



**PATIENT**

Joe Abel

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

19.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hayley Biederbeck

**HOSPITAL NAME**

Lomsnes Vet Hospital

**REFERRING VET**

Dr. Hayley Biederbeck

**INVOICE**

45136

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

Ultrasound for neighboring clinic. Hx of bloody diarrhea, wanting to go outside frequently Took out for free catch urine - postured to urinate and urinated about 1ml. Urine is brown/red grossly. Rads done and cranial abdomen likely mass noted.

Abnormal PE/Chem/CBC/UA Results: Prepuce inflamed. U/A done in house. CBC/chem pending. u/a results: Placed on slide with and without stain - RBC's TNTC, WBC's - number appropriate for the amount of blood but the WBC's tend to be clumped with some proteinaceous material, very few crystal fragments, 0-3 epithelial per hpf, appears to be cocci bacteria present also. WBC's in urine and cocci - could be due to inflammation present in prepuce - free catch

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 kidneys measured 6.0 cm each.

**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 0.74 cm.

The **right adrenal gland** was not visualized.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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.



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**Gastrointestinal**

Retention of ingesta noted in the **stomach**. An undifferentiated hypoechoic 2.7 cm mass was noted, deriving from the cranial gastric wall. The mass appeared to be muscularis related with pericapsular inflammatory pattern. 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**

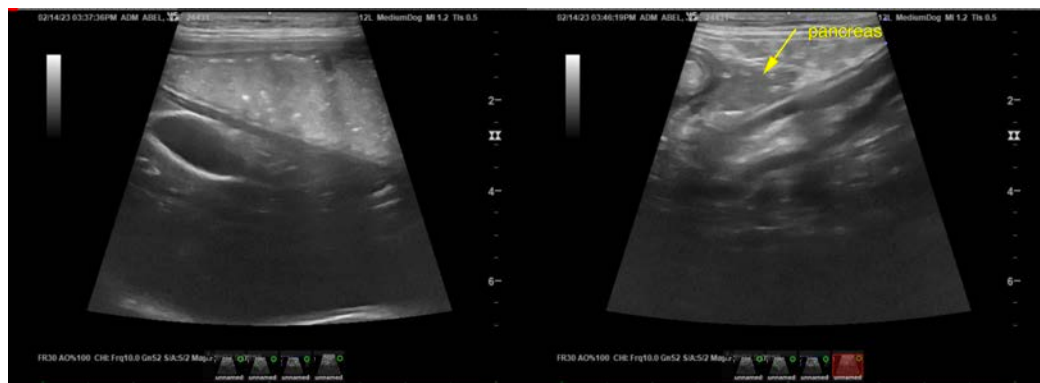
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

**ULTRASONOGRAPHIC FINDINGS**

- Bladder thickening – possible underlying cystitis.
- Gastric mural mass – appears potentially resectable. Carcinoma, leiomyosarcoma, round cell neoplasia all possible. Embedded foreign matter unlikely.
- Age related renal changes
- Folded spleen
- Age related pancreatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend surgical exploratory with expectation towards resection and anastomosis of this 1” focal mass. No evidence of metastatic disease noted. Urinary workup warranted if any inflammatory sediment is present, given the bladder wall changes.





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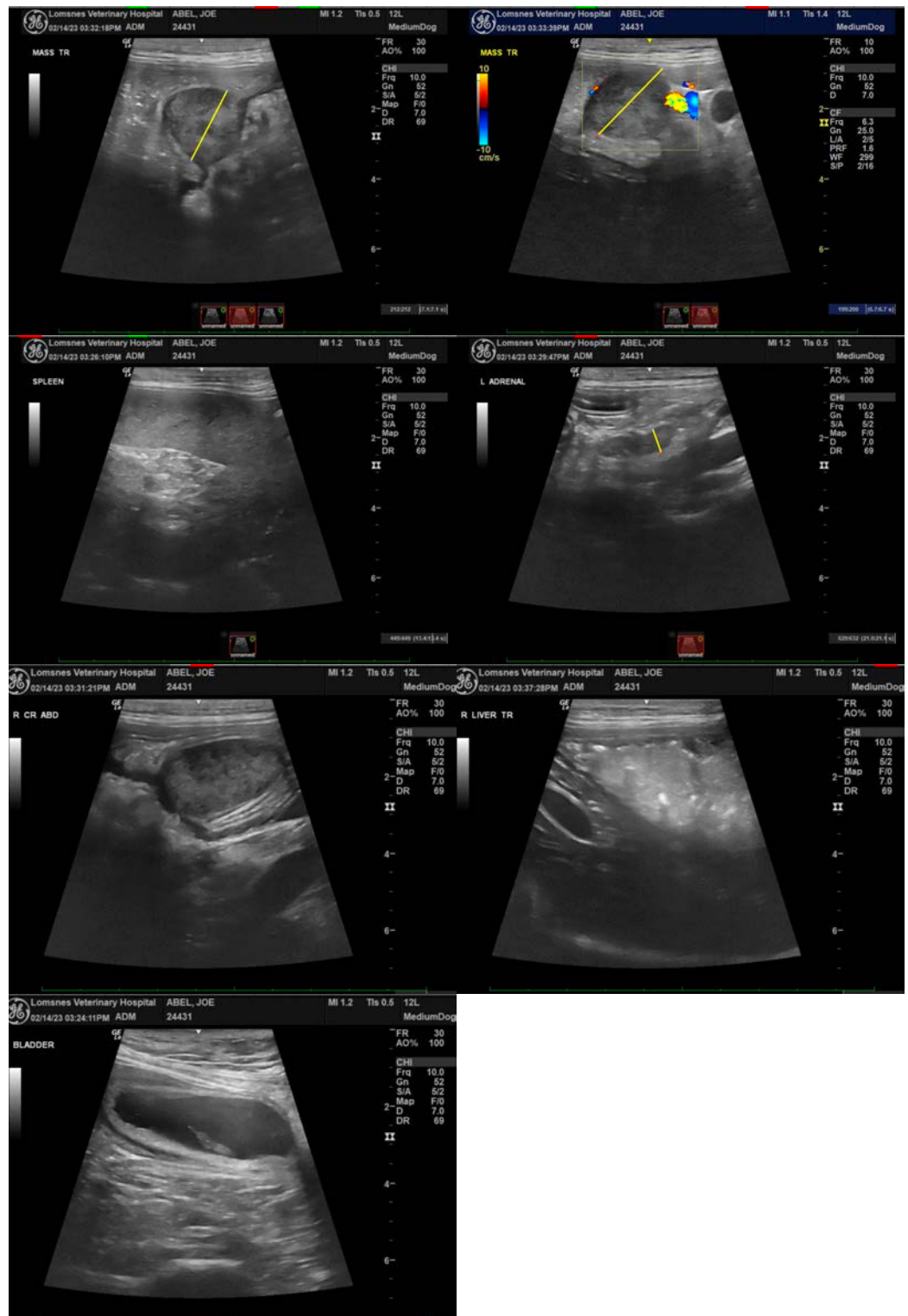
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

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