

PATIENT PRESENTING CLINICAL SIGNS

Gaia Lacasse Straining to U/D, vomiting last pm and this am

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC/Chem10 - Gluc 146, BUN 27 (N), CRE 1.5 (N), neu 13k (H)
Canine UA - USG 1.040, rods present, pH 7.0, protein 500mg/dL, RBC 22/HPF, WBC 5/HPF. Abd US - the urethra appeared very hyperechoic and irregular with no shadowing. The urinary bladder, after large volume decompressive cysto was still quite large.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pit X *Urinary System*

SEX The urinary bladder is markedly distended with anechoic urine, and no luminal sediment is present. The ureteral papillae are of normal appearance, and the ureters are not visible (normal). The pelvic urethra is thickened up to 1.6 cm with mineralization, and no evidence of a mass invading the trigone. There is evidence of urethral obstruction. No calculi are noted. Urethra visualized to 5.0 cm.

AGE The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.2 cm. The right kidney measured 7.2 cm.

WEIGHT *Adrenal Glands*
24.2

INTERPRETED BY The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 5.6 mm cranially and 7.6 mm caudally. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

IMAGING PERFORMED BY The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Dr. Craig Seyler

HOSPITAL NAME *Liver*

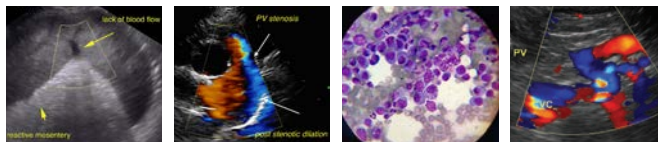
Wilvet South The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Dr. Craig Seyler

INVOICE *Gastrointestinal*
44978

DATE The stomach is mildly distended with normal ingesta. The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.
8/27/23



PATIENT

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

Gaia Lacasse

SPECIES

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Canine

Pancreas

BREED

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Pit X

SEX

Free Abdomen

Female

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

AGE

10

ULTRASONOGRAPHIC FINDINGS

- Thickened, mineralized urethra with evidence of obstruction

WEIGHT

24.2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The thickened urethra with mineralization is strongly suggestive for neoplasia such as urothelial carcinoma. A traumatic catheterization may provide cells that could be used for definitive diagnosis. Alternately, a urine BRAF test could be performed if a voided sample can be obtained. A CT scan may be useful to determine whether intervention such as urethral stenting was viable. 3-view chest radiographs would be recommended to rule out the possibility of metastatic disease. If the patient is able to urinate, and palliative care is desired, then NSAID therapy may provide some relief of symptoms, as would treating any secondary infection present.

Tam Mengine, DVM,
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HOSPITAL NAME

Wilvet South

REFERRING VET

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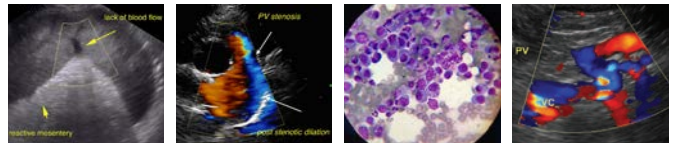
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PATIENT

Gaia Lacasse

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.

SPECIES

Canine

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

BREED

Pit X

info@SonoPath.com

SEX

Female

AGE

10

WEIGHT

24.2

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DABVP (canine/feline
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