



PATIENT

Marley de Castro

SPECIES

Canine

BREED

Rat Terrier

SEX

Female

AGE

13 Years

WEIGHT

8.2 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Levy

HOSPITAL NAME

Court Street
Veterinary Hospital

REFERRING VET

Dr. Levy

INVOICE

72495

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Polyuria + Pollakiuria
Abnormal PE/Chem/CBC/UA Results: Low USG + WBC, RBC, and non-squamous cells on UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented mucosal remodeling and polypoid changes with thickened submucosal layer. The muscularis and serosa were unaffected. Polypoid changes were largely concentric. The urethra was visualized up to 1.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

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. Slight areas of mineralization noted. Left kidney measured 3.3 cm. Right kidney measured 3.5 cm.

Adrenal Glands

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 0.85 cm at the caudal pole and 0.40 cm at the cranial pole.

The **right adrenal gland** was not visualized.

Spleen

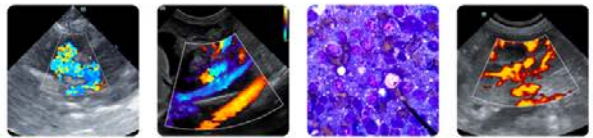
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were 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.

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.



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Pancreas

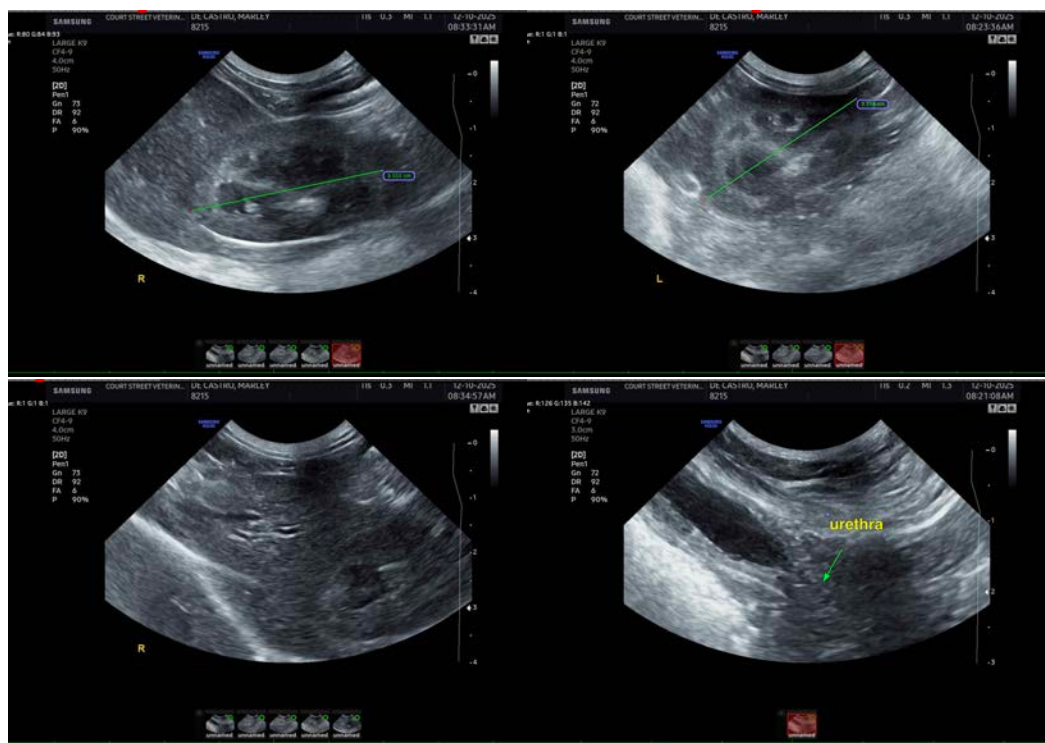
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Polypoid cystitis pattern with mild potential for underlying carcinoma.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy would be ideal to visualize and potentially sample any abnormalities in the pelvic urethra. Polypoid changes on the bladder merit sampling as well. BRAF testing and cytospin of a free catch urine sample warranted to assess for potential carcinoma. If no suggestion for bladder carcinoma, then cystocentesis with culture and sensitivity indicated.





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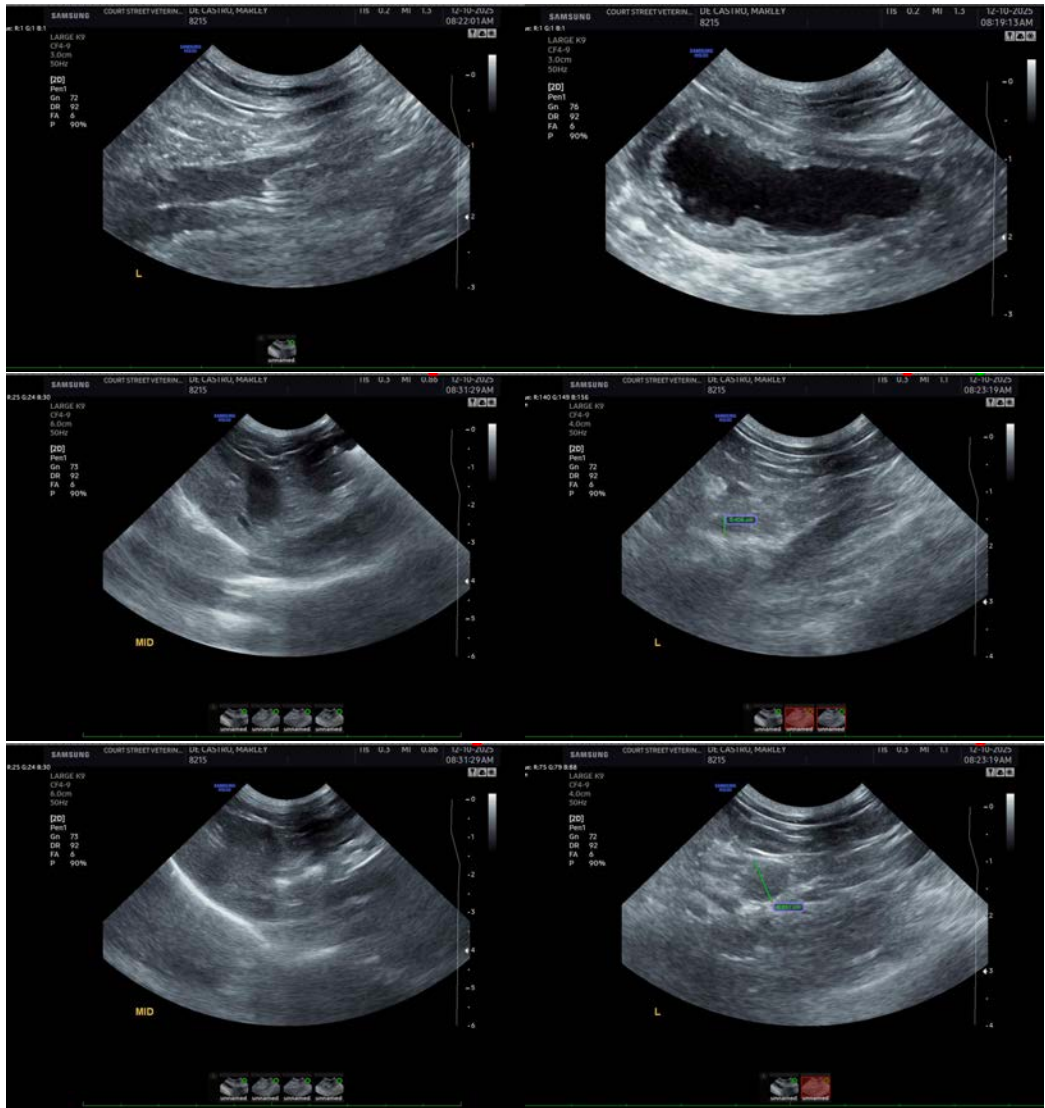
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com