



PATIENT PRESENTING CLINICAL SIGNS

Kiki Orsita Blood in urine, straining, no longer responsive to abx.
Abnormal PE/Chem/CBC/UA Results: obese, urine scald hind end. UA: pro 500, bld 250, rbc/wbc/cocci TNTC

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Urinary System

Mix

A **urinary bladder** mass was present and occupied the ventral wall. The mass measured 5.0 cm in length at mild repletion. The mass extended from the cystourethral junction to the apex of the bladder. The mass measured 2.5 cm in width with irregular polypoid changes and peri-serosal inflammation. The mass appeared mineralized and continued into the proximal pelvic urethra. This is not resectable. The ureters did not appear obstructed at this point as the bladder trigone was free of invasion at the time of the sonogram.

SEX

Spayed Female

AGE

13 years

The **kidneys** revealed thickened, irregular cortices with pyelectasia and loss of corticomedullary definition. The kidneys revealed moderate degenerative changes. A cortical infarct was noted in the dorsal cortex of the right kidney. The left kidney measured 7.44 cm. The right kidney measured 8.49 cm.

WEIGHT

80 lbs

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

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. Occasional, mixed, echogenic nodular change was noted. 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.

REFERRING VET

Dr. Roche

INVOICE

95519

Gastrointestinal

DATE

1/25/22

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

Kiki Orsita

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

Mix

Extensive bladder mass, non-resectable.

Moderate degenerative renal changes.

Mineralized spleen.

SEX

Spayed Female

Age related hepatic changes.

AGE

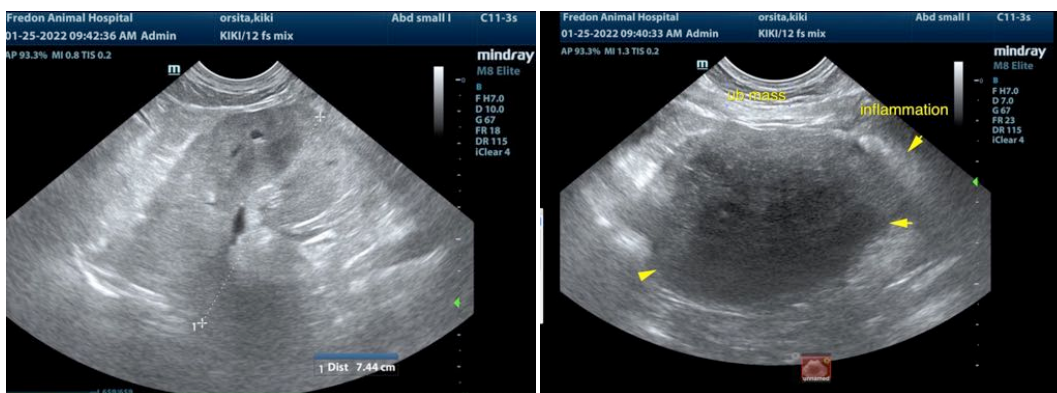
13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided laser ablation with stent placement and chemotherapy are options in this patient.

WEIGHT

80 lbs



INTERPRETED BY

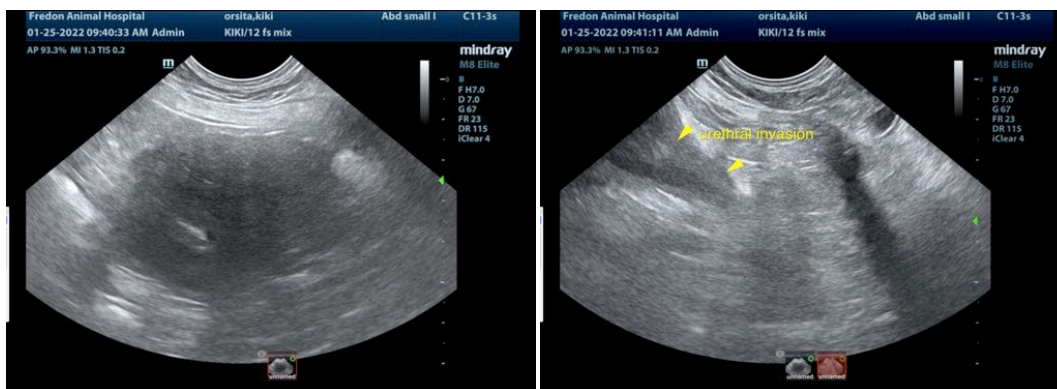
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PATIENT

Kiki Orsita

SPECIES

Canine

BREED

Mix

SEX

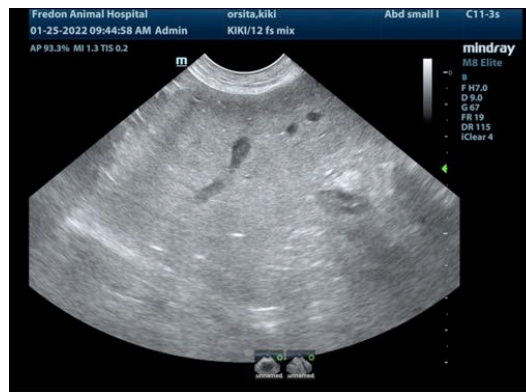
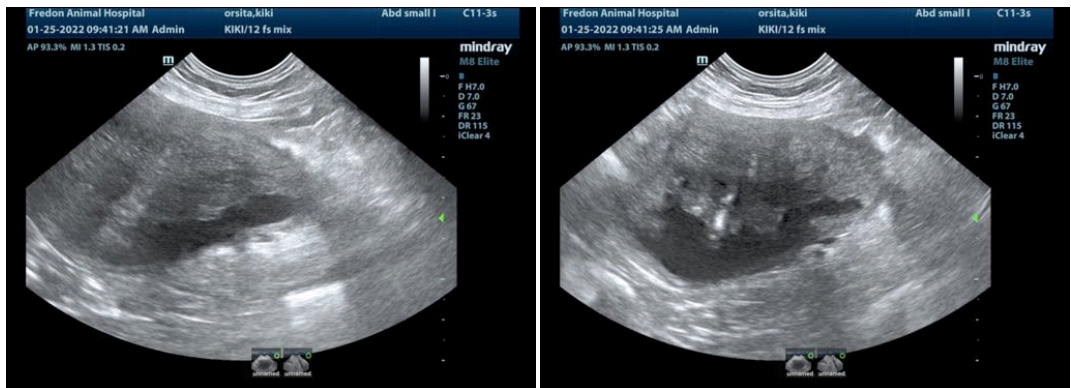
Spayed Female

AGE

13 years

WEIGHT

80 lbs



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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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