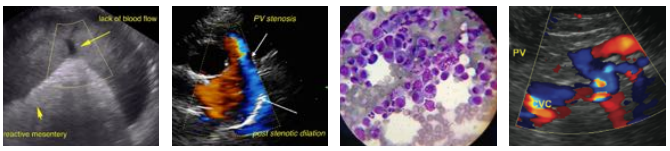


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1-800-838-4268 info@sonopath.com

**PATIENT**
Mel Letrari

**SPECIES**
Canine

**BREED**
Yorkshire Terrier

**SEX**
Spayed female

**AGE**
11 years

**WEIGHT**
7.2 lbs

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

**IMAGING PERFORMED BY**
Diane McFadden, RVT

**HOSPITAL NAME**
Ridge Road AH

**REFERRING VET**
Dr. Pathak

**INVOICE**
39663

**DATE**
9/28/22

## PRESENTING CLINICAL SIGNS

History: lethargy, straining to urinate
Abnormal PE/Chem/CBC/UA Results: ALKP 879, GGT 20; UA: protein 2+, USPG 1.018; recommended UPC but have not yet received urine sample from owner.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 4.0 cm caudal from the cystourethral junction and appeared normal. The ureters were not visible which is normal. Bladder calculus was present and measured 0.76 cm with a concurrent apical ventral polyp that measured 1.67 x 1.47 cm. This appears resectable. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Mineralization was noted in the kidneys. The right kidney measured 4.3 cm. The left kidney measured 3.61 cm with calculi.

### *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 1.72 x 0.52 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 1.71 x 0.61 cm at the caudal pole and 0.53 cm at the cranial 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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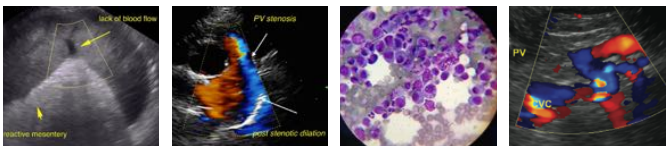


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### *Gastrointestinal*

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*

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.

### *Free Abdomen*

The iliac trifurcation is unremarkable.

## ULTRASONOGRAPHIC FINDINGS

Bladder polyp and small calculus.

Benign hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The straining to urinate is likely owing to periodic obstruction from the calculus. However, the polyp appears to be resectable. The position of the polyp would suggest potential underlying urachal remnant. Partial apical bladder cystectomy and stone removal. Normal and urinary flushing is indicated. There was no evidence of neoplasia. The patient is likely passing calculi periodically from the kidneys to the bladder. No obvious distal urinary pathology. Partial cystectomy would be recommended with stone removal and calculus analysis. This is likely oxalate given the echotexture. Polypoid hyperplasia with possible underlying urachal remnant in the apex of the bladder versus carcinoma. There was no evidence of metastatic disease.

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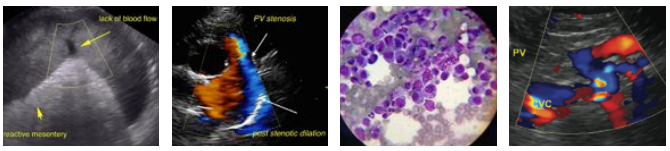

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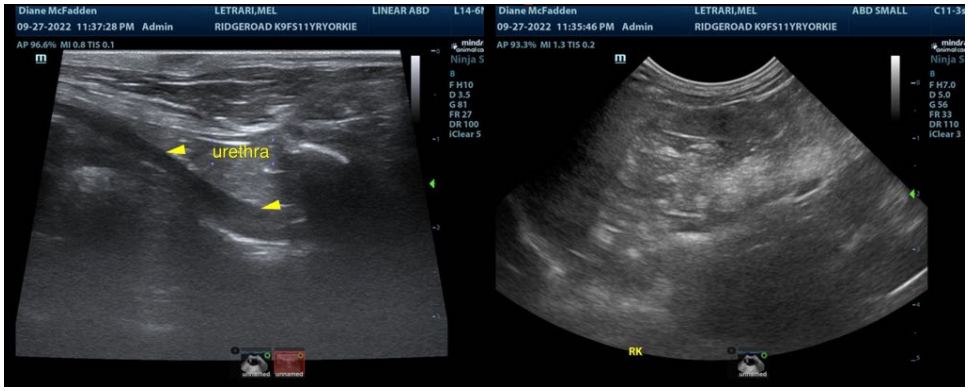


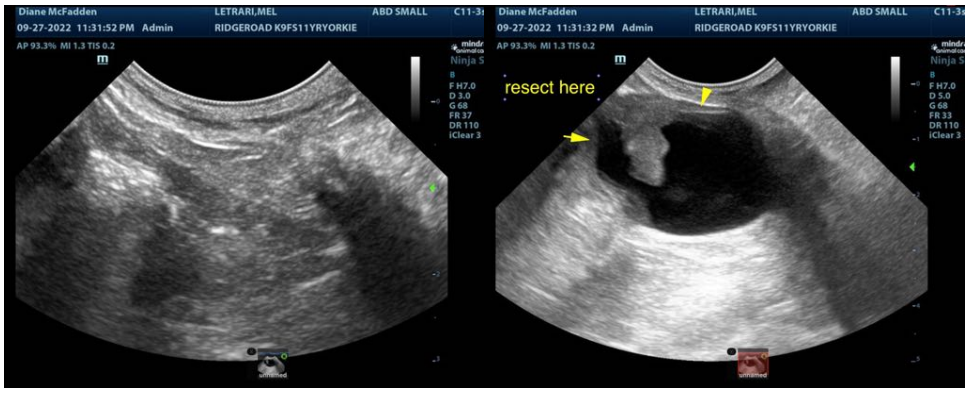


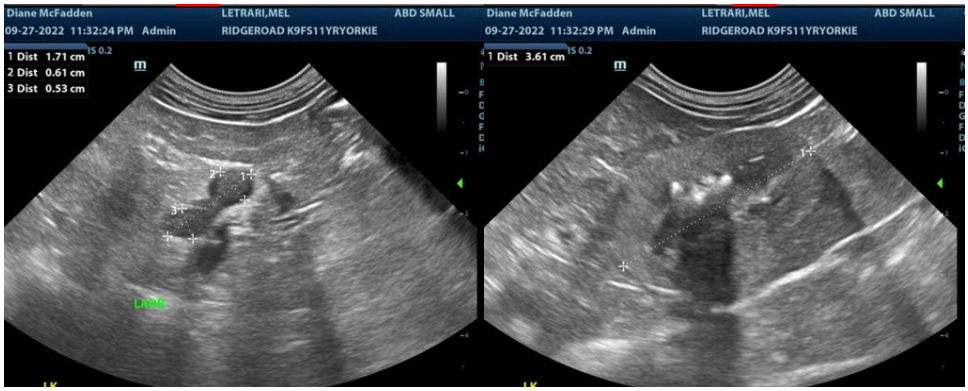

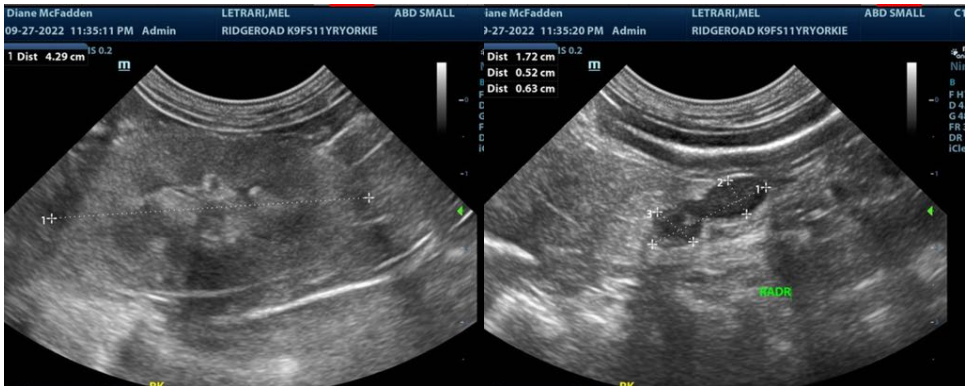

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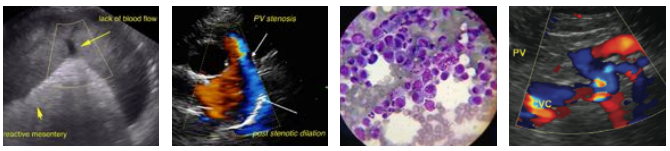

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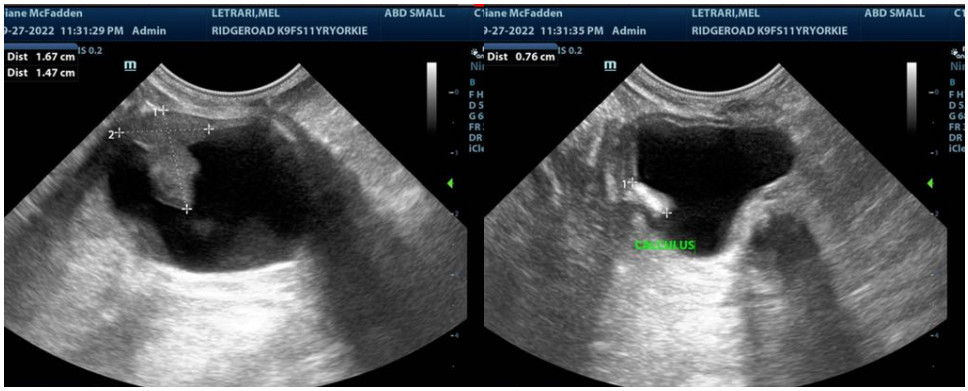



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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