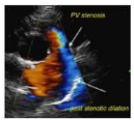
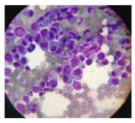
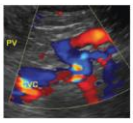

PATIENT

Pickle Strock

SPECIES

Canine

BREED

Afghan Mix

SEX

SF

AGE

11 years

WEIGHT

46 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

owner has noticed progressive decrease in appetite over last 2 weeks - will eat now only if sits next to her and coax her to eat. Owner brought Pickle in for appointment and said was going to walk her over to the grass to let her pee and instead Pickle urinated right one the concrete sidewalk and appeared to only pass a smaller amount of urine and seemed uncomfortable when she urinated. History of Lyme positive.
Abnormal PE/Chem/CBC/UA Results: Elevated Urine WBC/RBC, Pain on tail elevation, elevated ALT 354, Weight loss, Decrease Appetite Prescribed Clavacillin and Carprofen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non distended containing anechoic urine with very minor nondependent particulate sediment, which may Indicate minor cellular debris / protein, crystalline debris, or mucus. Minor indistinct areas of luminal mineral were noted. No evidence of inflammatory or neoplastic urinary bladder mural changes was noted. The visualized proximal urethra to a depth of 4.0 cm was thickened with pinto to focal hyperechoic foci. The area of thickened visualized proximal urethra measured approximately 4.0-5.0 cm in length and 1.2 cm width.

Multiple, variably sized, hypoechoic to nonhomogeneous medial Iliac lymph nodes were present with evidence of perilymphatic reactive tissue. An example of a medial iliac lymph node measured 3.0 cm x 1.6 cm.

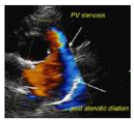
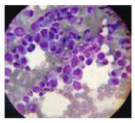
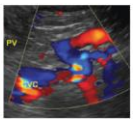
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.49 cm width at the caudal pole. The right adrenal gland measured 3.3 cm length x 0.52 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme most consistent with post prandial presentation with no evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with minor dependent mineral and non-dependent sediment
- Multiple nonhomogeneous to swollen medial iliac lymph nodes
- Mild hepatic parenchymal remodeling
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the proximal urethral mass is most consistent with a neoplastic process such as transitional cell carcinoma. Although sampling is required for further assessment, the medial iliac lymphadenopathy is strongly concerning for regional lymphatic metastasis.

Assuming normal clotting status, ultrasound-guided FNA of an enlarged medial iliac lymph node, if accessible, is warranted for screening cytology. Cytospin cytology of free catch urine sample to assess for evidence of atypical transitional cells +/- screening BRAF Assay could be considered.

Possible mild nonobstructive gastric stasis is possible, given the presence of mild gastric ingesta / chyme and assuming documented NPO. Continued as-needed GI support is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to rule out evidence of occult pathology as a contributing factor to the patient's GI signs and weight loss may be considered.

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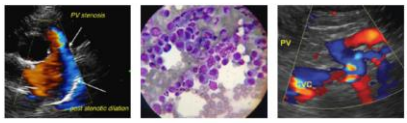

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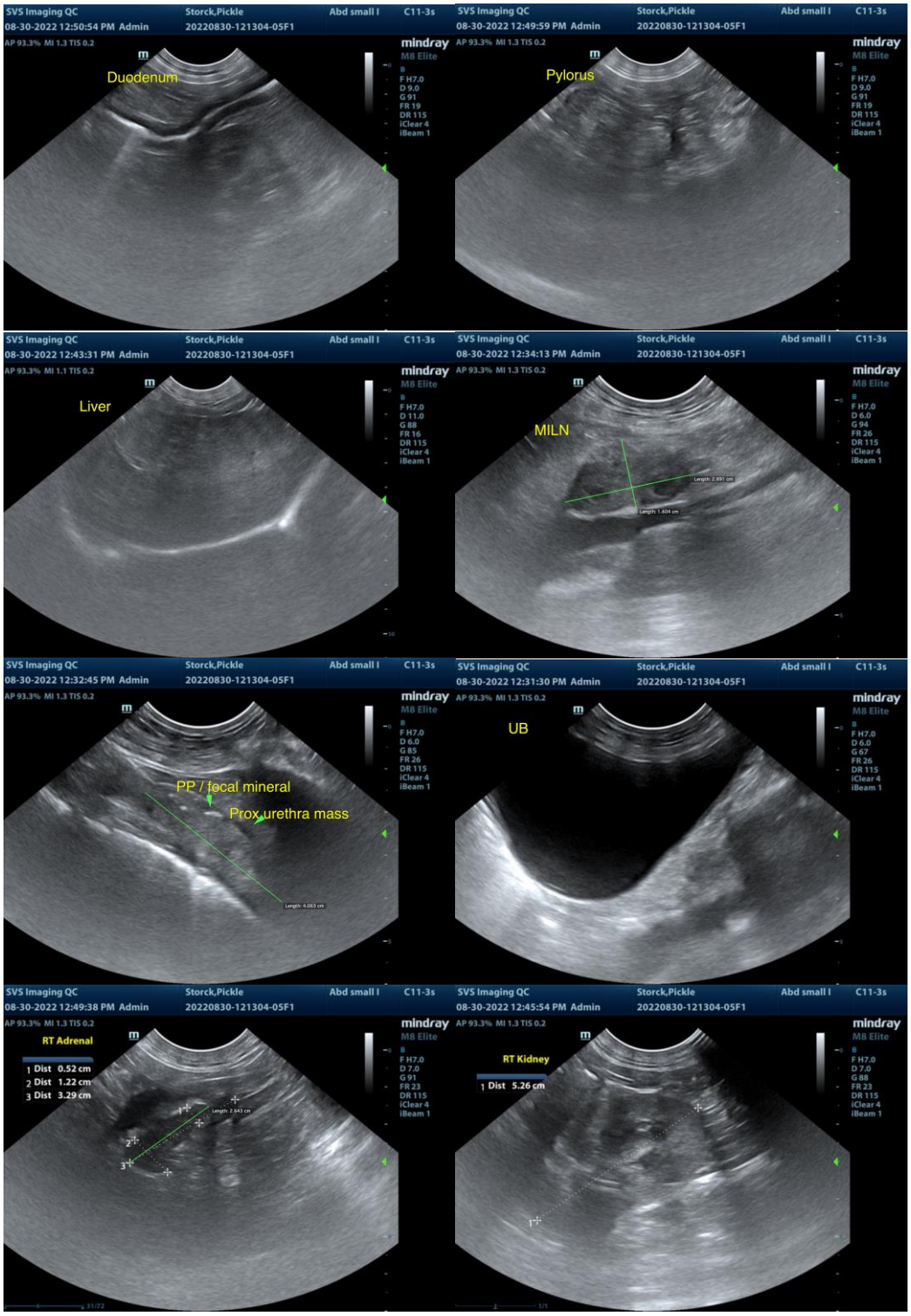

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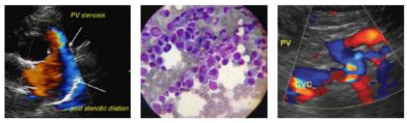

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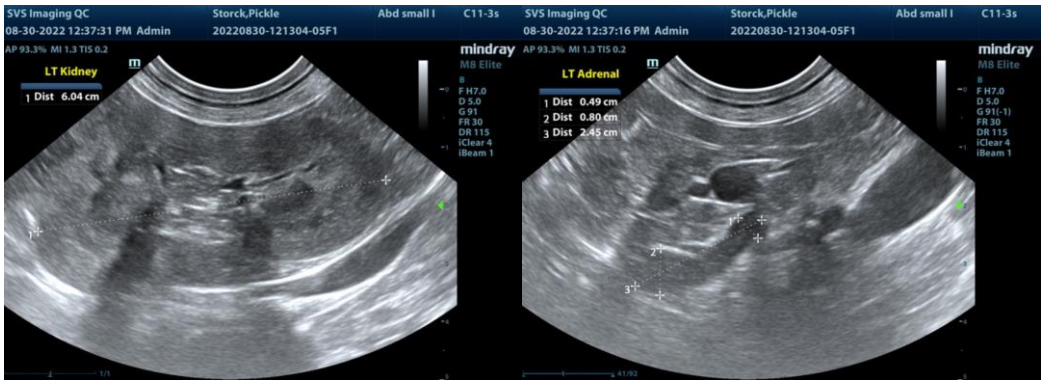

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com