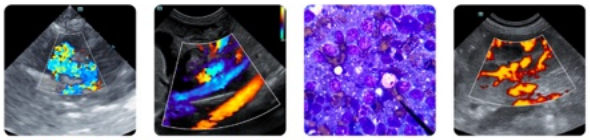

PATIENT

Sadie Nusbaum

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

10 years

WEIGHT

53.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Donovan

INVOICE

69504

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Weight loss and history of resolved UTI after a course of antibiotics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The wall thickening was largely localized to the mucosa with minor muscularis hypertrophy. The bladder wall at moderate repletion measured 1.03 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis yet I cannot completely rule out the potential for carcinoma. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 6.3 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed heterogenous hypoechoic nodular changes. This is most consistent with hyperplasia.

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.

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Gastrointestinal

There was some residual chyme and gas was 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. A cystic mesenteric lymph node was noted and measured 1.5 cm. This is not overtly pathological.

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

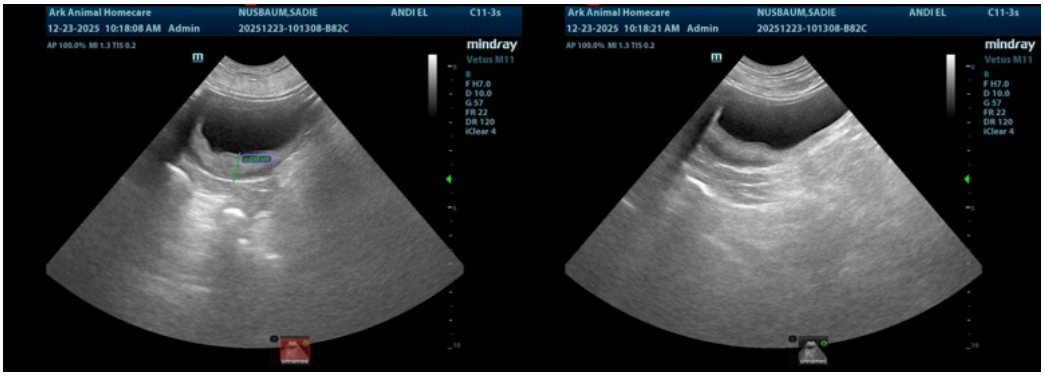
Cystic mesenteric lymph node, appears benign.

Cystitis bladder pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is indicated. There is a minor potential of underlying carcinoma as well as cytospin and free catch urine sample. Examination of the vaginal vestibule is recommended for predisposing issues such as recessed vulva or urine pooling. Urine culture and sensitivity is warranted. If inflammatory sediment is residual within the bladder, then long term treatment for UTI may be necessary given the chronic changes in the bladder itself. There was no overt cause of weight loss in this patient.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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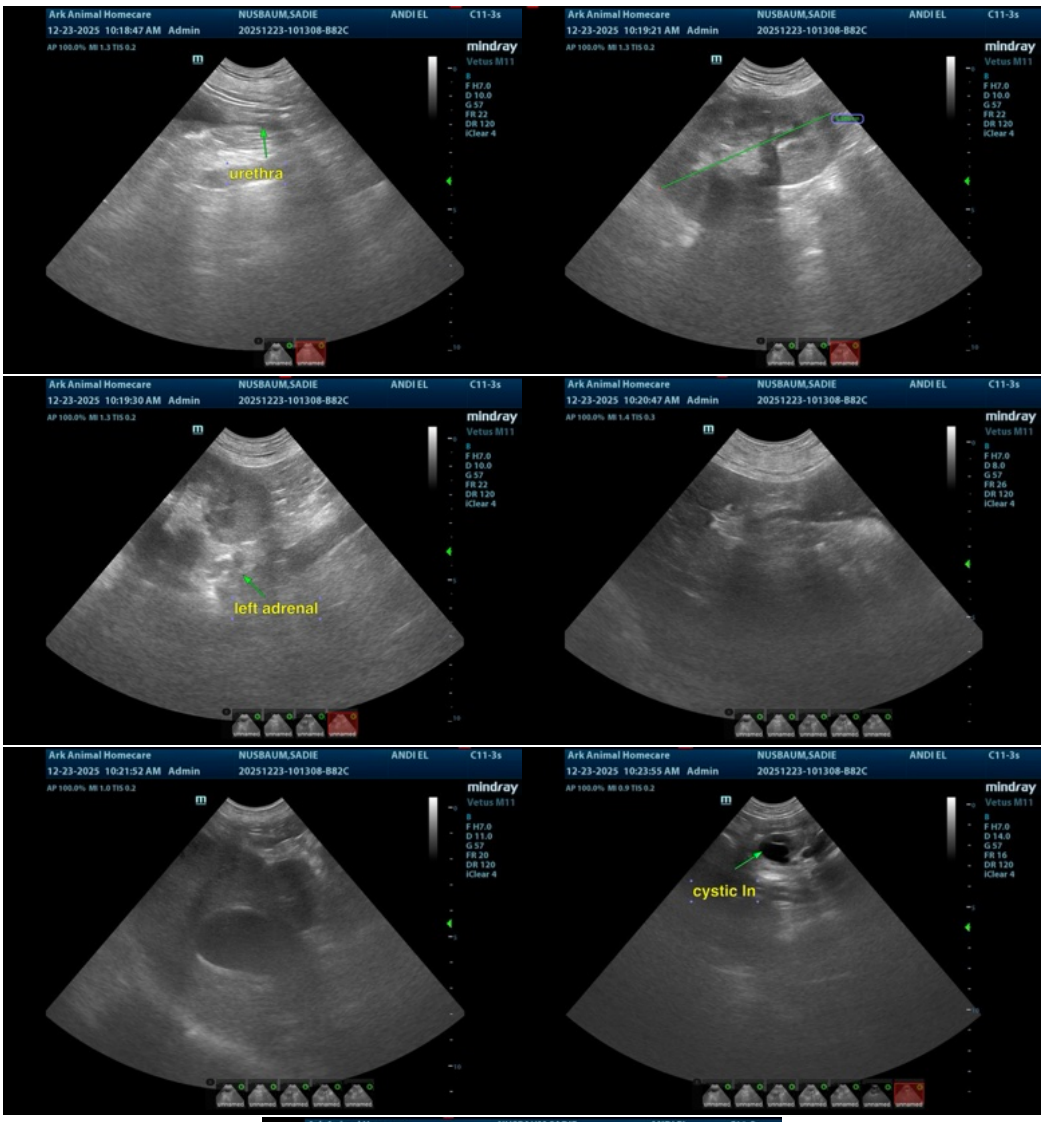

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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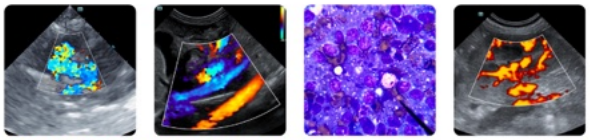

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Educational Teleconsultation Services™

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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