


DATE PRESENTING CLINICAL SIGNS

12/04/25 Patient History: P presented on 11/4/25 for polyuria without polydipsia, urinary accidents and hematuria, P has history since 2yo of a heart murmur, currently grade 3/6 murmur, when attempting US-guided cystocentesis a possible mass in the bladder was noted, radiographs showed cardiomegaly and no obvious masses nor urolithiasis. Ivermectin toxicity on 11/28/25 with neurological signs

PATIENT

Bella Leap

SPECIES

Canine

BREED

Chihuahua

Current Medications: Carprofen 12.5mg given PO q24 hours initiated on 11/4/25 and stopped on 11/25/25. Ivermectin (no prescribed, but Owner gave on 11/27/25)- 1/16-1/8th tsp of Ivermectin large animal paste (1.87%) - 4-9.35mg PO

Labwork Results: Labwork attached, reported as: hematuria and mild proteinuria, mild non-regenerative anemia

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
AGE

08/02/2013

The **urinary bladder** revealed an apical ventral polypoid mass measuring 1.8 cm x 2.7 cm. The ureteral papilla were unremarkable, however, a polypoid change noted in the proximal urethra suggestive of metastatic disease, however, cystoscopy would be ideal to assess this potential. The cystourethral junction urethral polyp measured approximately 0.70 cm. Dorsal wall polyp was also noted measuring 0.80 cm. The cystourethral junction structure is likely a clot given that it appeared to move upon manipulation.

WEIGHT

9.5 pounds

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 3.57 cm in length. The right kidney measured 3.77 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 1.41 cm x 0.49 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland measured 1.21 cm x 0.53 cm width at the caudal pole and 0.59 cm width at the cranial pole.

INTERPRETED BY

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

HOSPITAL NAME

 Warm & Fuzzy
 Veterinary Center

REFERRING VET

Dr. Williams

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.

INVOICE

12569

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

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

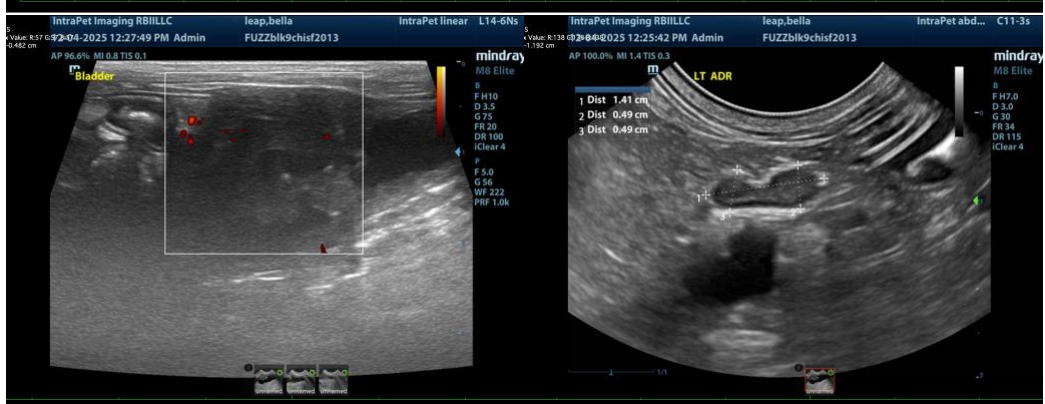
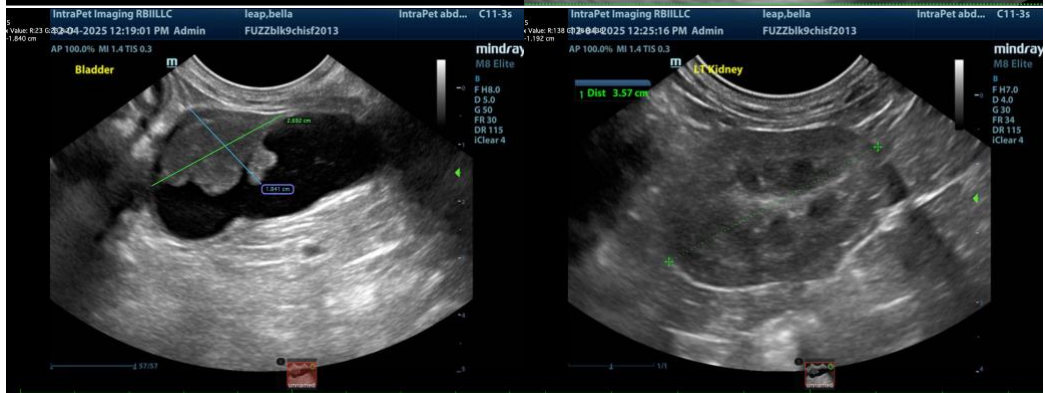
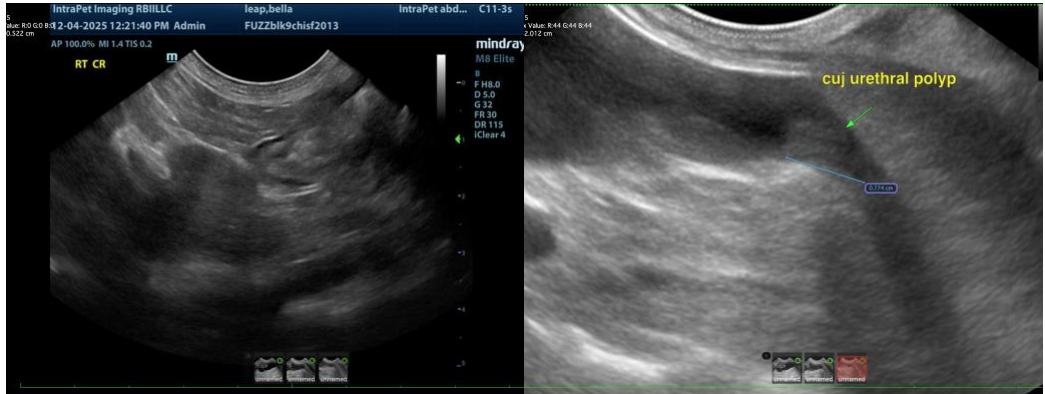
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

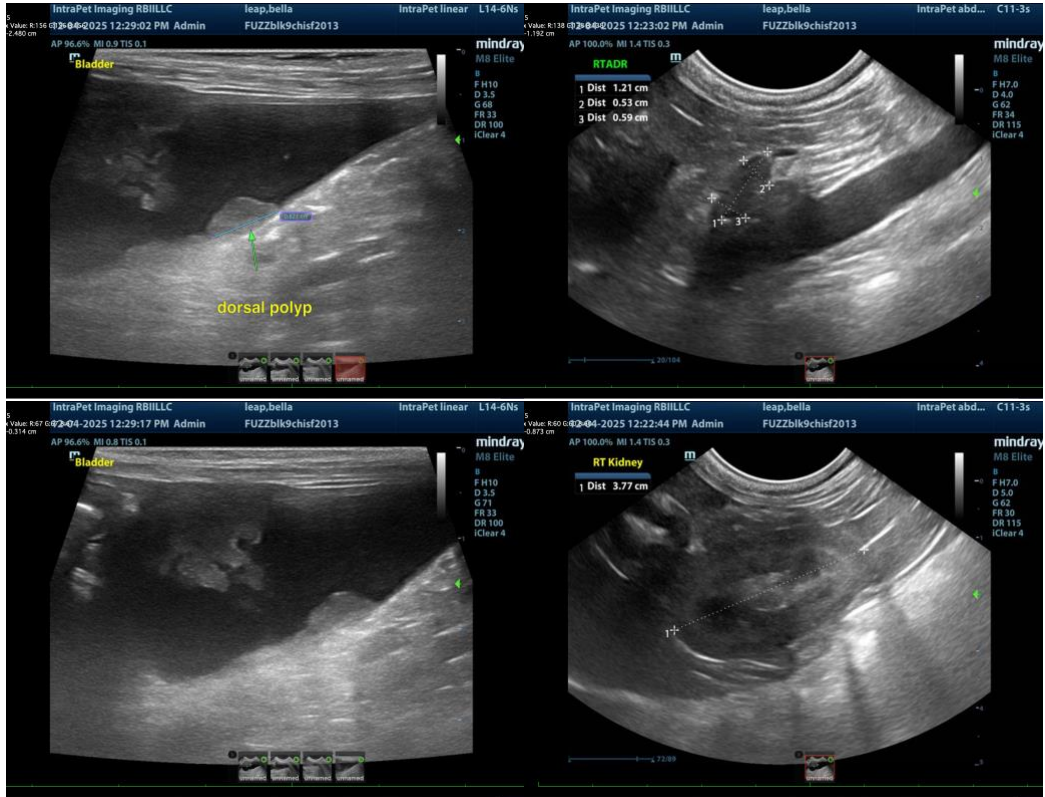
ULTRASONOGRAPHIC FINDINGS

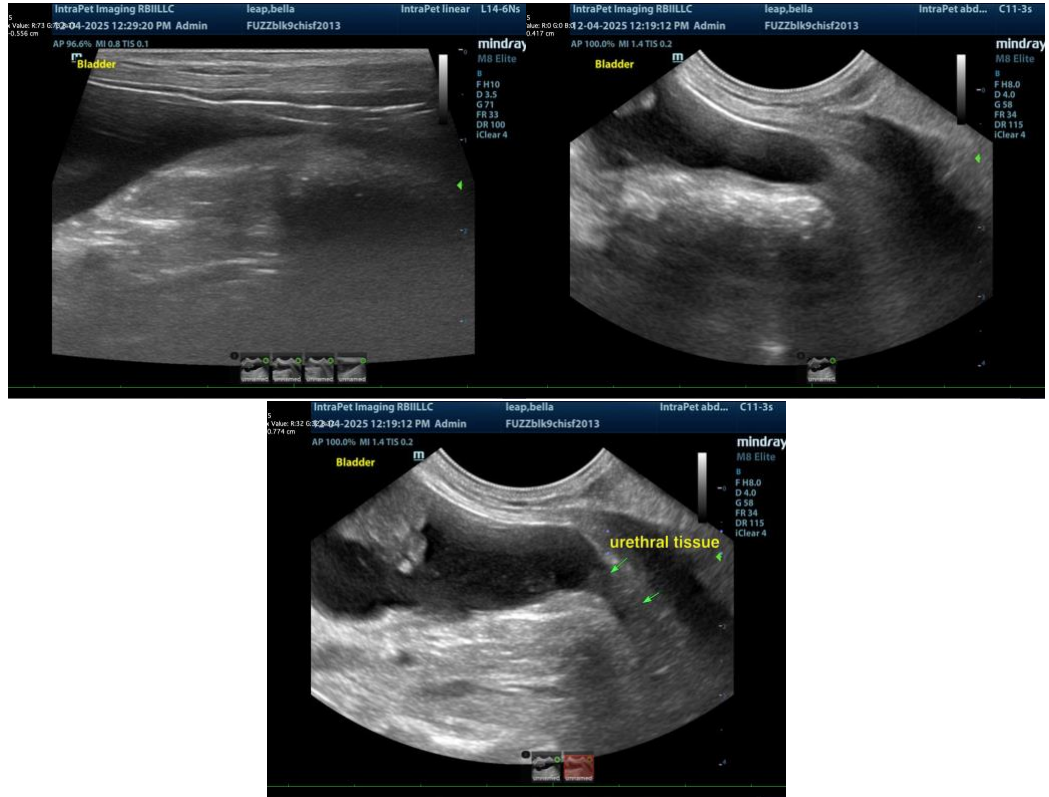
- Age-related renal changes.
- Multicentric carcinoma pattern in the urinary bladder.
- Age-related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary bladder mass appears resectable, however, the urethra appears to be involved. This should be confirmed with cystoscopy to assess the pelvic urethra and cystourethral junction prior to surgical intervention. The pathology is strongly consistent with carcinoma. The urethral polyp was visible on 8 MHz imaging, however, 14 MHz high resolution was not evident. Technically, the large bladder mass and dorsal polyp could be surgically removed. Surgical removal of the apical ventral bladder mass could occur with the dorsal resection as well, however, given the multicentric pattern, micro metastasis to other portions of the bladder is a strong potential. BRAF testing and cytospin of a free catch urine sample is indicated to assess for carcinoma cells. No evidence of metastatic disease. Oncological assessment is recommended.







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.

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