



PATIENT

Bean Kalas

PRESENTING CLINICAL SIGNS

History: Inappetence. Current meds: Tramadol, Omeprazole, Cyproheptadine

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urethra** revealed an expansive mass that measured up to 1.5 cm in width. The mass extended at least 5.0 cm distally from the cystourethral junction. A large amount of bladder debris was noted. Blood flow was significant to the urethral mass. The iliac trifurcation was unremarkable.

BREED

Goldendoodle

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 6.45 cm. The right kidney measured 7.44 cm.

SEX

Spayed female

AGE

10 years

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 2.72 x 1.37 cm at the cranial pole and 0.76 cm at the caudal pole. The left adrenal gland was normal in size and contour measuring 2.16 x 0.35 cm at the cranial pole and 0.46 cm at the caudal pole.

WEIGHT

66 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 was noted.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes. This may be pronounced nodular hyperplasia or potential underlying metastatic disease or primary neoplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Bociulis

INVOICE

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Gastrointestinal

DATE

1/17/23

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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SPECIES

Pancreas

Canine

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.

BREED

Goldendoodle

Heart

SEX

Rapid view of the heart revealed no evidence of pathology.

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

Urethral mass.

10 years

Undefined nodular hepatic changes. Pronounced nodular hyperplasia versus metastatic disease or primary hepatic neoplasia.

WEIGHT

66 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. If the liver does not represent any neoplasia then referral for urethral stent placement and chemotherapy would be appropriate at Animal Medical Center with Dr. Weisse.

INTERPRETED BY

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DABVP, Cert. IVUSS

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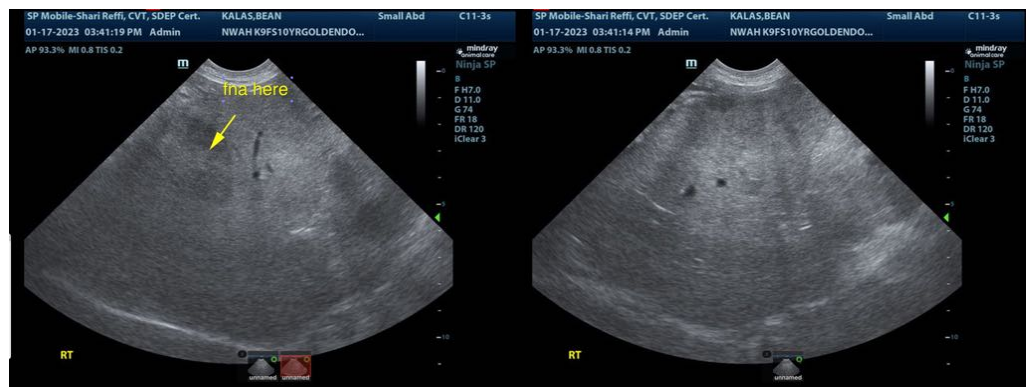
Dr. Bociulis

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SPECIES

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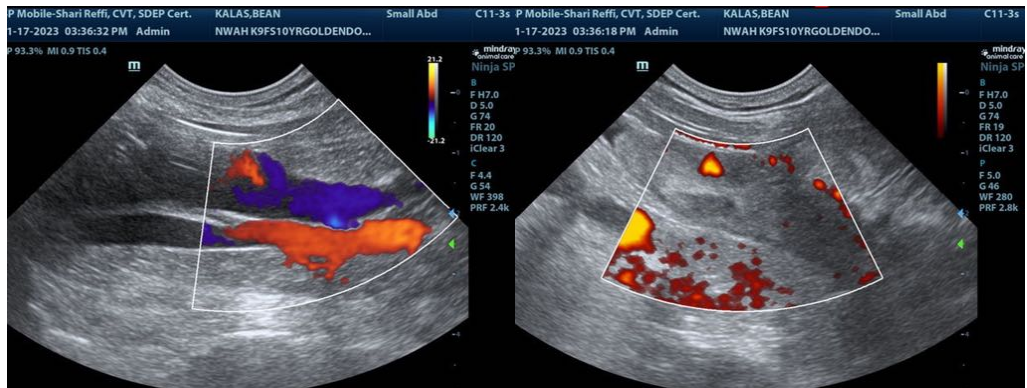
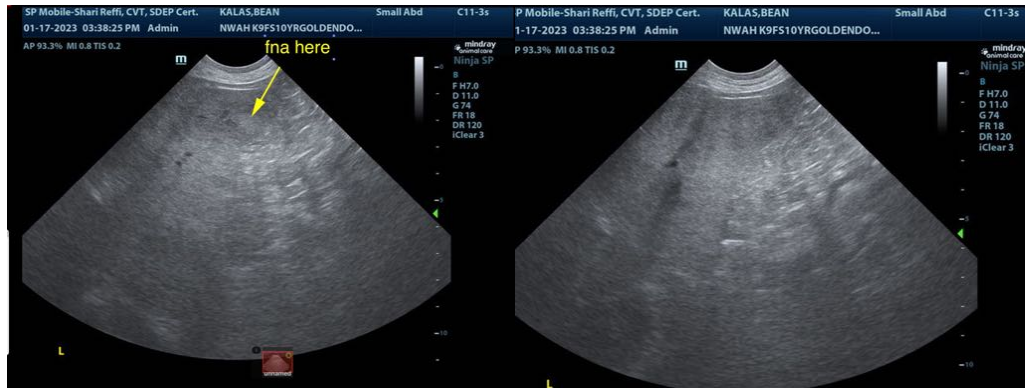
Spayed female

AGE

10 years

WEIGHT

66 lbs



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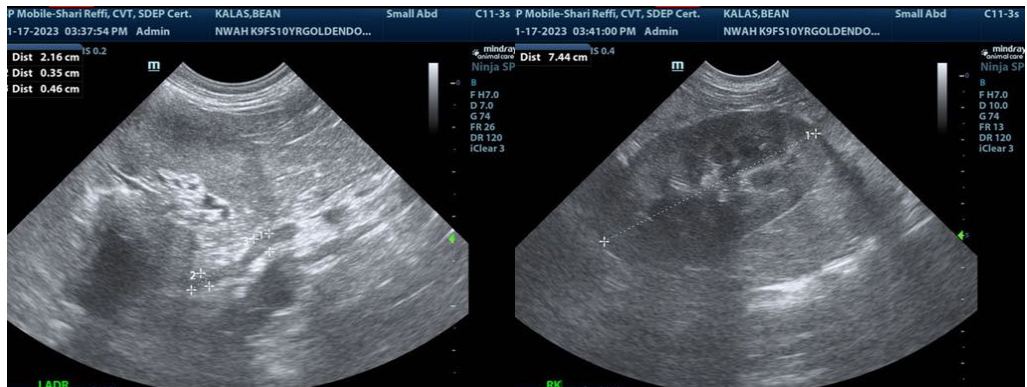
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Spayed female

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WEIGHT

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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.

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