



PATIENT

Snoopy Schneeberger

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

11 years

WEIGHT

32.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

40007

DATE

10/10/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of elevated Alk Phos that has continued to rise. Most recent bloodwork also showed an elevation in his calcium. CBC and a cardio pet was all normal. Radiographs were taken and the liver had a rounded appearance. Owner also reports excessive drinking and urination. A bile acids test was run as well but both pre and post samples were within normal range. A malignancy panel has been sent out as well but results are pending. A grade 4 systolic murmur has been noted on him as well.

Abnormal PE/Chem/CBC/UA Results: Attached are the most recent bloodwork results and the radiographs taken on 9/16/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed polypoid tissue proliferation at the cystourethral junction measuring 2 cm. Calculus was present and measured 1.2 cm and was non-obstructive. The cystourethral junction tissue proliferation appears to enter into the pelvic urethra. This is strongly consistent with carcinoma.

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. Slight pyelectasia was noted in the left kidney. Occasional cortical cyst was noted in the left kidney. The right kidney measured 5.0 cm.

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 0.5 cm. The right adrenal gland measured 0.4 cm.

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 was noted.

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. 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.



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Gastrointestinal

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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.

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Free Abdomen

The iliac lymph nodes were enlarged and irregular measuring 1.5 x 1.0 cm. There is a strong potential for metastatic disease.

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ULTRASONOGRAPHIC FINDINGS

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Benign hepatopathy, structurally normal adrenal gland.

Cystourethral junction and urethral mass with concurrent bladder calculus.

Spleen folded upon itself cranially causing tissue density on radiographs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Sammy Burmeister

Ultrasound-guided traumatic catheterization of the urethra and cystourethral junction is recommended to confirm suspicion of carcinoma. The prognosis is guarded. FNA of the liver can be considered for further definition; however, it appears benign.

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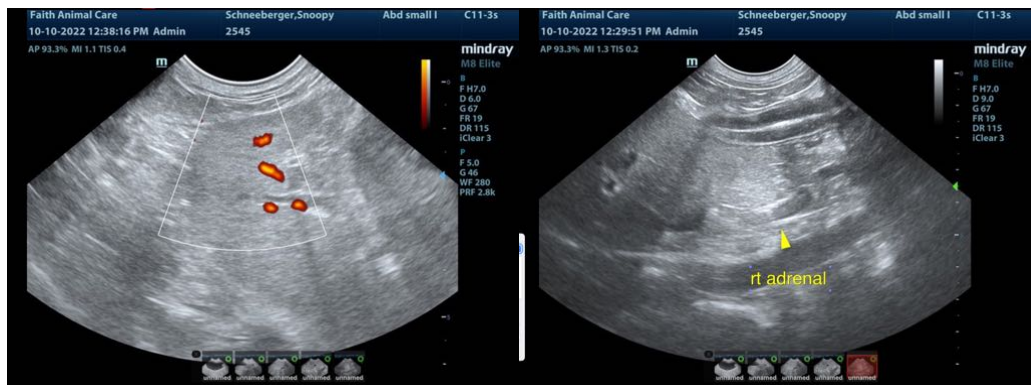
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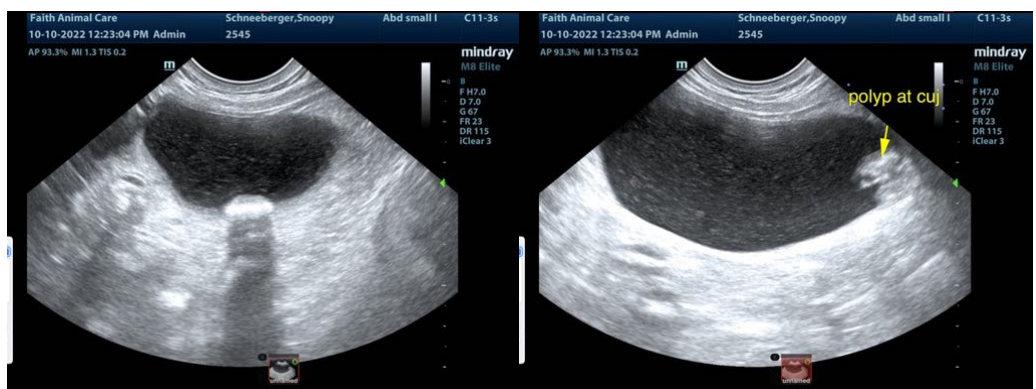
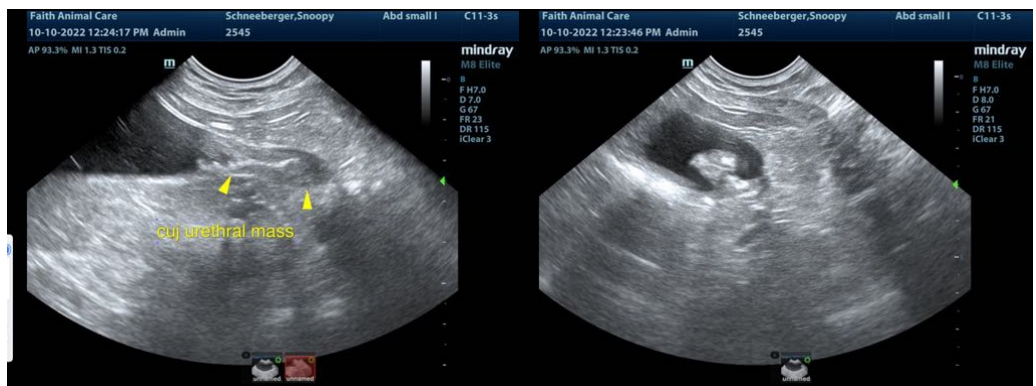
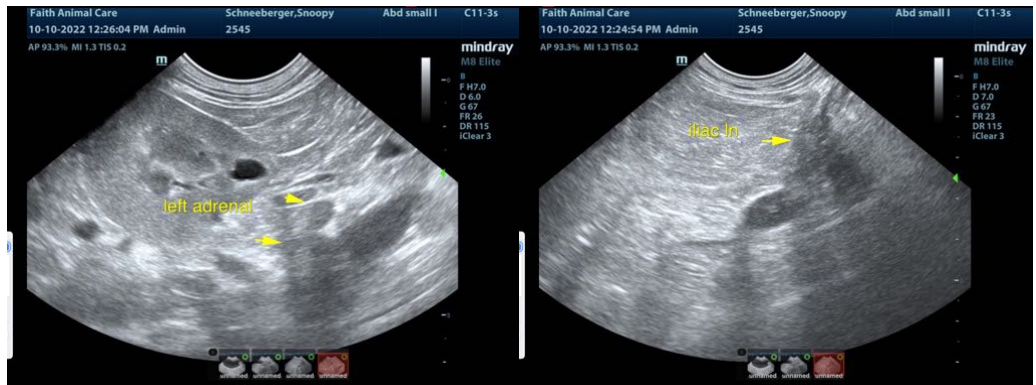
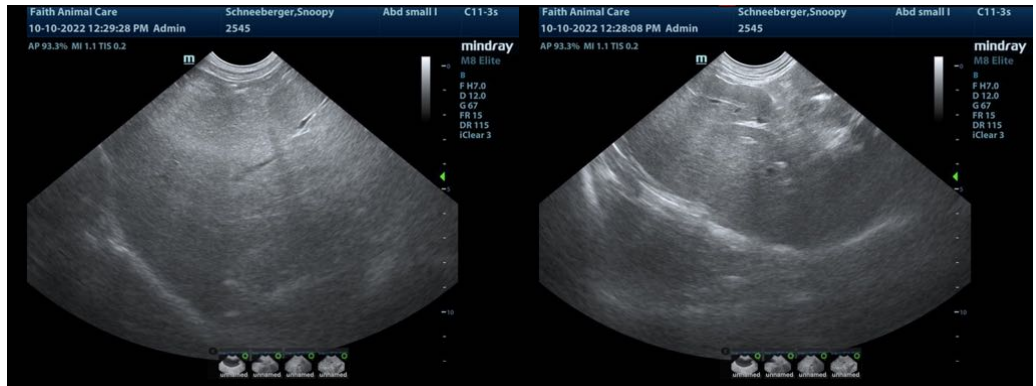
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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