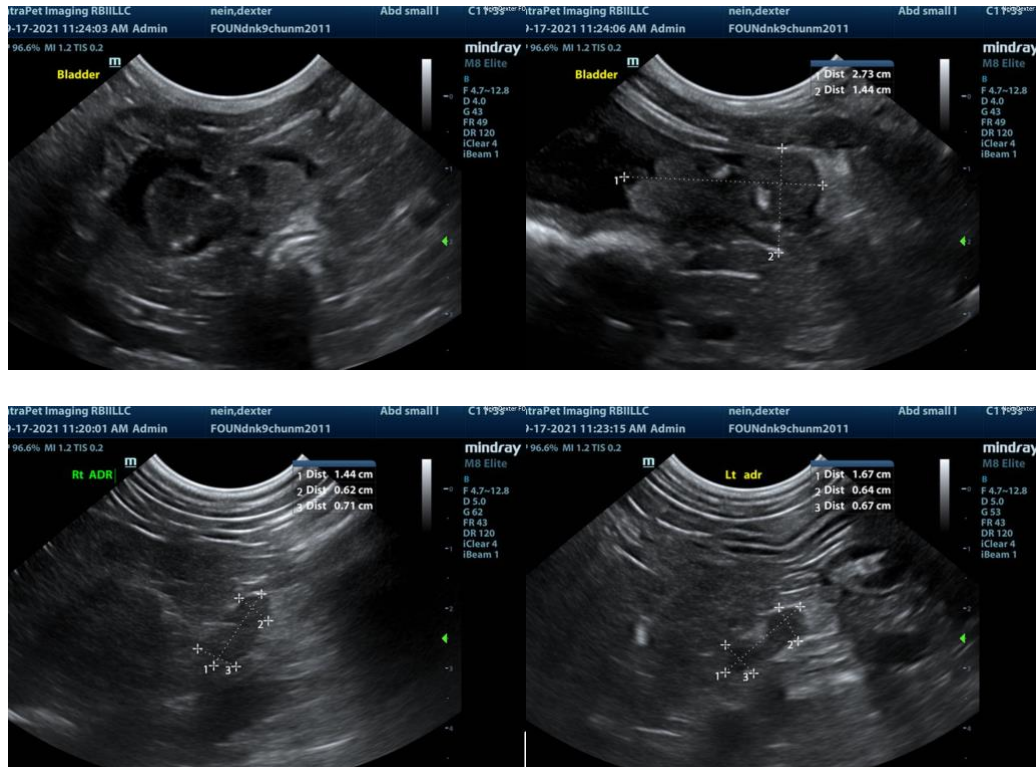
Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

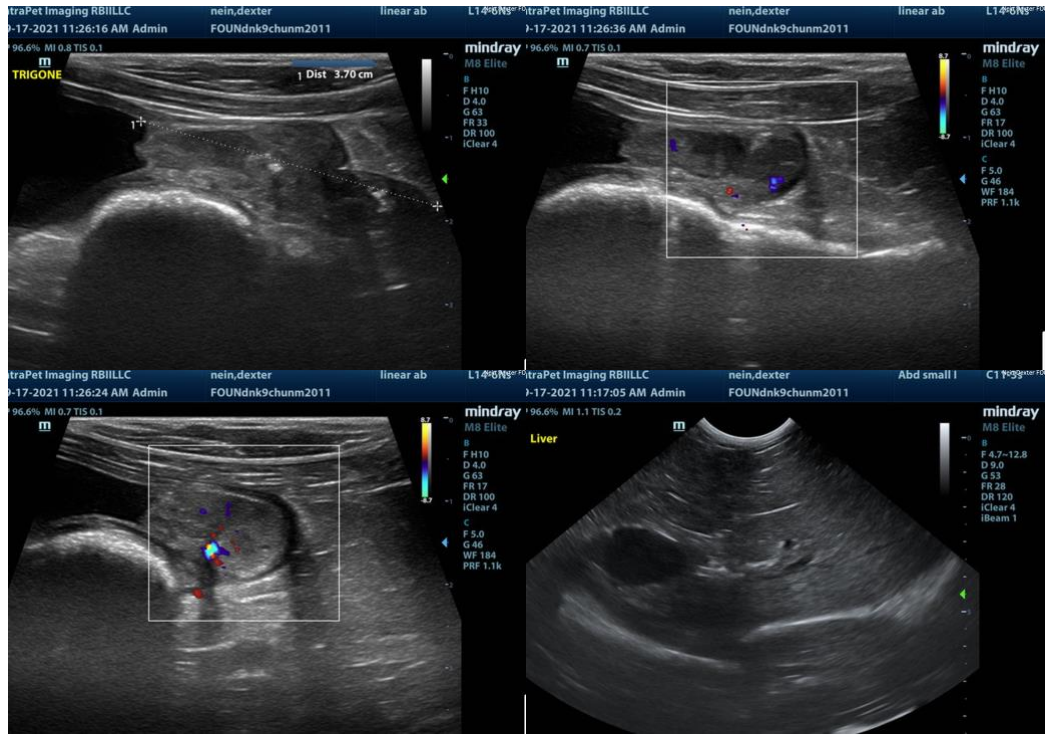
### ULTRASONOGRAPHIC FINDINGS

- Cystourethral junction urethral mass, mineralized and moderately vascular- strongly consistent with carcinoma- non-resectable
- Age-related pancreatic changes

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for urethral stent placement and chemotherapy would be appropriate, however, prognosis long term is poor. Traumatic catheterization could be considered for further definition. The mass presented polypoid cauliflower type projection into the cystourethral junction.





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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