



PATIENT

Zoey Jacobs

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

11 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Butler Vet Hospital

REFERRING VET

Dr. Dawn Garro

PRESENTING CLINICAL SIGNS

Hematuria, ALP elevated, passing blood clots in urine. R/O bladder stones, mass, Cushing's. Finished amoxi; RX Nitrofurantoin today (not started yet),
Abnormal PE/Chem/CBC/UA Results: Urine culture: isolated enterococcus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an expansive cauliflower-type mass occupying the pelvic urethra and cystourethral junction. The mass extended at least 3.0 cm beyond the cystourethral junction into the pelvic urethra, 1.34 cm wide x 3.5-4.0 cm long. Other minor polypoid changes noted elsewhere in the bladder. Iliac lymph nodes were slightly enlarged, hypoechoic, irregular and rounded, suggestive for metastatic change, measuring 1.0 cm x 0.7 cm.

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.

Adrenal Glands

The **adrenal glands** were normal for this breed. The left adrenal gland measured 1.72 cm x 0.73 cm. The right adrenal gland measured 2.05 cm x 0.62 cm.

Spleen

The **spleen** presented a 4.0 mm nodule, unremarkable otherwise.

Liver

The **liver** presented multifocal expansive irregular nodular changes. Mild increased portal markings noted. The gallbladder and common bile duct unremarkable.

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. 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.

ULTRASONOGRAPHIC FINDINGS

INVOICE

35161

DATE

1/28/22

- Urethral and cystourethral junction mass with separate bladder polyps – strongly consistent with transitional cell carcinoma, non-resectable.
- Mild iliac lymphadenopathy – strongly suspicious for early local metastasis.
- Nodular hepatic changes, undefined – possible hyperplasia versus metastatic disease less likely.
- Splenic nodule



PATIENT

Zoey Jacobs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided laser ablation where available could be considered. Otherwise, urethral stent placement and chemotherapy warranted.

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

11 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Butler Vet Hospital

REFERRING VET

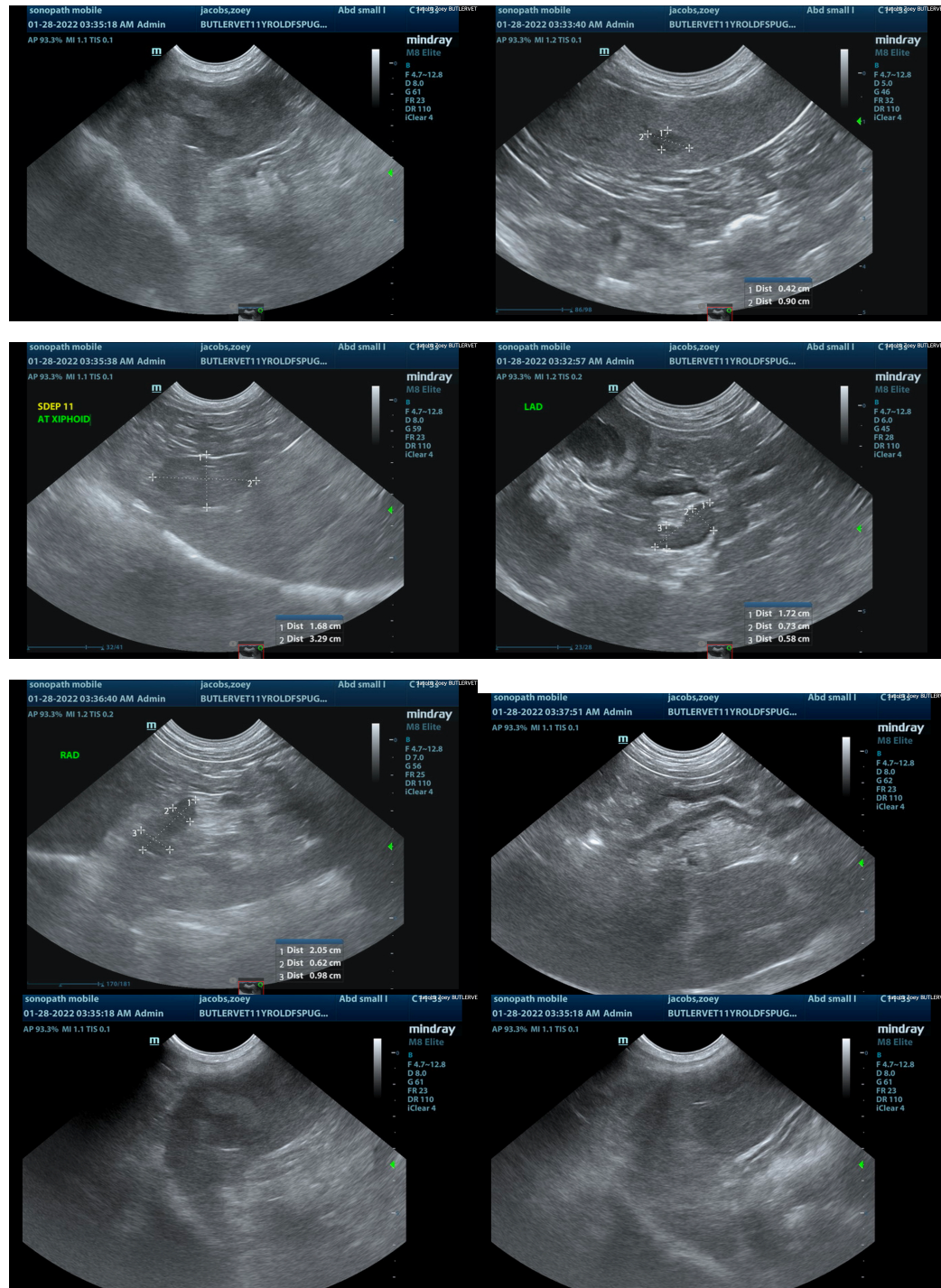
Dr. Dawn Garro

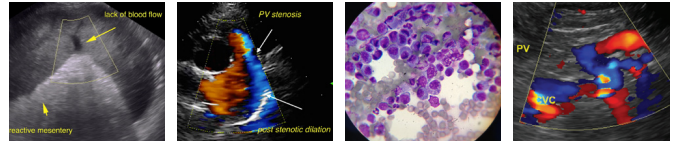
INVOICE

35161

DATE

1/28/22





PATIENT

Zoey Jacobs

SPECIES

Canine

BREED

Pug X

SEX

Spayed Female

AGE

11 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Butler Vet Hospital

REFERRING VET

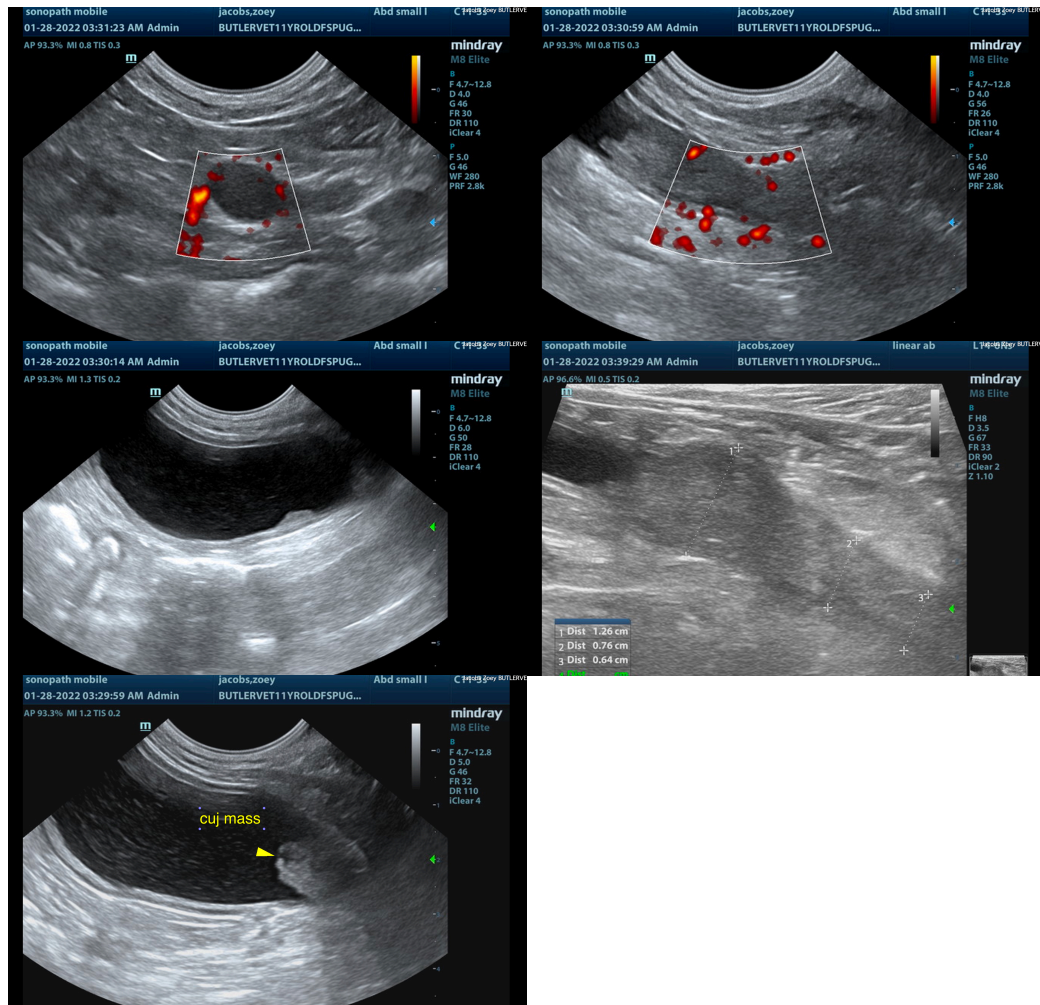
Dr. Dawn Garro

INVOICE

35161

DATE

1/28/22



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com