



PATIENT PRESENTING CLINICAL SIGNS

Nuri Lin History: Follow up

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. A slight apical ventral polyp was noted, measuring 0.44 cm.

Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

33 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. This change is similar to the prior sonogram. The left kidney measured 5.4 cm. The right kidney measured 5.4 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

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 right adrenal gland measured 1.5 cm x 0.55 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 2.0 cm x 0.46 cm at the cranial pole and 0.57 cm at the caudal pole.

IMAGING PERFORMED BY

Kerri Becker

Spleen

The **spleen** revealed uniform parenchyma. Cranial and caudal folding of the spleen were noted. No evidence of pathology.

HOSPITAL NAME

Martinsville VH

Liver

The mixed echogenic granulomatous type **liver** mass has changed somewhat in echotexture, measuring 4.1 cm x 5.8 cm. The lesion is more heterogenous than the prior sonogram, yet size is roughly the same. The remainder of the liver appeared unremarkable. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Shendell

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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.



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Pancreas

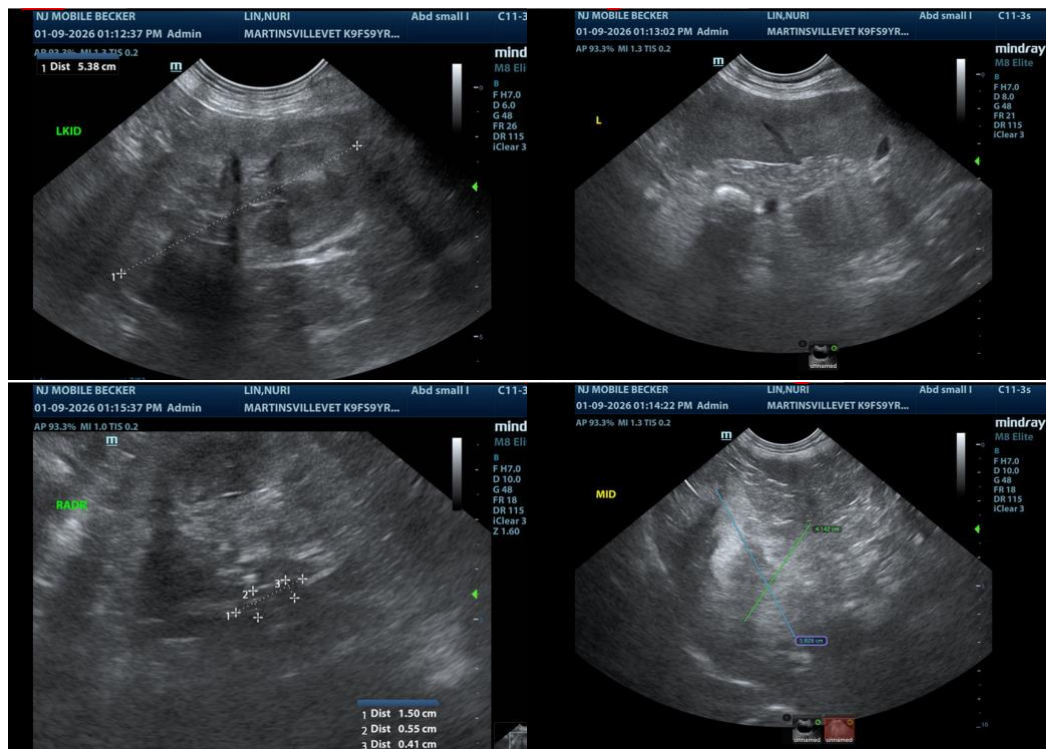
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Ventral apical bladder polyp
- The granulomatous type liver presentation has changed in architecture
- Age-related renal changes
- Cranial and caudal folding of the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not overtly suspect neoplasia in this patient. Low grade inflammatory or resolving inflammatory lesion is likely. Further management based on cytology results. The apical bladder polyp should be monitored for any progression. The polypoid change is a new development. BRAF testing is indicated, as well as cytospin of a free catch urine sample to assess for any abnormal transitional cells.





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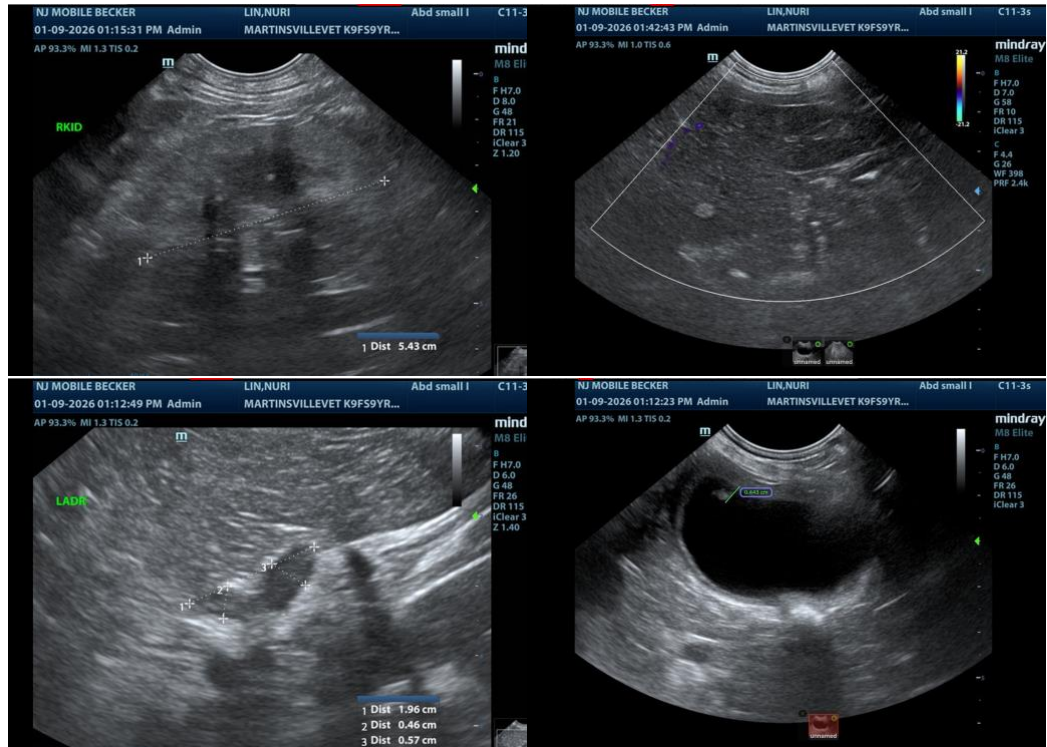
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com