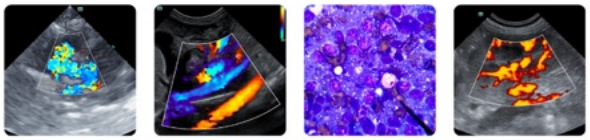


PATIENT

Grace Thomas Gilbert

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Owens, DVM

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

68523

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Had episioplasty in 2016 for recessed vulva predisposing to multiple bacterial urinary tract infections as a young dog. Has had a couple of urinary tract infections over the last 9 years, but resolved with antibiotics. Seen 9/29/25 for hematuria of 1 week duration (no pollakiuria noted, just noted blood in urine on walks) treated with 14 day course of clavamox, and still had hematuria on recheck UA 10/13/25. POC ultrasound noted polypoid bladder mass, R/O mass vs blood clot, refilled clavamox and rechecked 11/4/2025, mass still present on POC ultrasound. Limited ultrasound with awake and nervous patient. Not currently exhibiting any lower urinary tract signs.
Abnormal PE/Chem/CBC/UA Results: 7 RBC/HPF on recheck UA from 10/13/25. Urine has not been cultured this time, did not want to perform cystocentesis with risk of seeding tumor cells.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical, ventral mass measuring 2.7 x 2.2 cm with suspended debris. The bladder mass was deriving from the apical ventral wall. The submucosal layer and muscularis appear to be involved, which would suggest a carcinomatous neoplastic process. Polypoid hyperplasia is possible, yet less likely. Significant blood flow was noted on color flow assessment.

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 6.4 cm and the right kidney measured 7.0 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 2.67 x 0.63 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 0.72 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.

PATIENT

Grace Thomas Gilbert

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Owens, DVM

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

68523

DATE

11/10/25

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.

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

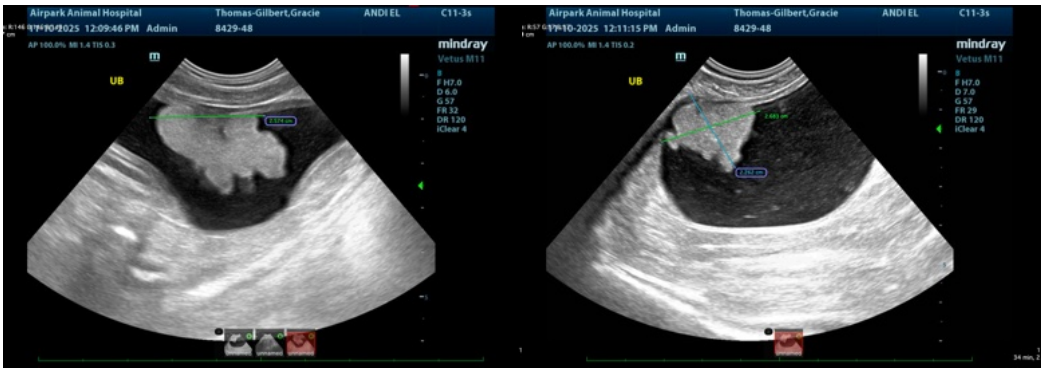
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

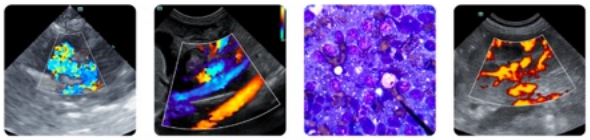
- Apical bladder mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder mass appears to be isolated. Surgical intervention with resection is indicated. The cystourethral junction and proximal urethra were free of evident pathology. I do not recommend cystocentesis. BRAF testing can be considered as well as free catch urine sample with cytospin to assess for carcinomatous type cells.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Grace Thomas Gilbert

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Owens, DVM

HOSPITAL NAME

Airpark AH

REFERRING VET

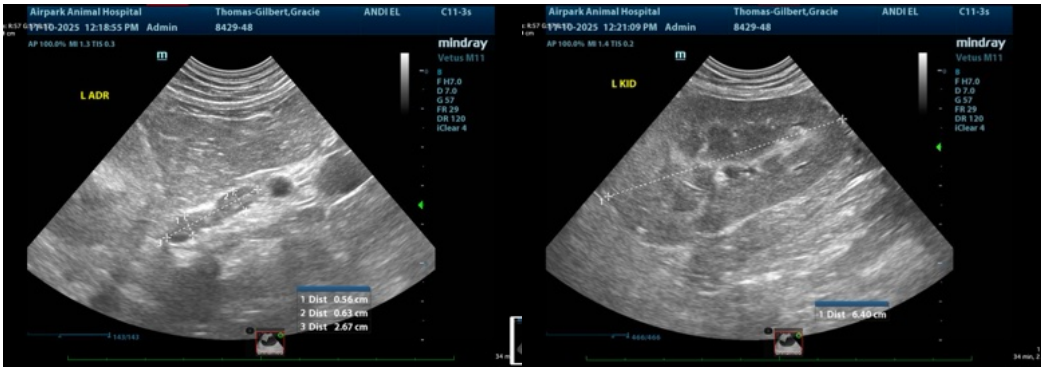
Dr. Owens

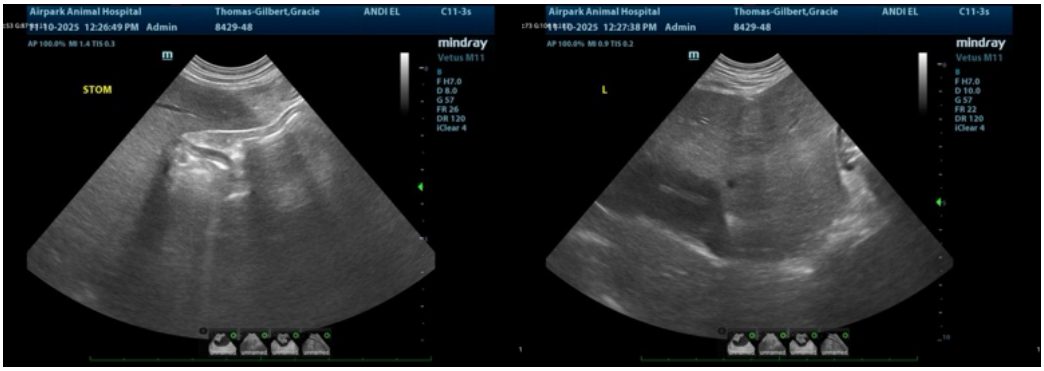
INVOICE

68523

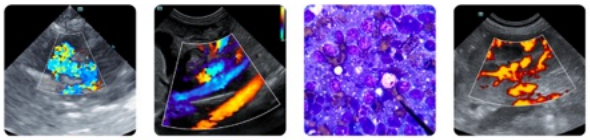
DATE

11/10/25





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Grace Thomas Gilbert

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Owens, DVM

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

68523

DATE

11/10/25

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 of SonoPath.com

info@SonoPath.com