



PATIENT

Maximus Weaver

SPECIES

Feline

BREED

German Shepherd

SEX

Neutered male

AGE

12 years

WEIGHT

75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

39986

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Patient has history of hematuria, chronic unilateral nasal discharge, chronic skin infection, patient has been on apoquel for years for allergic dermatitis.

Abnormal PE/Chem/CBC/UA Results: UA: USG 1.036, Rods present, 250 blood, 500 protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polypoid mass that measured 5.2 x 3.2 cm. This is largely sessile and appears to be deriving from the apical wall. The cystourethral junction, visible urethra and ureteral papilla appear to be free of evident pathology. The deep urethra and prostate were not visualized.

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 and no evidence of pelvic dilation was present. Corticomedullary mineralization was noted. Occasional cortical cysts were noted. Both kidneys measured 9.0 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 0.6 cm. The right adrenal gland measured 0.5 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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.

Pancreas

The **pancreas** revealed heterogenous parenchymal changes with coalescing nodules. This is consistent with hyperplasia. History of pancreatitis may be an issue in this patient.

ULTRASONOGRAPHIC FINDINGS

Pancreatic pattern appears to be stable.

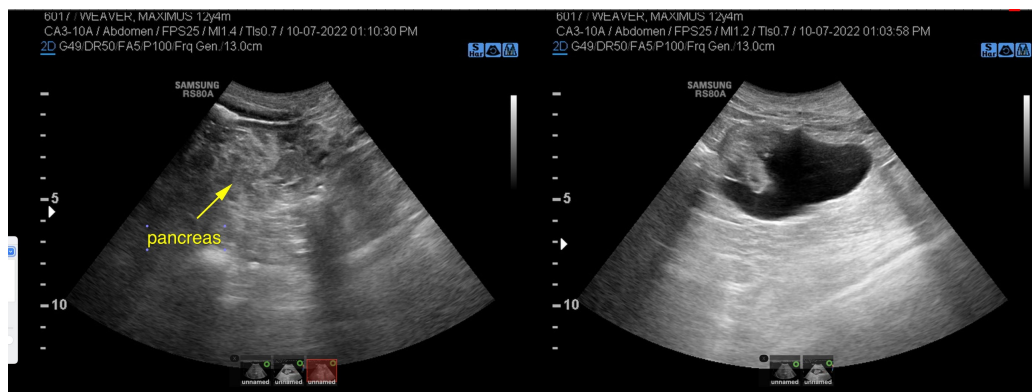
Geriatric abdomen with apical bladder wall mass. Strong suspicion for transitional cell carcinoma.

Vacuolar hepatopathy pattern, appears stable.

Age related renal changes, appears stable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the deep pelvic urethra and prostate would be ideal to ensure that no evidence of metastatic disease and/or ultrasound-guided traumatic catheterization could be considered or direct apical partial cystectomy. However, I cannot completely rule out the potential of distal seeding of the mass in the deep pelvic urethra and prostate.





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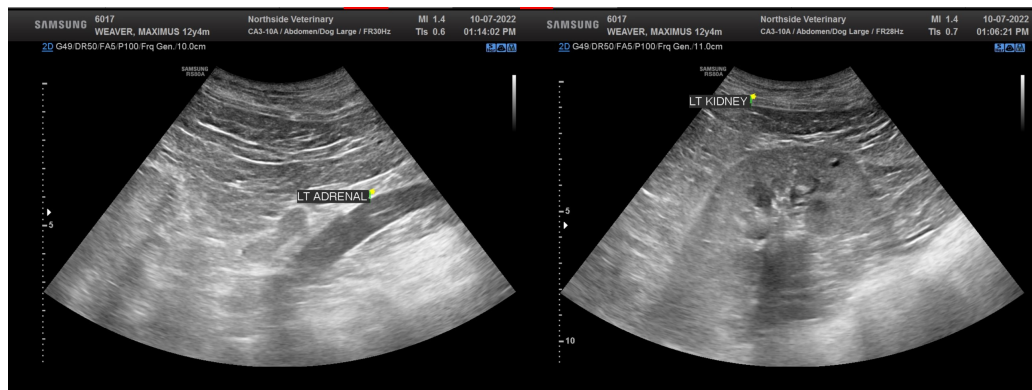
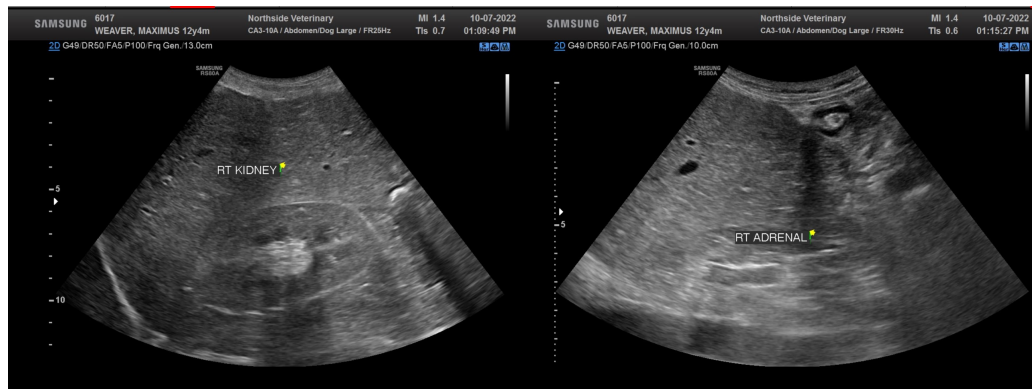
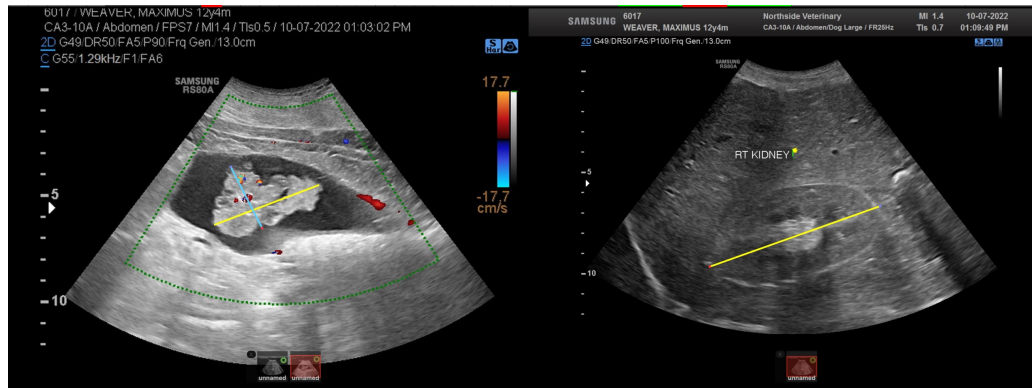
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
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