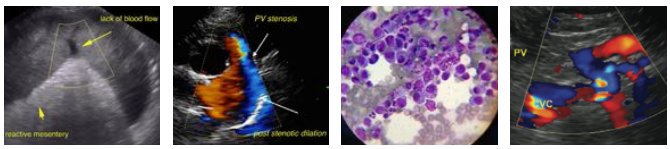


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Zena CeChellis

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

9 years

WEIGHT

115 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

43857

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: Check bladder/Abd. Rt hind leg mass, hind legs pitting edema. Current meds: Cefpodoxime Prox 200mg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended. The urethral and cystourethral junction revealed a mass was noted and measured 1.67 cm in width and extended for at least 3.0 cm caudally. This is non-resectable and occupied the urethra. Stricturing pattern was noted in the pelvic urethra.

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. Slight pyelectasia was noted in the kidneys. The right kidney measured 9.3 cm. The left kidney measured 9.67 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 4.19 x 0.83 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 3.64 x 0.79 cm at the cranial pole and 0.83 cm at the caudal pole.

Spleen

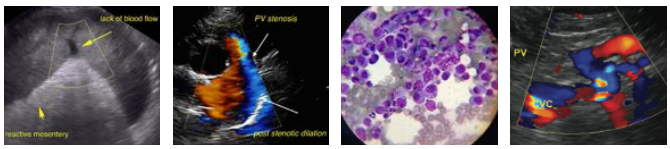
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

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



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demonstrated normal luminal chyme and stool consistency respectively. Stricturing pattern was noted in the descending colon.

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.

Free Abdomen

A large amount of falciform fat was noted. A separate mass was noted in the hind limb and measured 6.0 x 4.0 cm. This is likely of lymph node origin. Areas of edema and enhanced surrounding fat was noted.

ULTRASONOGRAPHIC FINDINGS

Urethral mass swelling, consistent with carcinoma.

Likely lymph node mass in the hind limb. This is likely a separate issue from the cystourethral junction/urethral mass.

Age related renal changes with pyelectasia. Pyelectasia may be due to scarring or repetitive over distension of the bladder and increased retrograde pressures or potential UTI.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has two separate issues in this patient. Urethral stent placement can be considered from the cystourethral junction and urethral pathology along with chemotherapy. However, dual pathology approach would be necessary from chemotherapeutic standpoint based on aspirate results of the hind limb mass. There is no evidence of organ metastasis. Pelvic CT and chest CT would be ideal for staging purposes. Cystoscopy or traumatic catheterization could be considered if the patient can be catheterized to obtain samples of the urethral mass.

ABOUT SONOPATH CT SERVICES:
SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services

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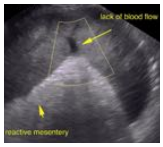
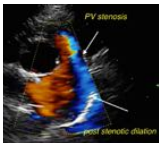
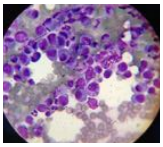
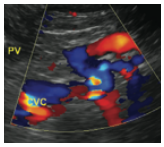

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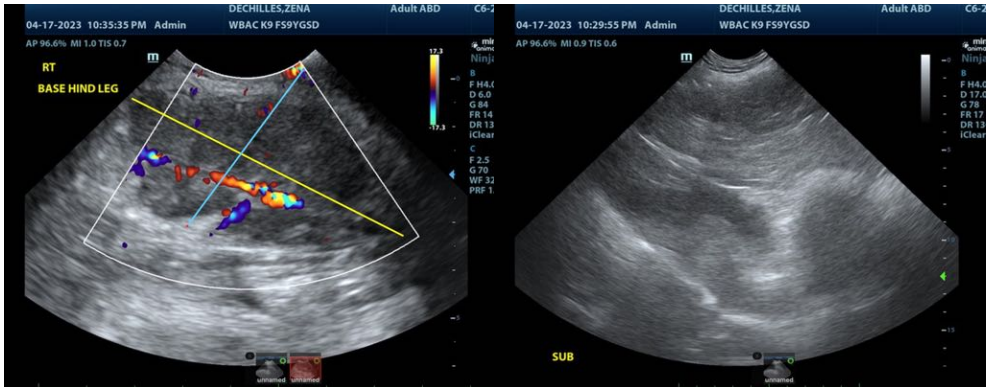

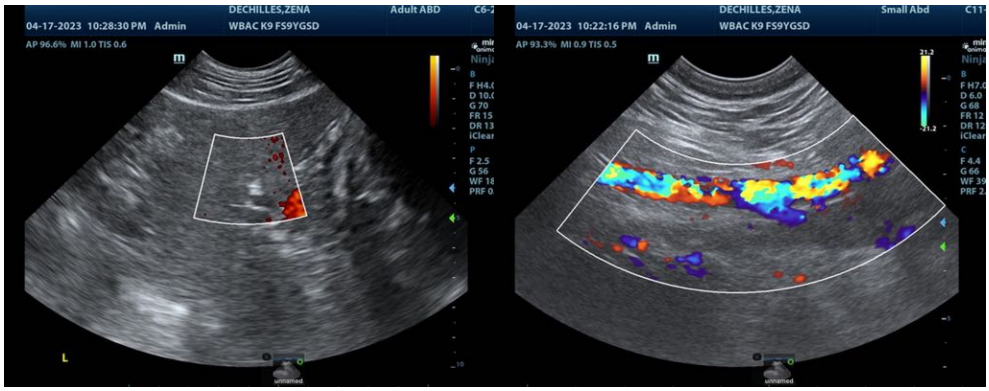

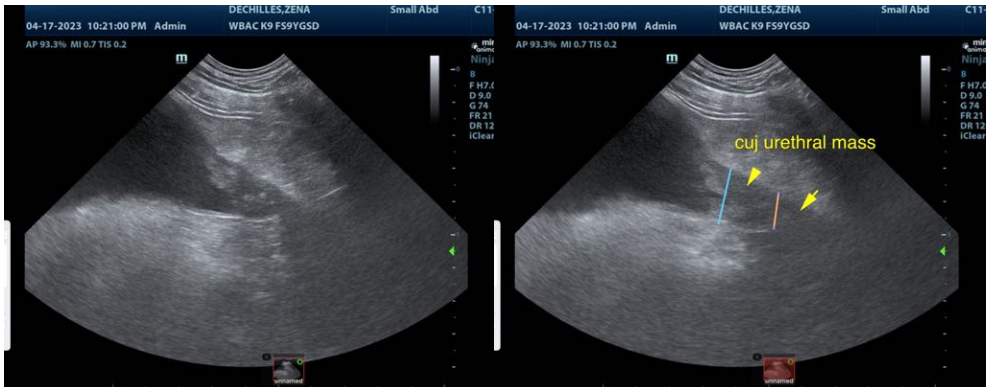

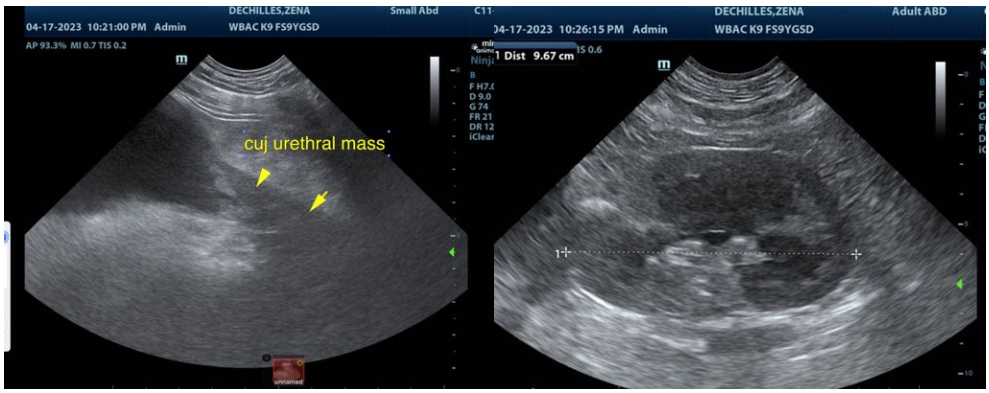

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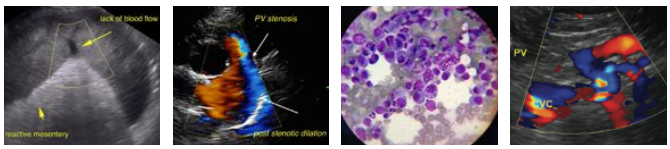

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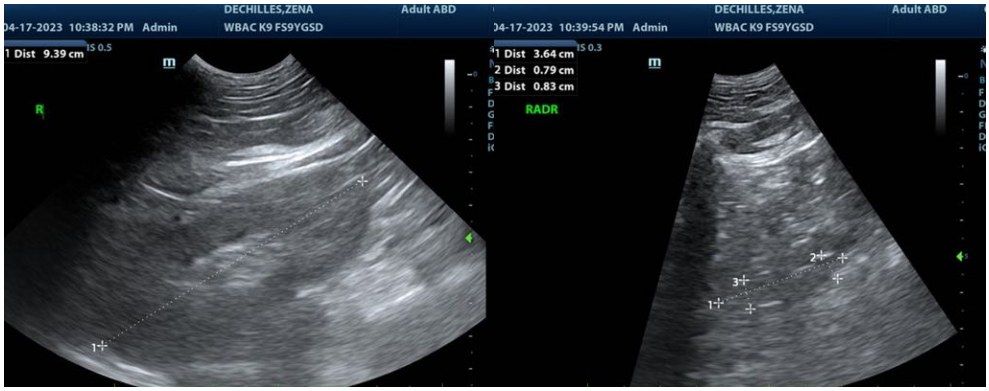

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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