



PATIENT

Ovi Bezik

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

13 Years 8 Months

WEIGHT

13.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gruber

INVOICE

35048

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Persistent Hematuria despite Tx w/Abx. Clinical Findings: AFAST - Showed Light Soft Tissue Mid->Caudal Bladder Lumen. Patient exhibiting stranguria despite Current Medication: None Current, Clavamox+Convenia w/in the last month.

Abnormal PE/Chem/CBC/UA Results: UA: PH 7.0, Protein 3+ WBC+ RBC+++ on sediment USG: 1.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a dorsal caudal mass, entering into the cystourethral junction and proximal urethra. The mass measured 1.6 cm x 3.6 cm. This is transmural. No serosal escape was noted; however, the mass occupies the entire bladder wall and enters into the cystourethral junction, likely creating a check valve type activity upon urination. This does not appear resectable, as the proximal urethra appears invaded by approximately 0.5 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.8 cm. The right kidney measured 4.22 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 0.46 cm. The right adrenal gland measured 0.56 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 were noted.

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



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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

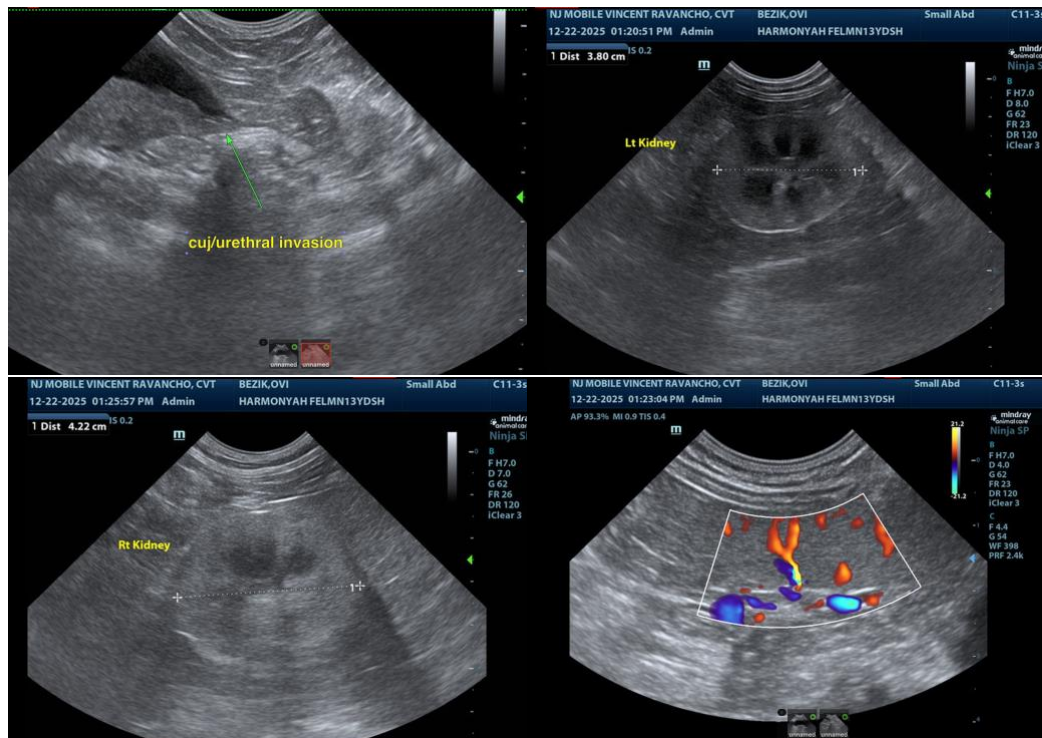
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonresectable bladder mass, likely carcinoma, bladder lymphoma, or fibrosarcoma (less likely)
- Moderate degenerative renal disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided traumatic catheterization could be considered. Referral for oncological intervention and possible stent placement may be appropriate.





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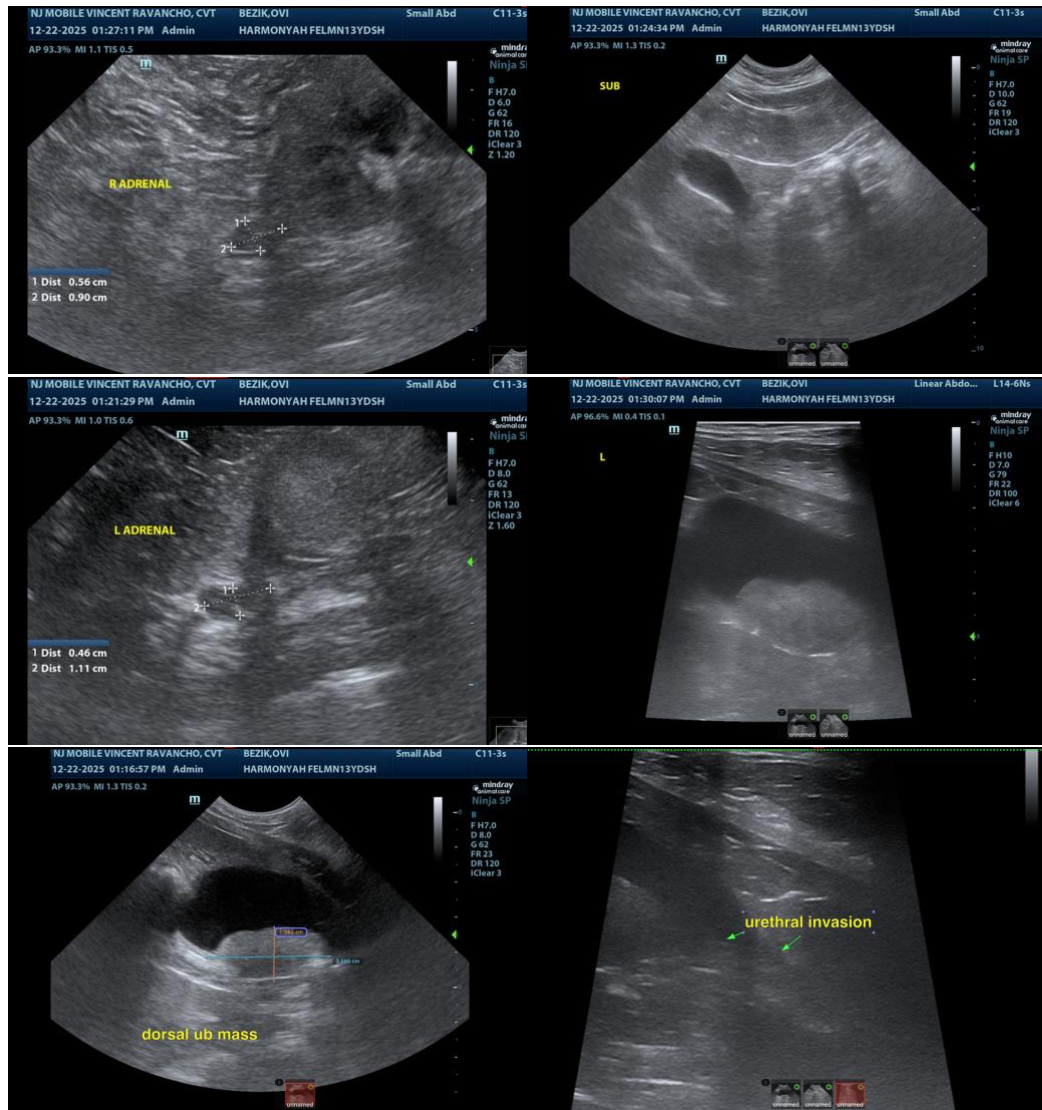
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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