

**DATE PRESENTING CLINICAL SIGNS**

10/19/21

History: Recheck of suspected TCC from last US. Hematuria and Pollikiuria sometimes.

**PATIENT**

Current Medications: Piroxicam 3mg SID

Lab Results: ALT 124, AST 68, Triglycerides 1352. No recent urine.

Abby LaPorte

Date of Previous IntraPet Ultrasound: 02/23/2021

Sedation: Not needed.

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

Maltipoo

A ventral **bladder** mass was noted appears to have extended into the apical and partial dorsal bladder wall and caudally into the pelvic urethra. The mass measured 1.5 cm in width. Free calculi as well as mineralized tissue noted. The bladder mas does not appear resectable at this time.

**SEX**

Spayed Female

The **kidneys** revealed age-related changes similar to the prior sonogram. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.5 cm. The left kidney measured 4.16 cm.

**AGE**

2009

**Adrenal Glands****WEIGHT**

18.3 Pounds

The **left adrenal gland** was 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 2.14 cm x 0.57 cm at the caudal pole and 0.52 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **right adrenal gland** was progressively expansive compared to the prior sonogram, measuring 2.6 cm x 1.63 cm at the cranial pole and 1.27 cm at the caudal pole. Areas of mineralization noted.

**Spleen****HOSPITAL NAME**

Honeygo AH

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 were noted.

**REFERRING VET**

Dr. Mullenex

**Liver**

The **liver** was diffusely hyperechoic with coarse architecture and minor coalescing nodular changes. The gallbladder and common bile duct were unremarkable.

**INVOICE**

10/19/21

**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**

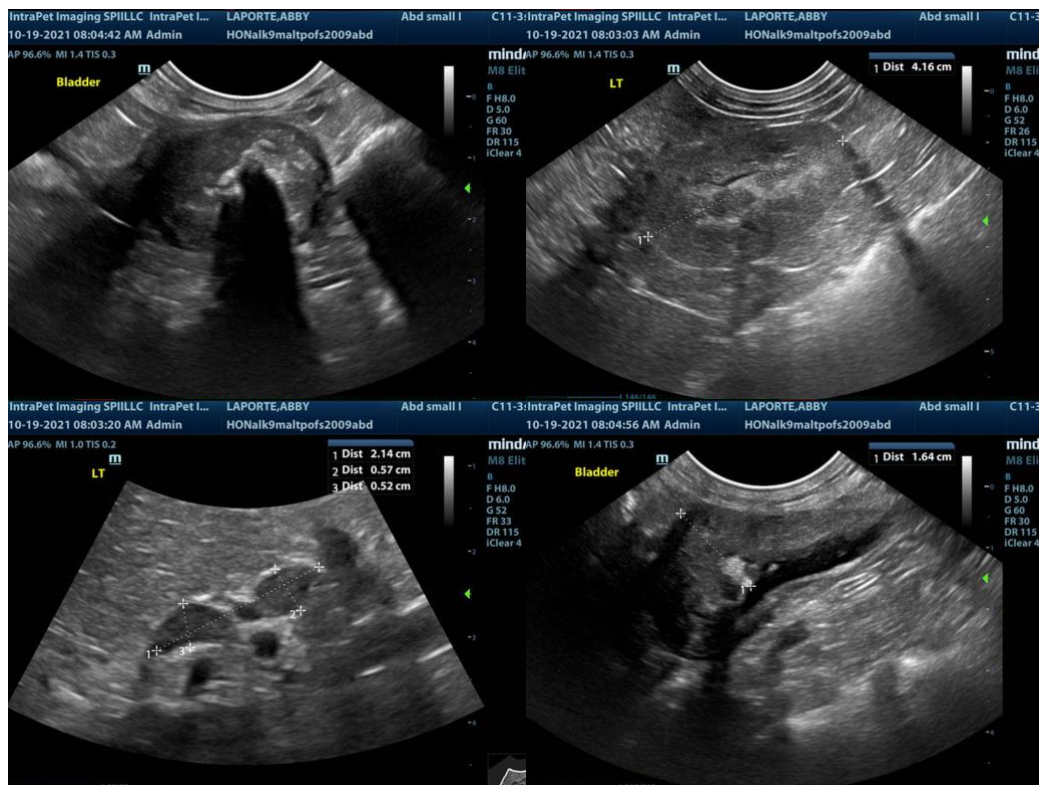
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

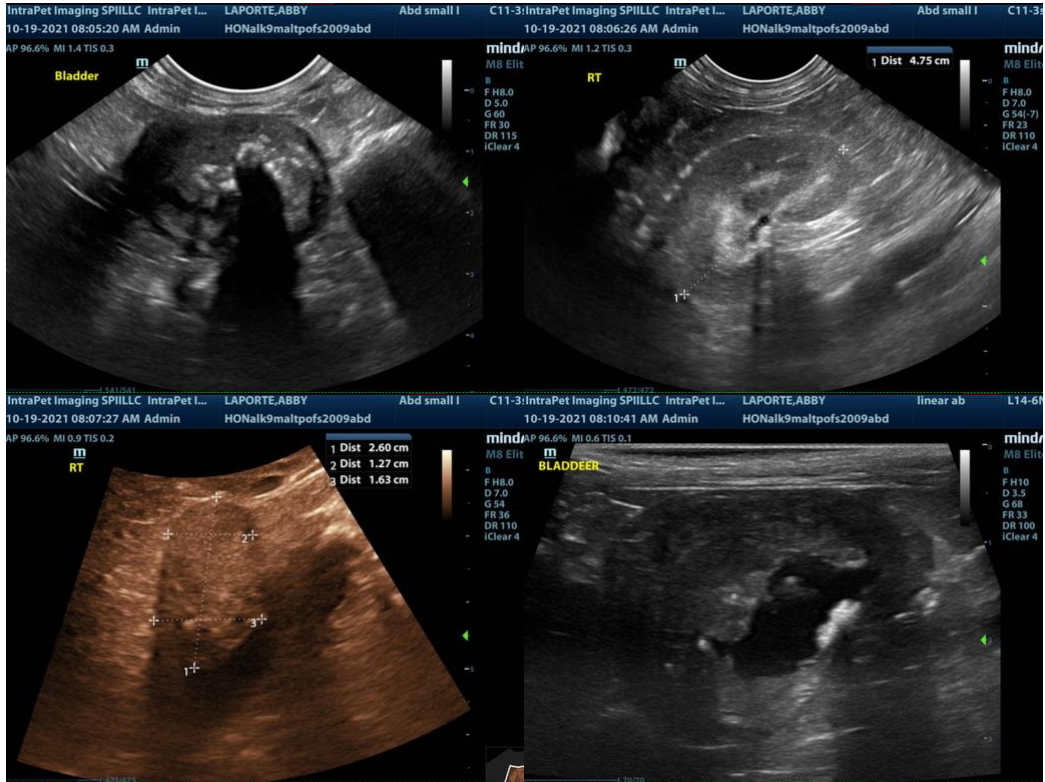
### ULTRASONOGRAPHIC FINDINGS

- Progressive bladder mass into the cystourethral junction, non-resectable
- Prominent right adrenal gland, mildly increased in size
- Subjectively benign hepatopathy with nodular hyperplasia
- Age-related renal changes

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of metastatic disease from the bladder pathology. Strongly consistent with transitional cell carcinoma.





**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.

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