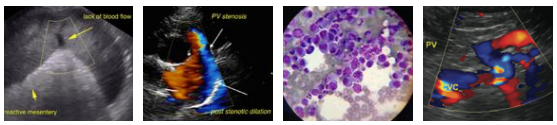


PATIENT
Bean Pacheco

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
9 years

WEIGHT
44.2 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Salem AC

REFERRING VET
Dr. Crane

DATE
8/10/22

Invoice
32688

PRESENTING CLINICAL SIGNS

History: Urinary incontinence Inappropriate urination
Abnormal PE/Chem/CBC/UA Results: Superchem - WNL CBC - WNL U/A - USG 1.020, proteinuria 1+, hematuria 21-50 hpf Current Medications Proin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented apical ventral wall thickening with hypertrophied muscularis. The wall thickness measured up to 2.0 cm. Some polypoid changes appear to be transmural. The pelvic urethra was unremarkable. At minimal bladder repletion the ventral wall thickening continued into the cystourethral junction. Therefore, clean resection is unlikely. Traumatic catheterization is warranted to assess for cystitis versus transitional cell carcinoma.

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 left kidney measured 6.14 cm.

Adrenal Glands

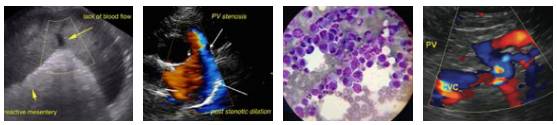
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.89 x 0.44 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.36 x 1.26 cm at the cranial pole and 0.42 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.

Liver

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



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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

The **stomach** in this patient revealed shadowing material measuring approximately 2.0 cm. This may be hard ingesta or foreign matter. The small intestines and colon were unremarkable.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

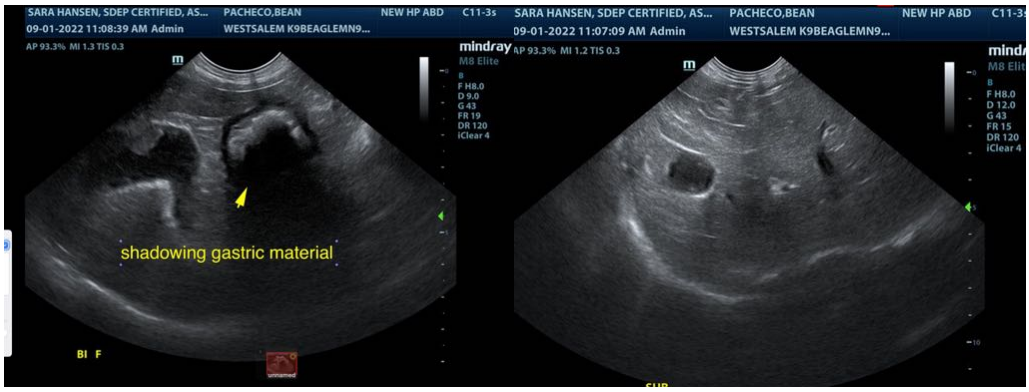
ULTRASONOGRAPHIC FINDINGS

Undefined bladder thickening. Chronic cystitis versus transitional cell carcinoma.

Shadowing gastric material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Traumatic catheterization is warranted. The bladder thickening continued into the cystourethral junction and is not overtly resectable. Guarded prognosis depending upon cytology results on traumatic catheterization. There was no evidence of regional lymphadenopathy. Culture of the traumatic catheterization samples as well as histopathology is indicated.



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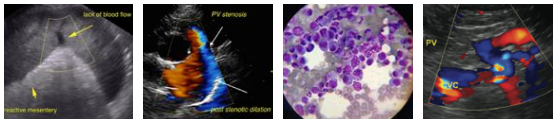

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MOBILE VETERINARY ULTRASOUND
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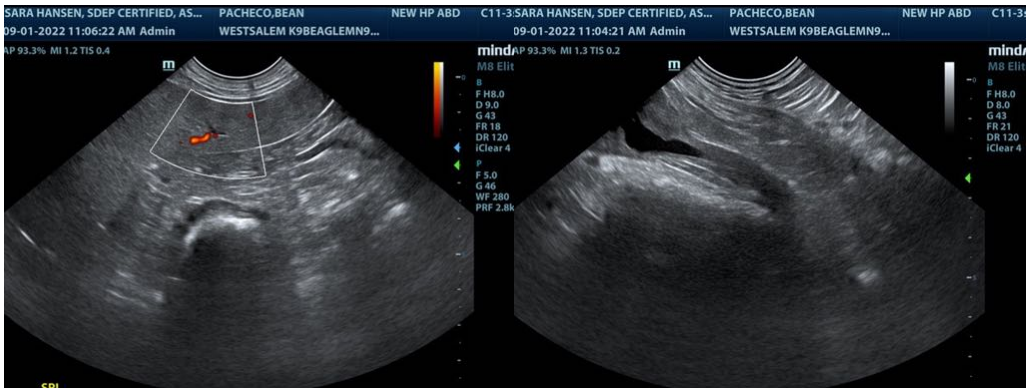

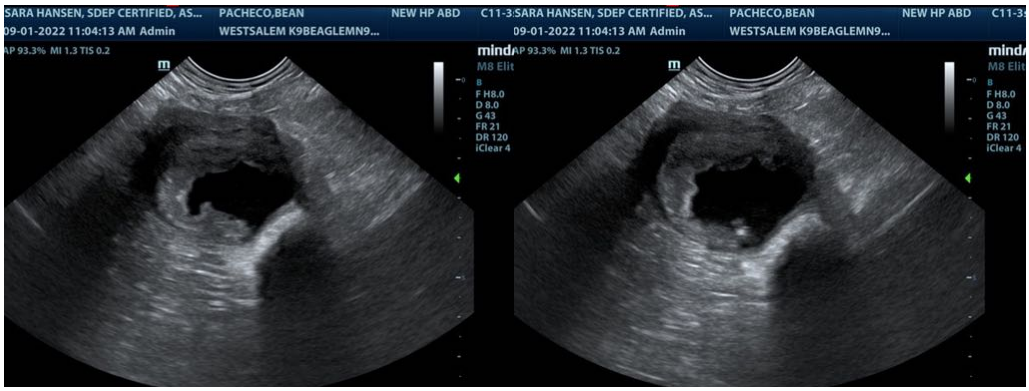

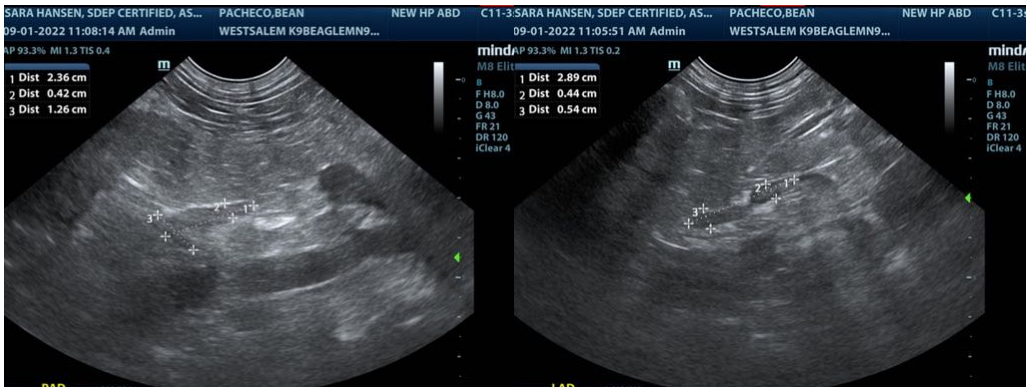

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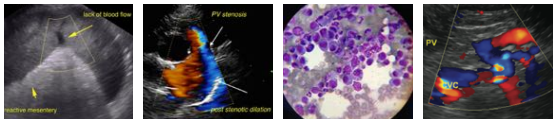

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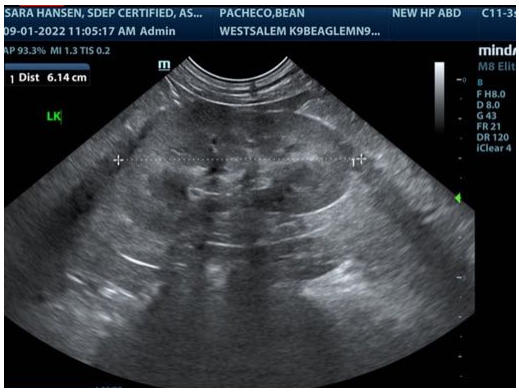

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com