



PATIENT PRESENTING CLINICAL SIGNS

Lucky Feti Re check prev u/s 1/15 showed undefined bladder wall thickening with polyps, checking to see if any better

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Yorkie

The **urinary bladder** presented persistent apical ventral wall thickening. Minimal amount of urine present at the time of the sonogram. Wall thickness measured 2.7 cm x 1.0 cm. However, this may be excessively thickened also from the minimal urine present. Appears potentially resectable with ventral partial cystectomy, which is my recommendation. The urethra and cystourethral junction appeared free of evident pathology.

SEX

Neutered Male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.23 cm. The left kidney measured 4.06 cm.

AGE

10

WEIGHT

16.7

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 1.93 cm x 0.60 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 2.12 cm x 1.25 cm at the cranial pole and 0.88 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

INVOICE

44343

Gastrointestinal

DATE

1/19/23

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.



PATIENT

Pancreas

Lucky Feti

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Yorkie

- Persistent bladder thickening – ventral wall appears resectable.
- Age related abdominal changes otherwise

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Recommend surgical resection of the majority of the ventral bladder wall. TCC versus polypoid cystitis.

AGE

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WEIGHT

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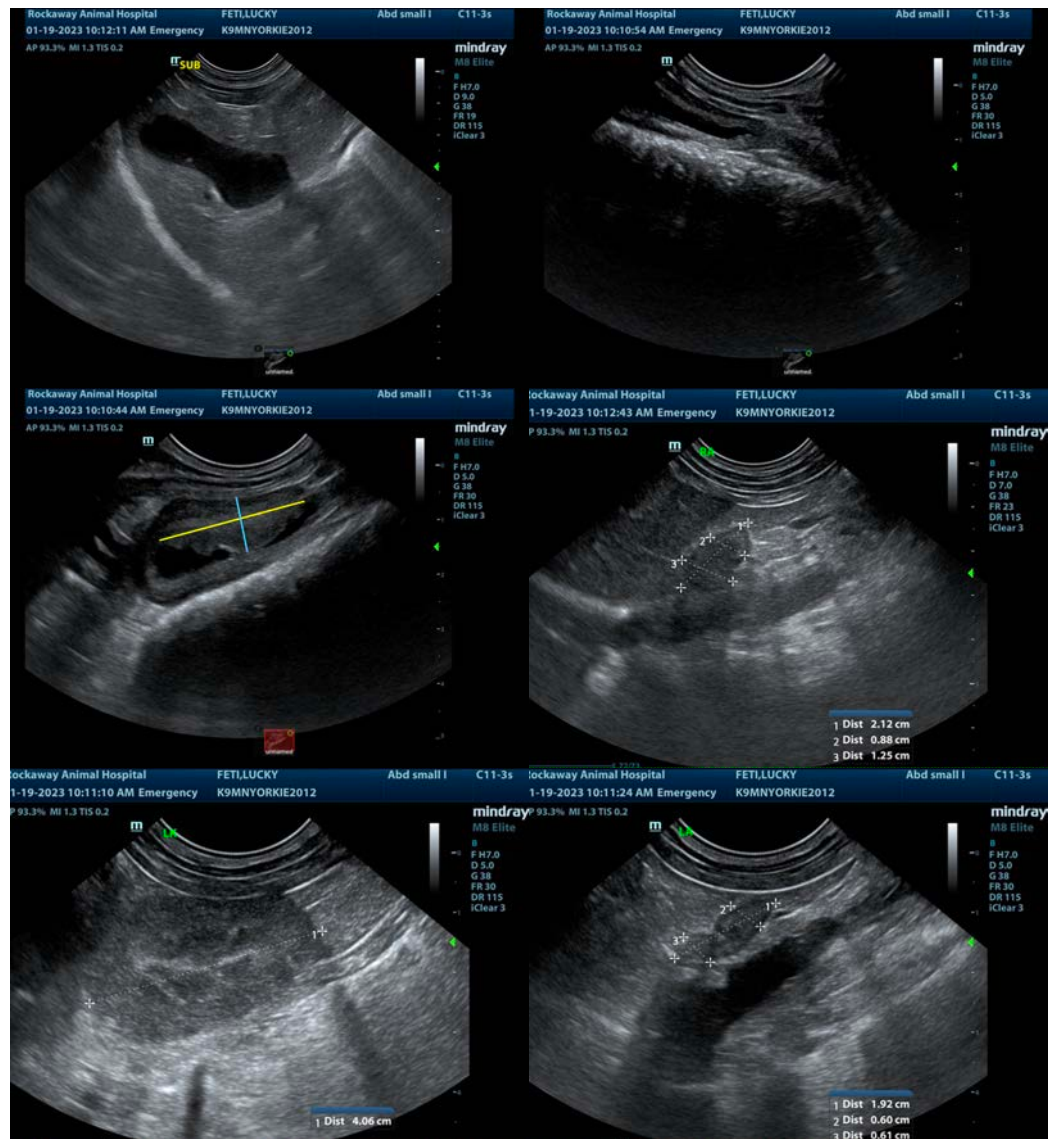
Dr. Maniar

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PATIENT

Lucky Feti

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

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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.

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