



**PATIENT**

Lucy Lauria

**SPECIES**

Canine

**BREED**

Cocker Spaniel Poodle

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

12.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

42541

**DATE**

11/15/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting/Diarrhea, Inappetence, Severe weight loss (was 20lbs). Severe azotemia. Want to r/o neopksra, esp. of kidneys Current meds: Ampicillin, Convenia, Baytril, Cerenia, Famotidine, Mirtazapine,

Abnormal PE/Chem/CBC/UA Results: BUN 115, Crea 3.9, Phos 15.1, K+ 5.7, Neu 12056, Amy 1032, PSC 380, SDMA 49.7 UA: PH 9.0, 2+ Protein, 2+ Blood, 750 WBC, 470 RBC, Locci+Rods >100 SG 1.012

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a 1.16 cm shadowing calculus. The urethra was thickened in this patient and measured up to 0.54 cm and extended from a position 1.0 cm caudal to the cystourethral junction extending into the pelvic urethra approximately 2.0 cm. There is a strong concern for transitional cell carcinoma. Cystoscopy is indicated.

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. Slight pinpoint mineralization was noted in the kidneys. Microcystic changes were noted in the kidneys. The right kidney measured 4.42 cm and the left kidney measured 4.35 cm. Blood flow to the kidneys appeared to be adequate. Subjectively the kidneys do not appear end stage.

**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 1.55 x 0.91 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 1.54 x 0.77 cm at the cranial pole and 0.55 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 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The ileocecal junction is particularly thickened. No concerning lymphadenopathy was visible. No evidence of obstruction was present.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

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Mild, degenerative renal changes.

Intestinal thickening.

Urethral thickening, strong concern for transitional cell carcinoma.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystoscopy is indicated for further definition. I recommend stabilization of the azotemia and GI issues in this patient followed by cystoscopy with urethral biopsies. BRAF testing can be considered of if the patient can be catheterized, traumatic catheterization is indicated. The prognosis is guarded. Leptospirosis titers are warranted. Full urine culture and sensitivity is indicated. It is possible that the patient may have passed a calculus recently. However, this is excessively large calculus to have passed from the kidneys. This was likely formed in situ in the bladder.

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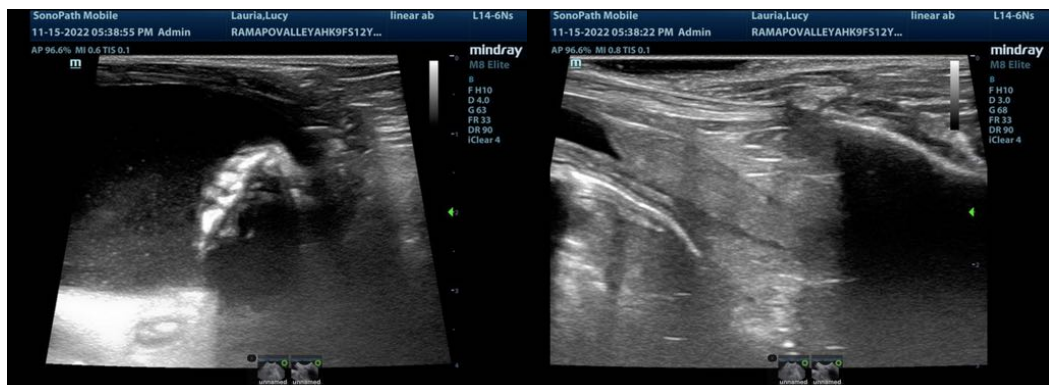
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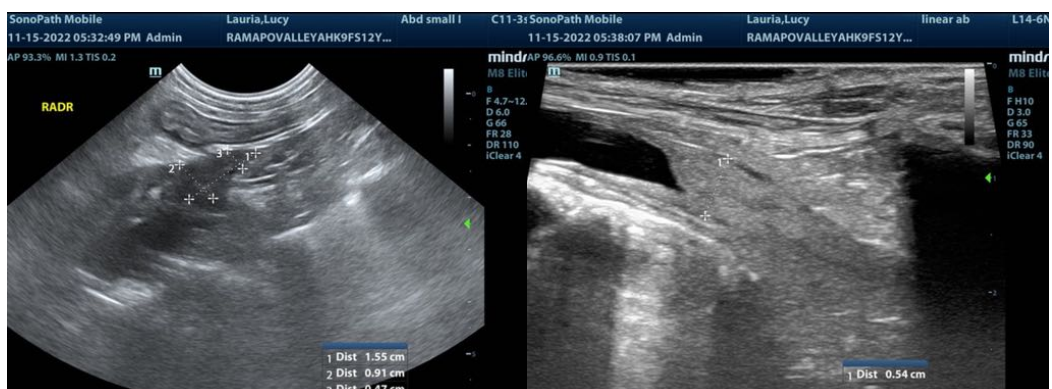
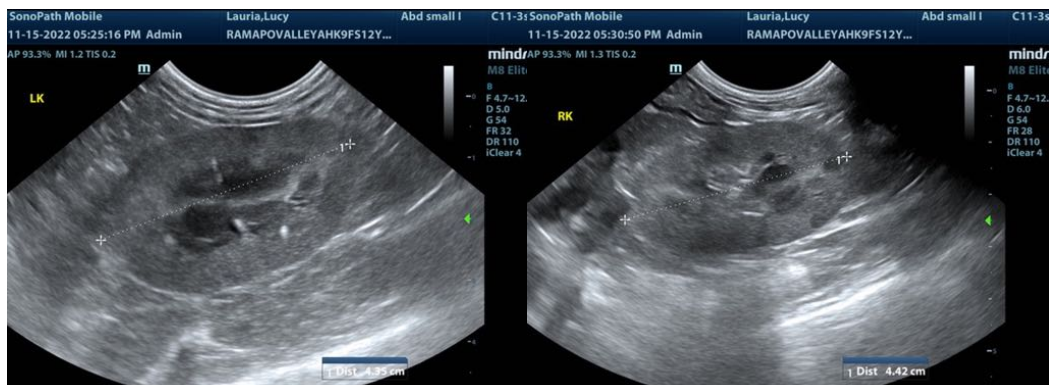
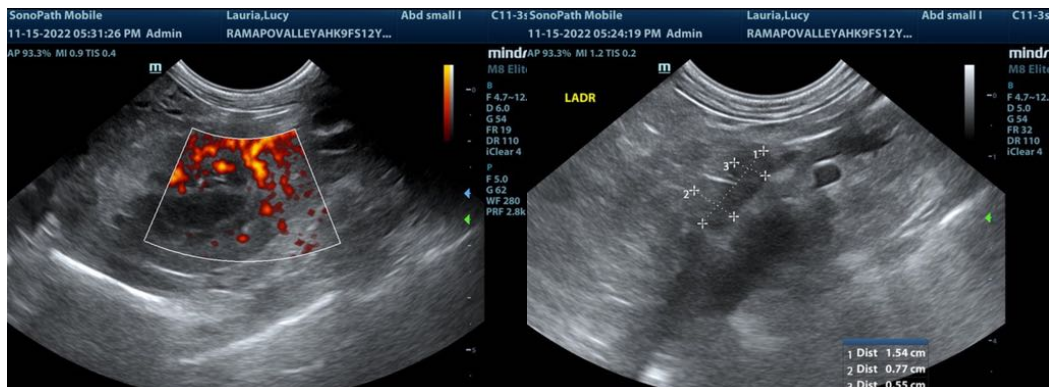
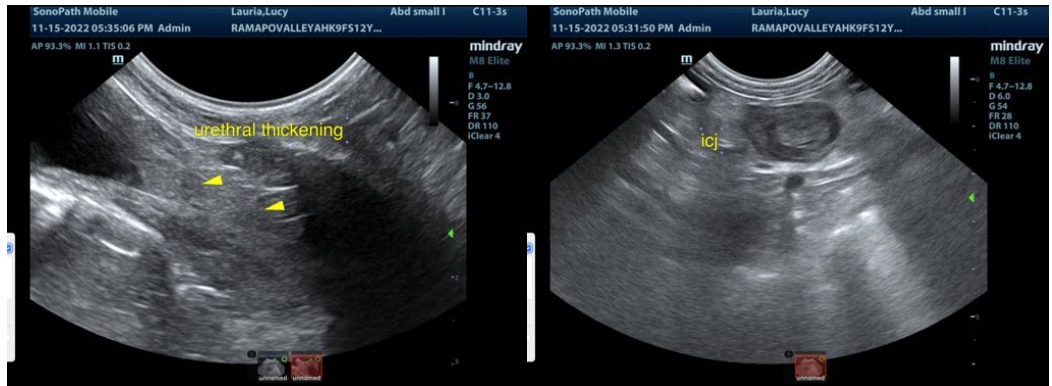
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com