



PATIENT

Lassie Hagopian

SPECIES

Canine

BREED

Collie

SEX

Spayed female

AGE

10 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

69357

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: - underweight - PU/PD - Hematuria -hy had a uti which was treated.
Abnormal PE/Chem/CBC/UA Results: cbc - unremarkable Chem - Alt - 182 - elev Alp - 230 - elev
Urinalysis: 2+ prot Cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical dorsal mass that measured 4.9 x 1.8 cm. There is a strong concern for carcinoma. BRAF testing is indicated. Bladder wall thickening continued in the right ureteral papilla. This continued and tapered into the right ureteral papilla. The cystourethral junction appeared free of evident pathology.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.8 cm. The right kidney measured 6.4 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 0.84 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.7 cm at the caudal pole.

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. Occasional isoechoic nodule 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



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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

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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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.

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ULTRASONOGRAPHIC FINDINGS

Apical dorsal bladder mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder mass is potentially resectable; however, further imaging of the pelvic urethra would be ideal. Resection of the dorsal apical bladder wall could be considered. There is a mild potential that right ureteral transposition would be necessary; however, no overt hydroureter was noted at this point. The mass appears to impinged upon or possibly invade the ureteral papillae. This would be a surgical judgement call. BRAF testing is indicated with cytospin and free catch urine sample. I do not recommend cystocentesis in this patient given the potential for trailing.

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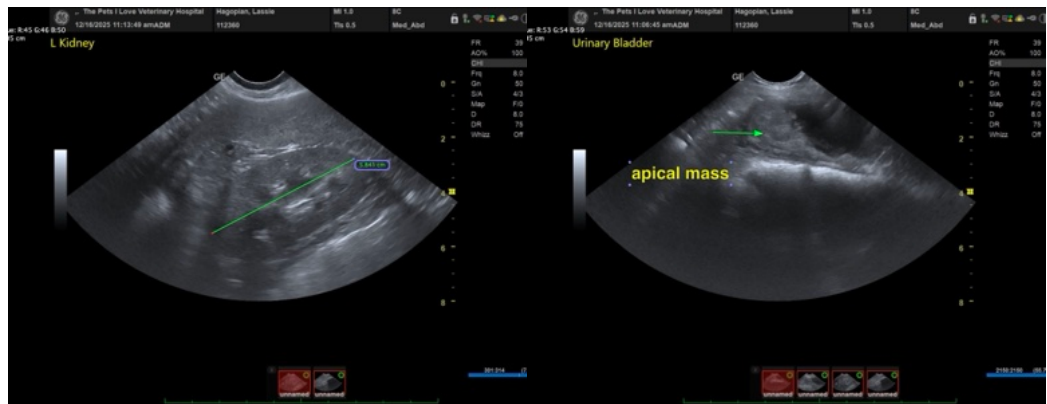
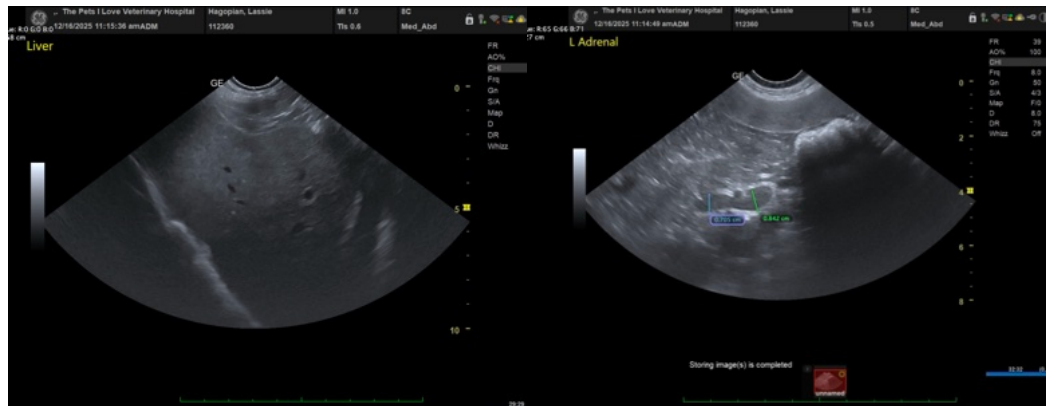
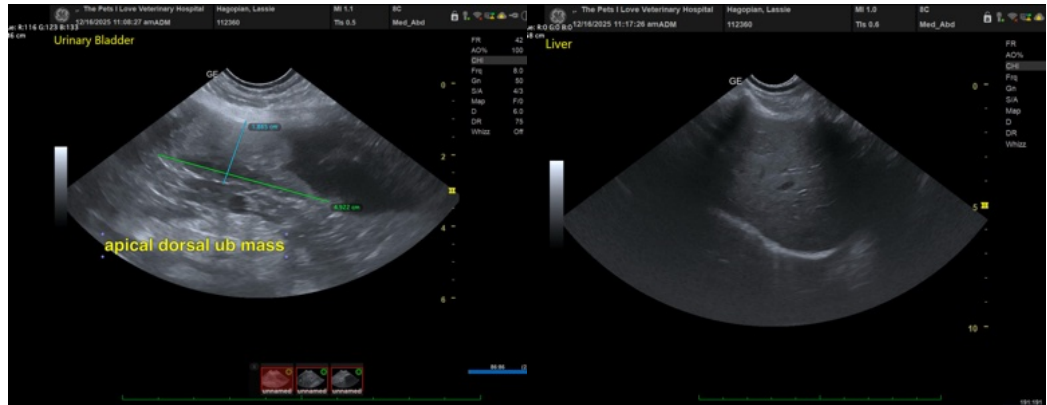
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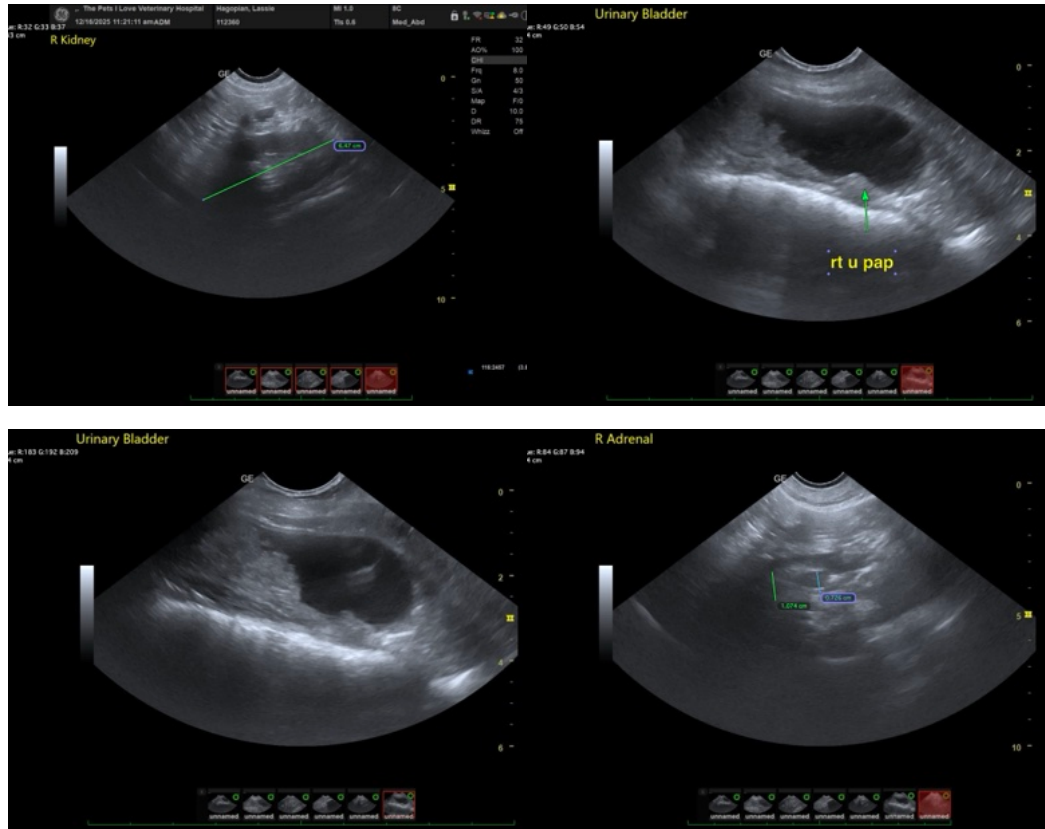
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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