



PATIENT

Aurora Young

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

9 Years

WEIGHT

27.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

41655

DATE

9/24/22

PRESENTING CLINICAL SIGNS

Presents for evaluation of hematuria for about 2 months. was seen at another vet. Normal abdominal xrays, UA, and culture. P BAR otherwise and able to urinate. O reports stranguria. P currently on long term carprofen.

Abnormal PE/Chem/CBC/UA Results: On exam, p was moderate amount of serosanguinous fluid to frank blood from vulva. NSF on BW On rectal exam, a thickened tubular structure is palpated on pelvic inlet on ventral colonic wall palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself presented normal thicknesses and normal tone. The deep urethra revealed a thickening initiating approximately 3.0 cm caudal from the cystourethral junction with a width of approximately 5.0 mm. Strongly concerning for urethral carcinoma. The tissue thickening extended at least 2-3 cm caudally.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 6.0 cm each.

Adrenal Glands

The **right adrenal gland** was 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 0.40 cm.

The region of the **left adrenal gland** was unremarkable.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. A hyperechoic nodule was noted in the mid cranial body measuring 0.81 cm, non-disruptive. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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.



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Gastrointestinal

Minor retention of ingesta noted in the **stomach**. 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

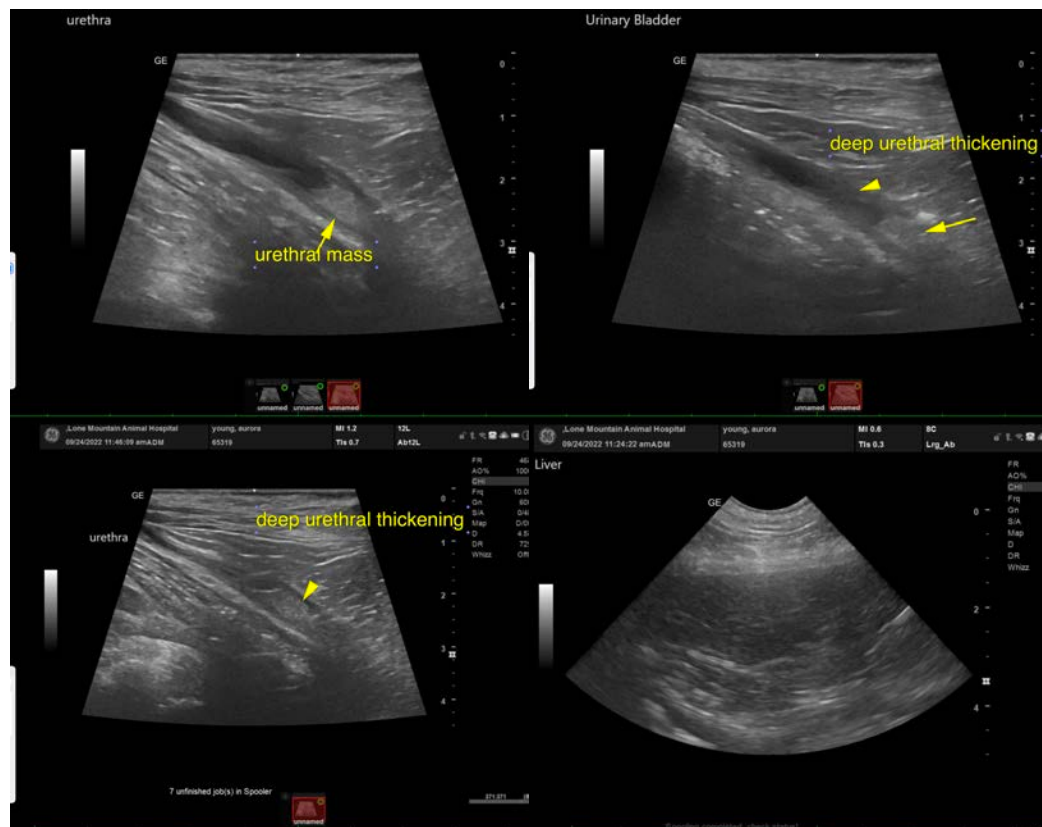
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Urethral mass
- Age related nodular splenic changes
- Age related renal changes
- Mild retention of ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy warranted or traumatic catheterization for confirmation of suspected carcinoma. No evidence of metastatic disease.





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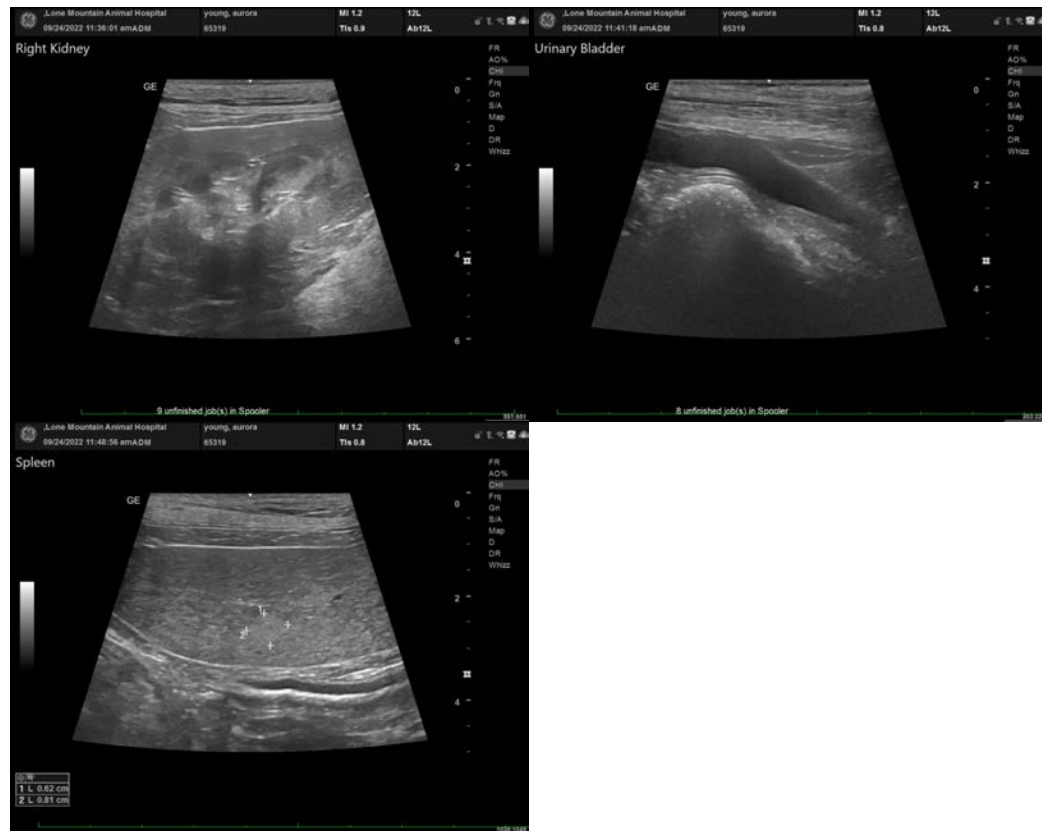
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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