

PATIENT

Yolaanda Allison

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

10 years

WEIGHT

8.93 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

DATE

3/6/23

Invoice

43114

PRESENTING CLINICAL SIGNS

History: Trouble urinating and defecating for several weeks- frequent urination with small amounts, frequent defecation with loose, ribbon-like stools. Eating and drinking normally. Physical exam findings: possible abdominal pain, abnormal nail and nail bed right rear digit 5, grade 1-2/6 murmur Radiographic Findings Diffusely thickened intestines; lytic lesion P3 digit 5 on right rear foot. Primary Question/Differential to Be Answered in This Exam Screen for IBD vs. intestinal neoplasia vs. urolith/bladder tumor other cause of frequent urination/defecation. Abnormal PE/Chem/CBC/UA Results: Mild anemia (HCT 35.7%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor wall thickening with prominent ureteral papilla. However, the deep pelvic urethra revealed a mineralizing mass that expanded into the pelvic inlet with regional inflammation. The mass measured 1.27 cm at maximum width by at least 4.0 cm of the pelvic urethra entering into the pelvic inlet.

The iliac trifurcation was unremarkable. There was no evidence of metastatic spread.

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 left kidney measured 3.4 cm with mineralization. The right kidney measured 3.76 cm with corticomedullary mineralization.

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 1.47 x 0.82 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 1.41 x 0.43 cm at the cranial pole and 0.51 cm at the caudal 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.



PATIENT

Liver

Yolaanda Allison

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

10 years

WEIGHT

8.93 lbs

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.

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Urethral mass, non-resectable. Strongly consistent with transitional cell carcinoma.

Age related renal changes with mineralization.

IMAGING PERFORMED BY

Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncological intervention with potential ultrasound-guided laser ablation or stent placement can be considered. Prognosis long term is poor. However, some palliative efforts may prove fruitful regarding ultrasound-guided laser ablation and stent placement.

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

DATE

3/6/23

Invoice

43114



PATIENT

Yolaanda Allison

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

10 years

WEIGHT

8.93 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

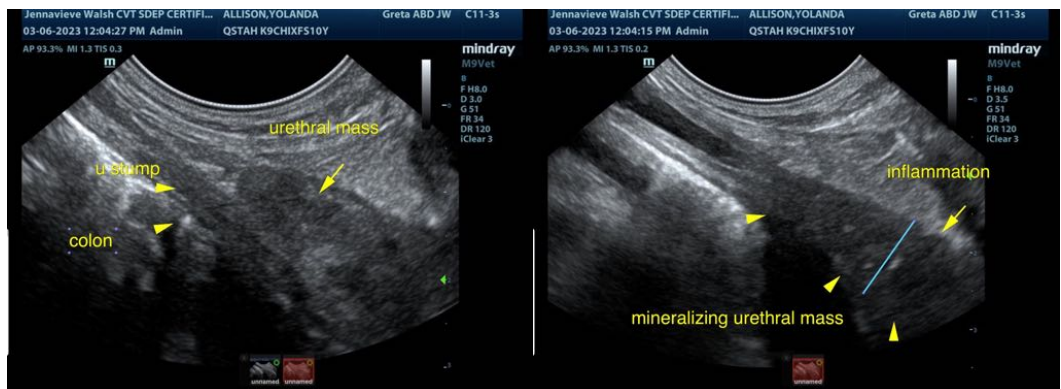
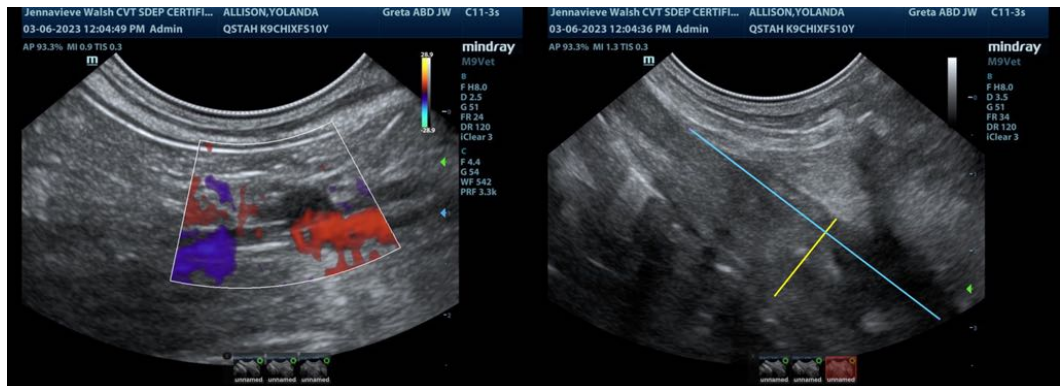
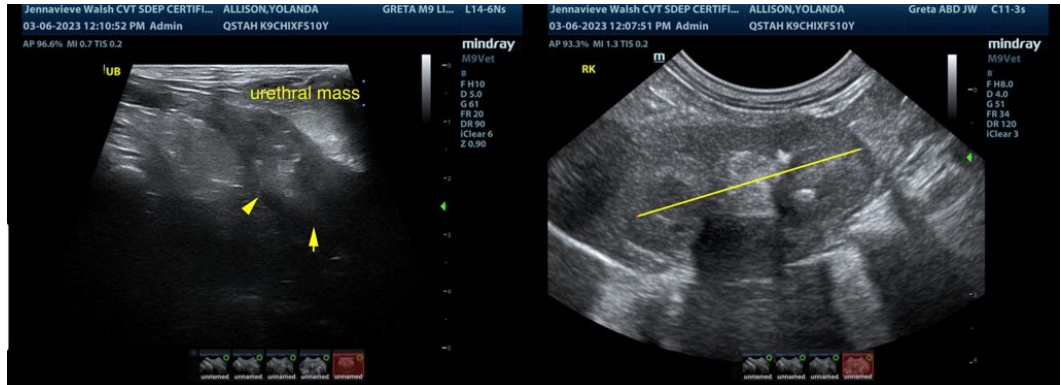
Dr. Cone

DATE

3/6/23

Invoice

43114





PATIENT

Yolaanda Allison

SPECIES

Canine

BREED

Chihuahua

SEX

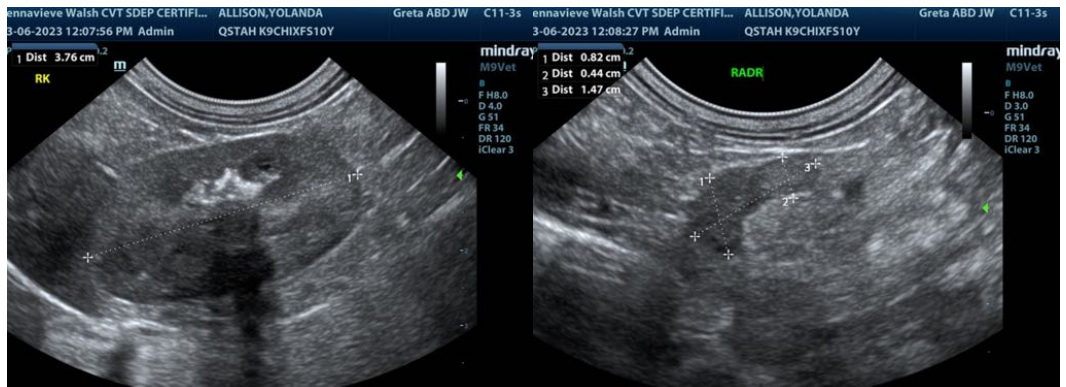
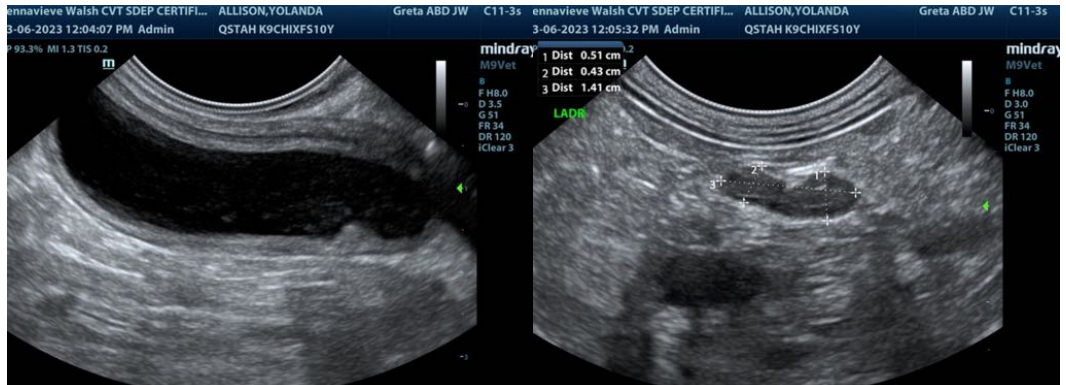
Spayed female

AGE

10 years

WEIGHT

8.93 lbs



INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

DATE

3/6/23

Invoice

43114

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

info@SonoPath.com