



PATIENT

Chelseu Hillman

SPECIES

Canine

BREED

Cocker Spaniel X

SEX

Spayed Female

AGE

12 Years

WEIGHT

35 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Peter Nelson

INVOICE

34286

DATE

1/15/22

PRESENTING CLINICAL SIGNS

Routine exam in December. Ultrasound guided cystocentesis used to obtain urine sample showed a polypoid lesion in the dorsal bladder wall. Full abdominal ultrasound done to look at bladder in detail and scan abdomen

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 3/15/21 showed ALKP >2000, ALT 288, BUN 44

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apical dorsal aspect of the **urinary bladder** revealed an intramural thickening/mass measuring 3.0 cm x 1.5 cm with a polypoid projection into the lumen. This lesion appears resectable. The cystourethral junction appears unremarkable.

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. The left kidney measured 5.0 cm with minor pyelectasia at 2.0 mm. The right kidney presented trace pyelectasia as well and measured 5.0 cm in length.

Adrenal Glands

The **left adrenal gland** was slightly swollen at the cranial pole measuring 0.73 cm. The caudal pole measured 0.50 cm. Length measured 2.08 cm. The **right adrenal gland** measured 2.25 cm x 0.68 cm at the cranial pole and 0.72 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 were noted.

Liver

The **liver** presented coarse architecture and increased portal markings. Slight irregular contour. Isoechoic non-disruptive nodular changes noted. The gallbladder presented a minor amount of debris with slight striation, not to the level of mucocele formation. Minor polypoid gallbladder changes noted.

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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Apical dorsal urinary bladder thickening/mass
- Benign hepatopathy/nodular hyperplasia pattern with remodeling
- Minor excessive gallbladder debris with minor striation, not to the level of the mucocele formation
- Moderate degenerative renal changes with slight pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Differentials for the bladder thickening/mass include transitional cell carcinoma, round cell neoplasia. Idiopathic muscularis hypertrophy less likely given that the intramural changes in the bladder are disruptive. Resection of the craniodorsal third of the bladder recommended. Further imaging of the pelvic urethra would be ideal to ensure no concurrent lesions.

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Urinalysis, blood pressure and culture warranted if any inflammatory sediment is noted in the urine. Ursodiol therapy warranted given the gallbladder debris and breed predisposition to mucocele formation. FNA of the liver could be considered for further definition. No evidence of neoplasia.

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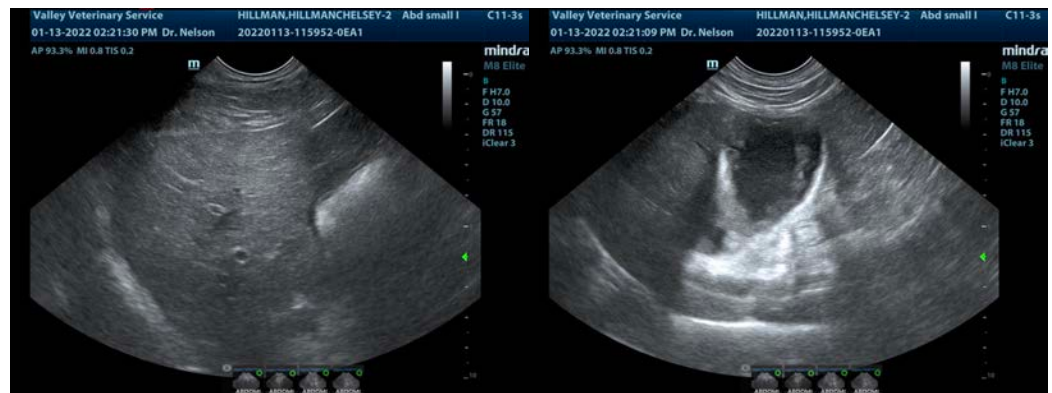
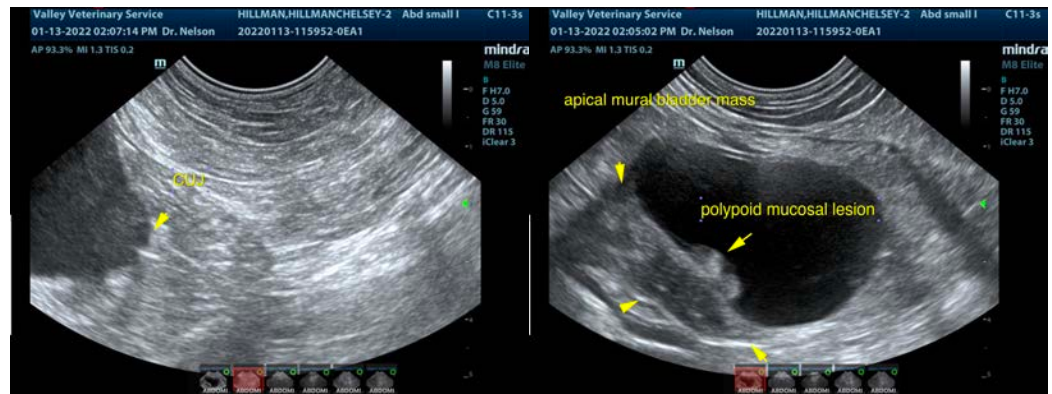
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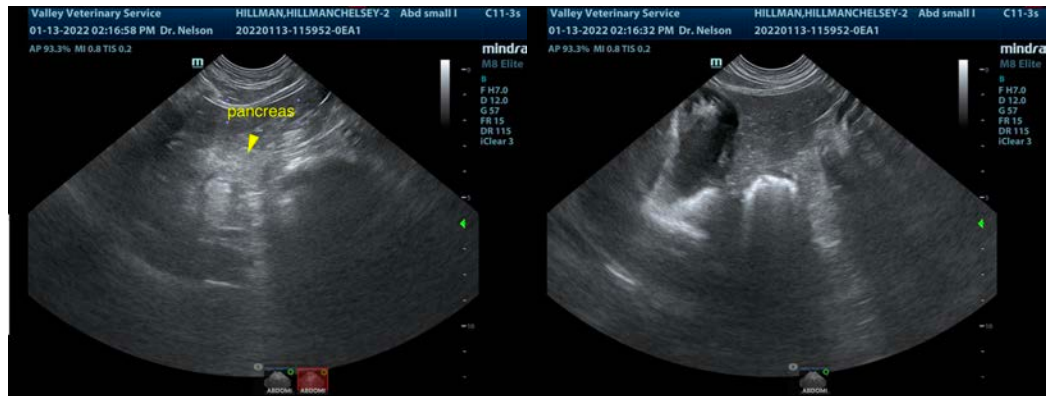
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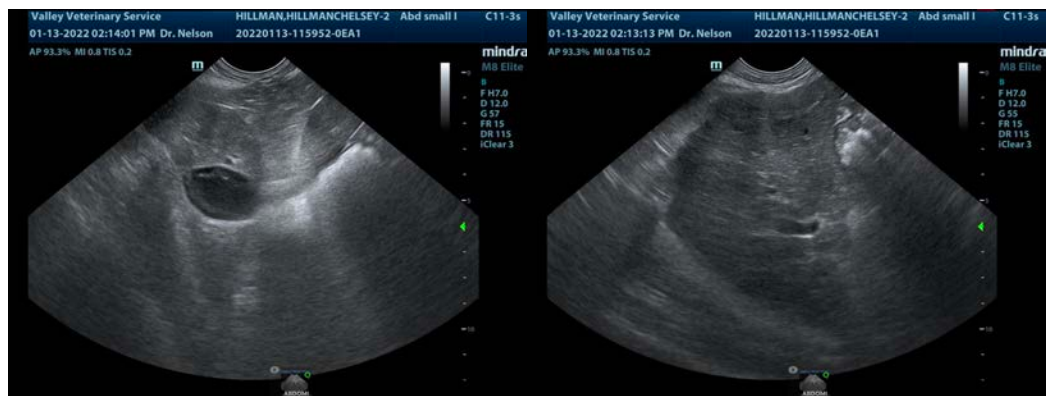
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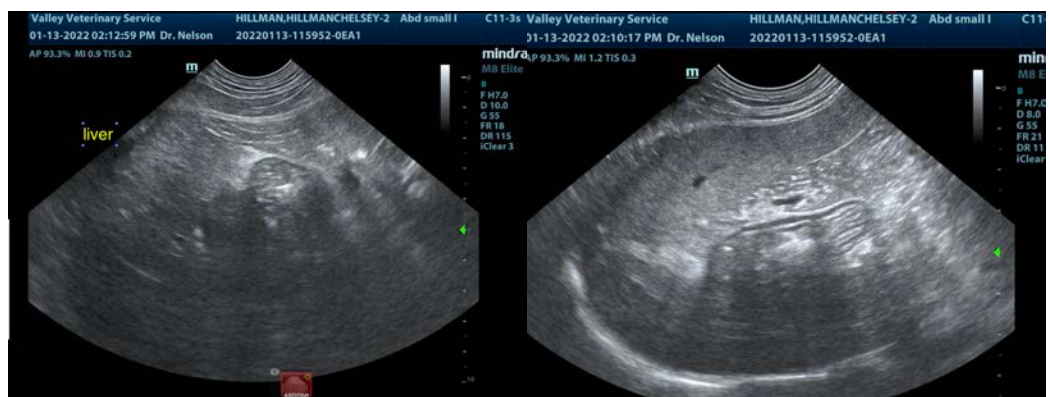
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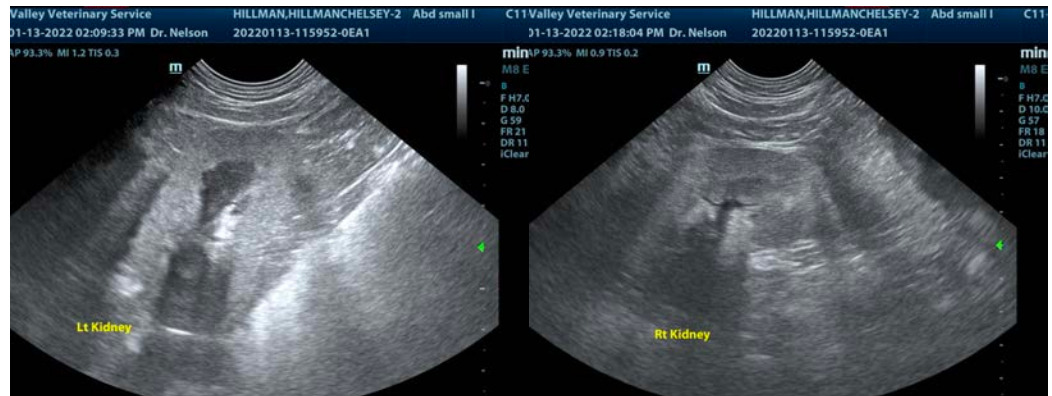
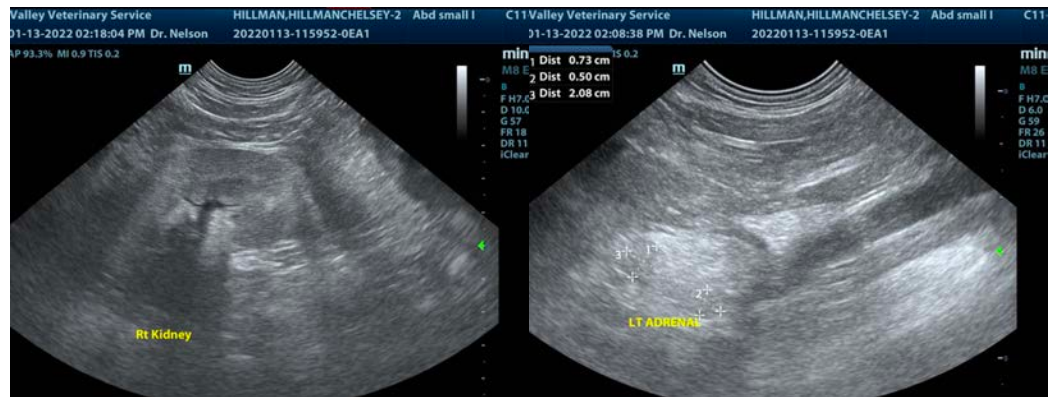
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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