PATIENT

Israel Velez

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

28 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Walden Animal Clinic

REFERRING VET

Dr. Kelly

INVOICE

12704

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Hematuria, PU, pollakuria, UTI, stage II dental dz, grade III HM, bilateral inguinal hernia

Current meds: Baytril

Abnormal PE/Chem/CBC/UA Results: ALP 2461 U/A: 4+ protein, 2+ blood, USG 1.041

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed polypoid masses in the trigone/caudal dorsal wall with other separate polypoid changes measuring up to 1.5 cm. The primary mass measured 2.0 cm x 2.0 cm. Th mass extends to a position adjacent to the right ureteral papilla.

The **prostate** was enlarged with cystic and parenchymal changes measuring 2.1 cm.

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 mild 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. The left kidney measured 5.56 cm in length. The right kidney measured 5.26 cm in length.

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 1.76 cm x 0.51 cm width at the cranial pole and 0.51 cm width at the caudal pole. The right adrenal gland measured 1.48 cm width at the cranial pole and 0.50 cm width at the caudal pole and 2.3 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 were noted.

Liver

The **liver** was uniformly swollen with moderate, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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.

Pancreas

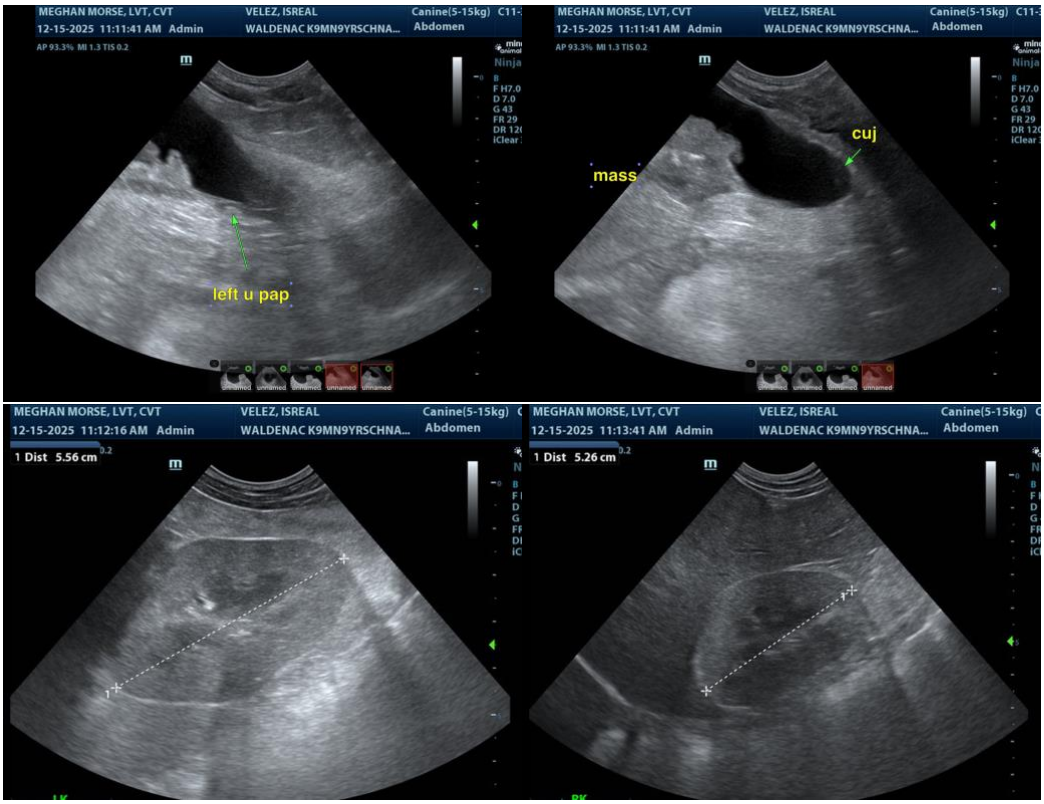
The right limb of the **pancreas** was hypoechoic, mild swollen and slightly heterogenous with hyperechoic surrounding fat suggestive of inflammation.

ULTRASONOGRAPHIC FINDINGS

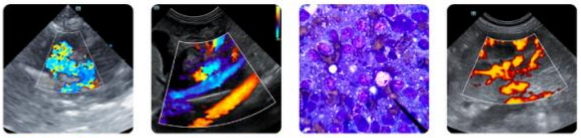
- Polypoid bladder masses- multifocal urinary carcinoma is suspected.
- Age-related renal changes.
- Enlarged heterogenous prostate.
- Benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bladder presentation, metastatic disease to the prostate is likely. Ultrasound guided traumatic catheterization of the prostate and bladder masses would all be indicated. Ultrasound guided FNA of the prostatic mass could be considered yet, tumor trailing is a possibility. BRAF testing could be considered. Free catch urine sample with cytospin may also prove effective for a definitive diagnosis yet this is strongly consistent with multicentric urothelial carcinoma.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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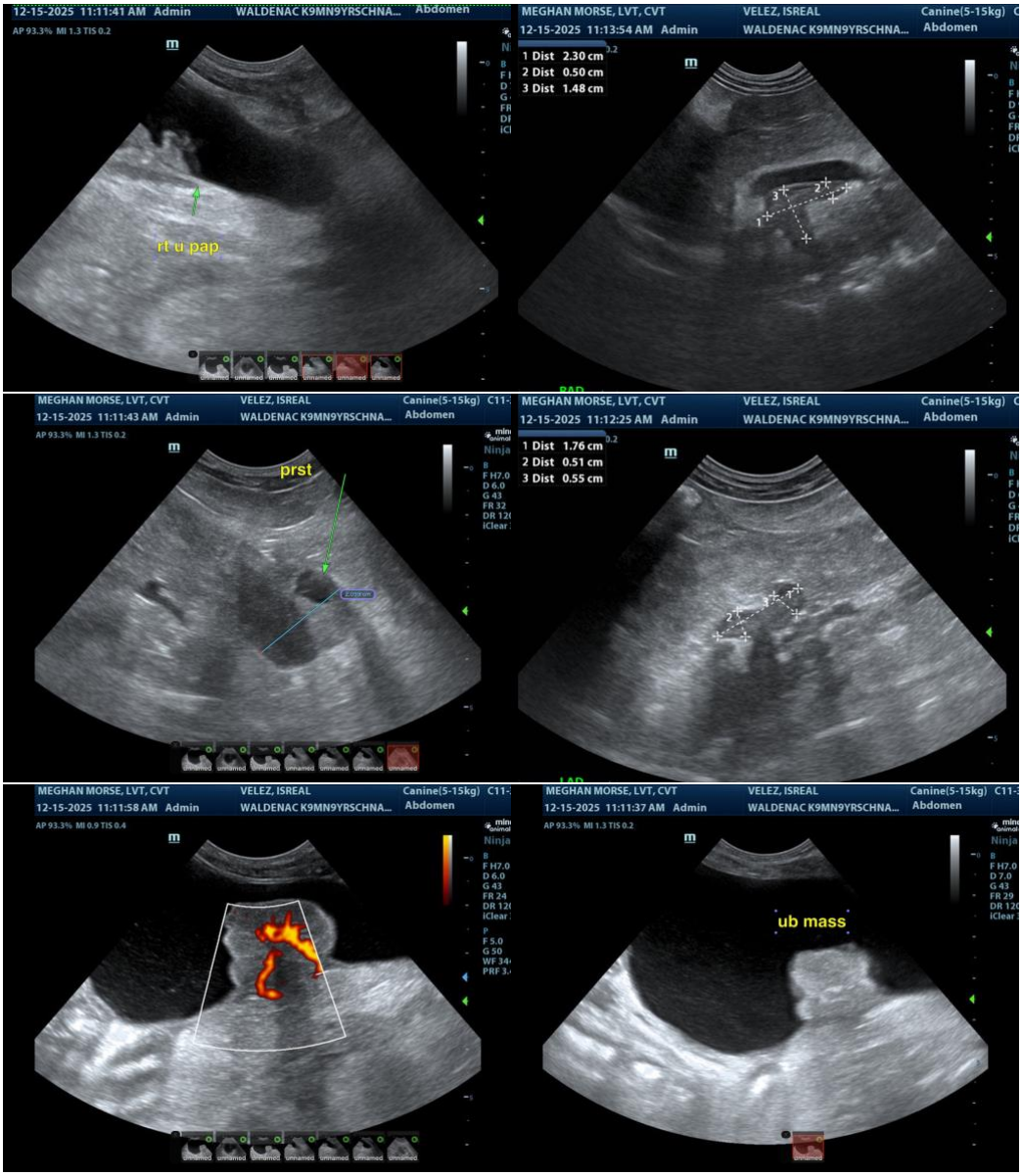

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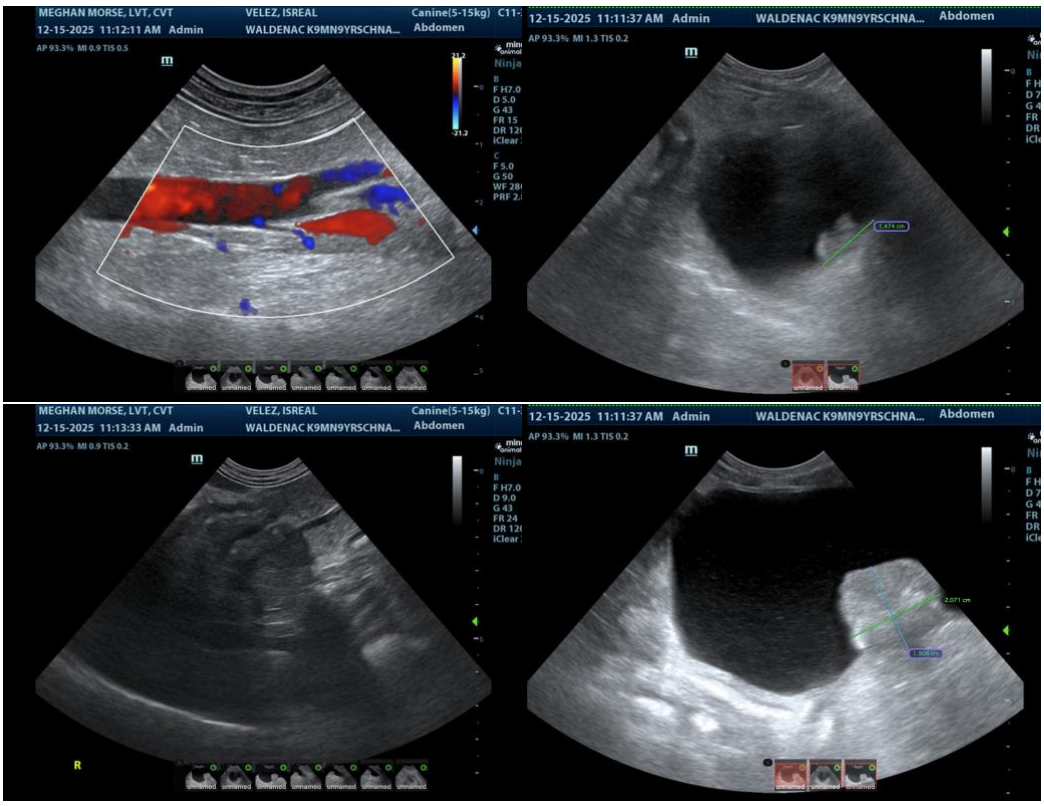

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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