



PATIENT

PRESENTING CLINICAL SIGNS

Blazah Aube

History: Stranguria, pollakuria and hematuria x 6 weeks. Also incontinence while sleeping. Two courses of antibiotics, Clavamox and Ciprofloxacin improved symptoms initially, but hematuria persists. Abnormal PE/Chem/CBC/UA Results: UA: persistent hematuria and low SG (1.004 to 1.011). BW: HCT 41%, down from 51% last year. TP 5.4, all else WNL. Urine C&S: No growth RADS: NSF

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Spayed Female

AGE

9 years

WEIGHT

46 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The right portion of the **urinary bladder** revealed a ventral mass that measured 5.63 x 2.0 cm. The mass invaded into the submucosal layer and muscularis. The mass was particularly vascular, strongly suggestive for carcinoma. This mass may be causing rotational change from the bladders normal position. The cystourethral junction, urethra, trigone and ureteral papillae appeared free of evident pathology. The exact positioning the mass is difficult to obtain.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.89 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 2.5 x 0.65 cm. The right adrenal gland measured 1.28 cm at the cranial pole and 0.65 cm at the caudal pole x 2.0 cm in length.

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** 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas

INVOICE

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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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Bladder mass, strongly consistent with transitional cell carcinoma.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

46 lbs

There was no evidence of metastatic disease noted and the mass may be resectable. Although the cytospin results reveal only inflammatory cellular content, the mass presents significant neoplastic criteria with transmural presentation. Cystoscopy is recommended to obtain tissue biopsies +/- laser ablation if available in your region. Otherwise, surgical approach can be considered.

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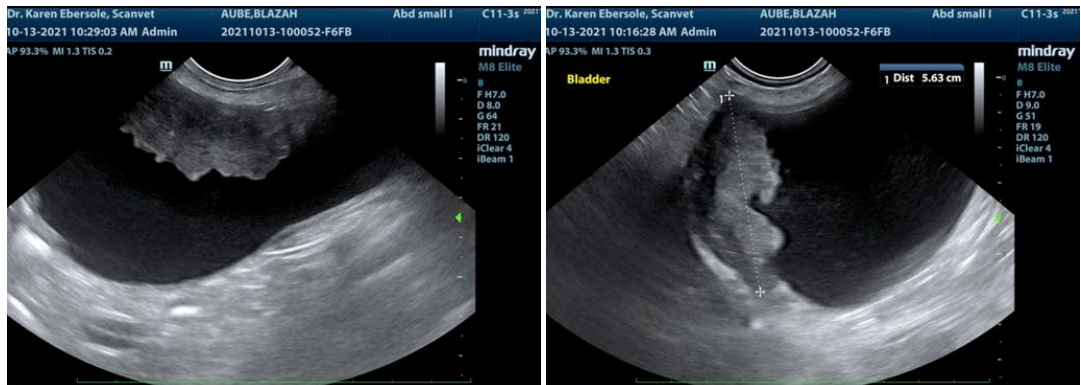
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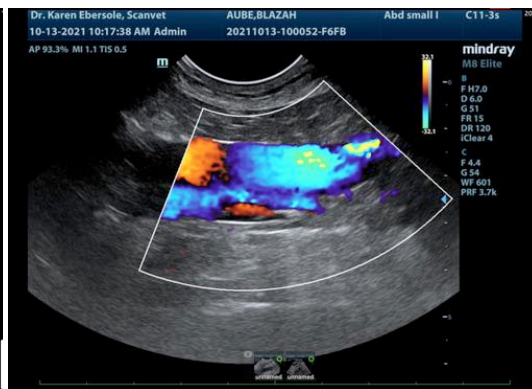
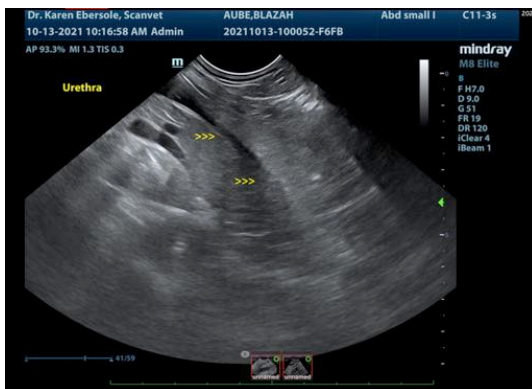
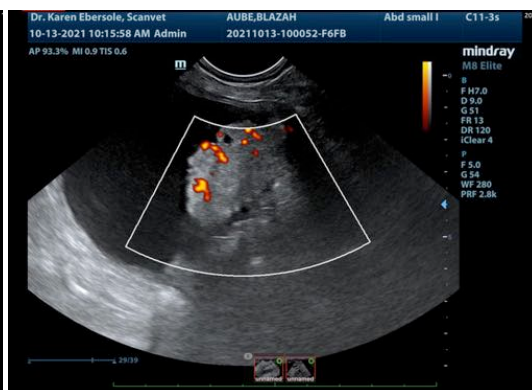
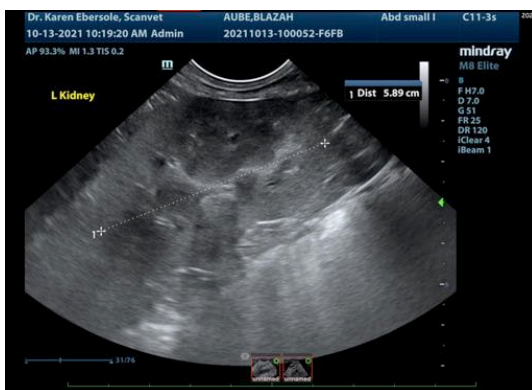
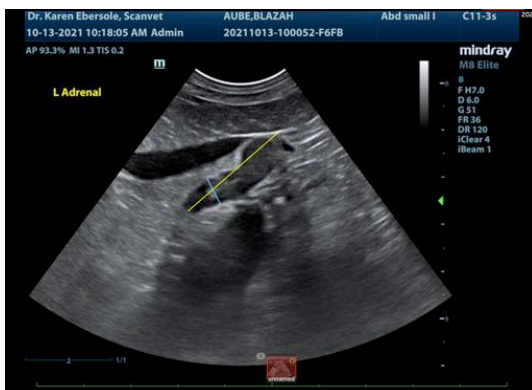
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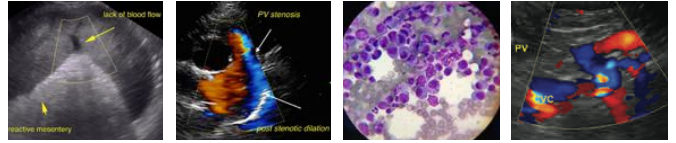
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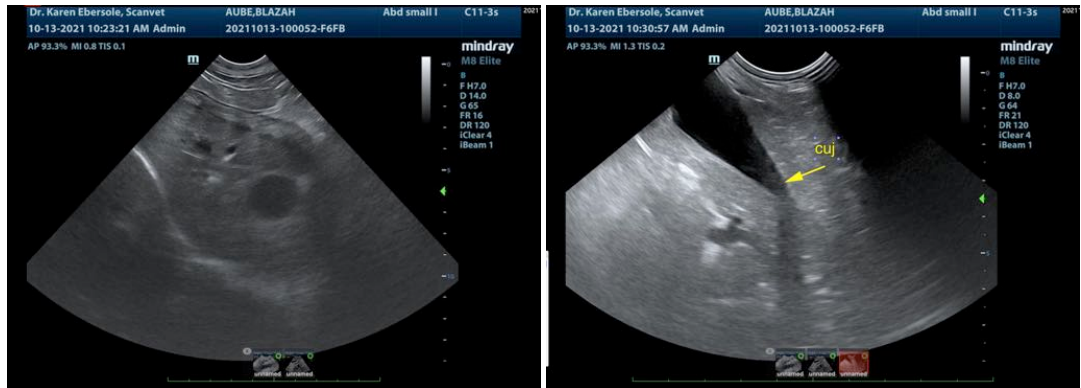
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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