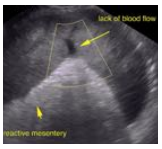
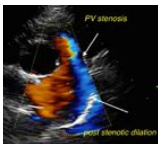
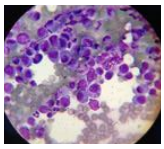
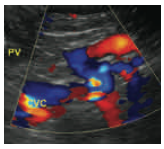
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Lawson

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Sweet

INVOICE

91923

DATE

9/22/21

PRESENTING CLINICAL SIGNS

History: Came from another clinic previously diagnosed with TCC in 2018 and pancreatitis in 2020. History of chronic vomishion but is now having an acute vomiting episode, Has lost weight and is lethargic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 2.72 cm moderately vascular mass that was deriving from the dorsal wall with multi-focal areas of mineralization. The mass impinged upon the ureteral papilla, but did not overtly obstruct. 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 and no evidence of pelvic dilation was present. The right kidney measured 4.21 cm. The left kidney measured 4.29 cm.

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 0.55 cm at the caudal pole and 0.33 cm at the cranial pole. The left adrenal gland measured 0.4 cm at the caudal pole and 0.32 cm at the cranial pole.

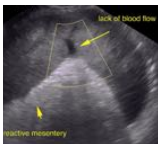
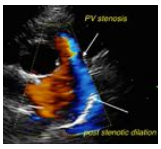
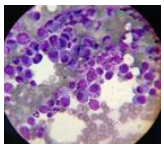
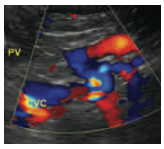
Spleen

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. A hyperechoic nodule was noted in the left cranial liver measuring 0.92 cm without disruption of architecture. 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. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Lawson

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Sweet

INVOICE

91923

DATE

9/22/21

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an overdistended stomach with fluid. However, the pylorus appeared to be patent. Delayed outflow pattern and gastritis is suspected. The small intestinal curvilinear patterns were maintained. There was no evidence of pathology. The descending colon was empty.

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

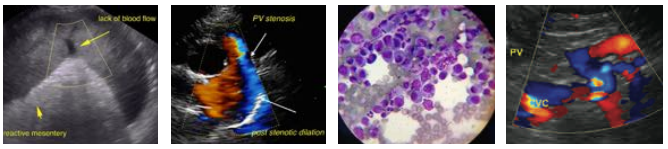
Gastritis pattern with delayed outflow.

Bladder mass consistent with transitional cell carcinoma occupying the caudal dorsal wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. Chronic gastritis is a potential. There is no visceral evidence of weight loss. There is a potential that the bladder mass may be resectable. However, it impinges directly on the ureteral papillae and space for closure would be difficult. Given the breed screening for Addison's with baseline cortisol or ACTH stimulation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Lawson

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

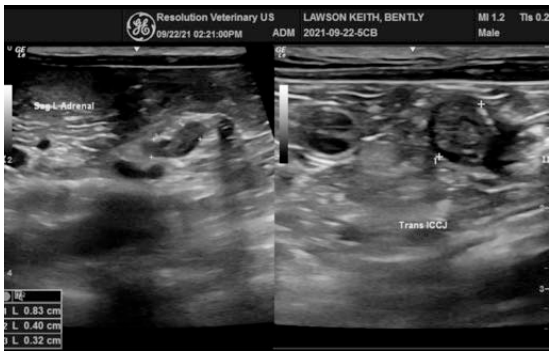
Dr. Sweet

INVOICE

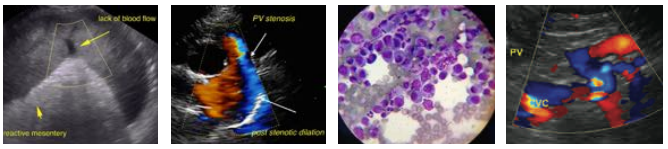
91923

DATE

9/22/21



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Lawson

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

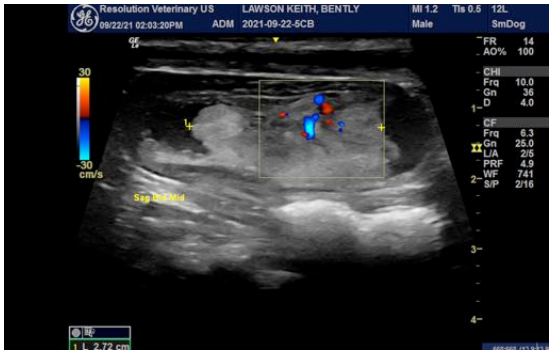
Dr. Sweet

INVOICE

91923

DATE

9/22/21



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
info@SonoPath.com