


DATE PRESENTING CLINICAL SIGNS

2/20/26

Patient History: Patient presented for a routine mass removal. Pre-op BW revealed elevated liver values (ALT-246, ALKP 642) and owner opted for abdominal x-rays which revealed a mass in the caudal abdomen and AUS was recommended.

PATIENT

Snooky Disney

Current Medications: None.

Labwork Results: Labwork not attached, reported as: ALT: 246, ALKP 642, remainder of chem was normal. Radiographs attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV.

Stat Report: Not requested.

BREED

Beagle

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Neutered Male

Urinary System

The **urinary bladder** revealed a mineralizing apical mass with concurrent bladder sand, non-obstructive. The apical bladder mass appears resectable, occupying the ventral apical wall. The cystourethral junction and urethra were unremarkable.

AGE

4/4/13

The residual prostate was unremarkable at 7.0 mm.

WEIGHT

53 lbs

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. Right kidney measured 6.75 cm. Right kidney measured 6.43 cm.

INTERPRETED BY

 Eric Lindquist, DMV,
 DABVP, Cert. IVUSS

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. Right measured 3.17 cm x 0.77 cm at the caudal pole and 0.61 cm at the cranial pole. Left measured 2.46 cm x 0.83 cm at the caudal pole and 0.70 cm at the cranial pole.

HOSPITAL NAME

 Madonna Veterinary
 Clinic

Spleen

The **spleen** revealed an expansive mixed echogenic parenchymal mass measuring 6.6 cm. The mass is pedunculated and at risk for torsion or rupture. It is connected to fairly normal spleen with an isthmus of approximately 1.0-1.5 cm.

REFERRING VET

Dr. Smith

INVOICE

73133

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Occasional hypoechoic nodular change noted.

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. 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.

Other

Rapid view of the heart revealed no evident pathology. Normal contractility and volumes. No masses or evidence of metastatic disease.

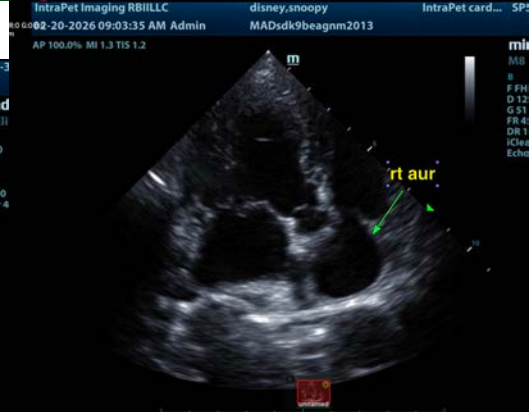
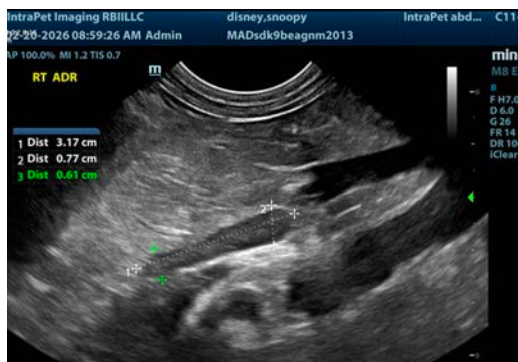
ULTRASONOGRAPHIC FINDINGS

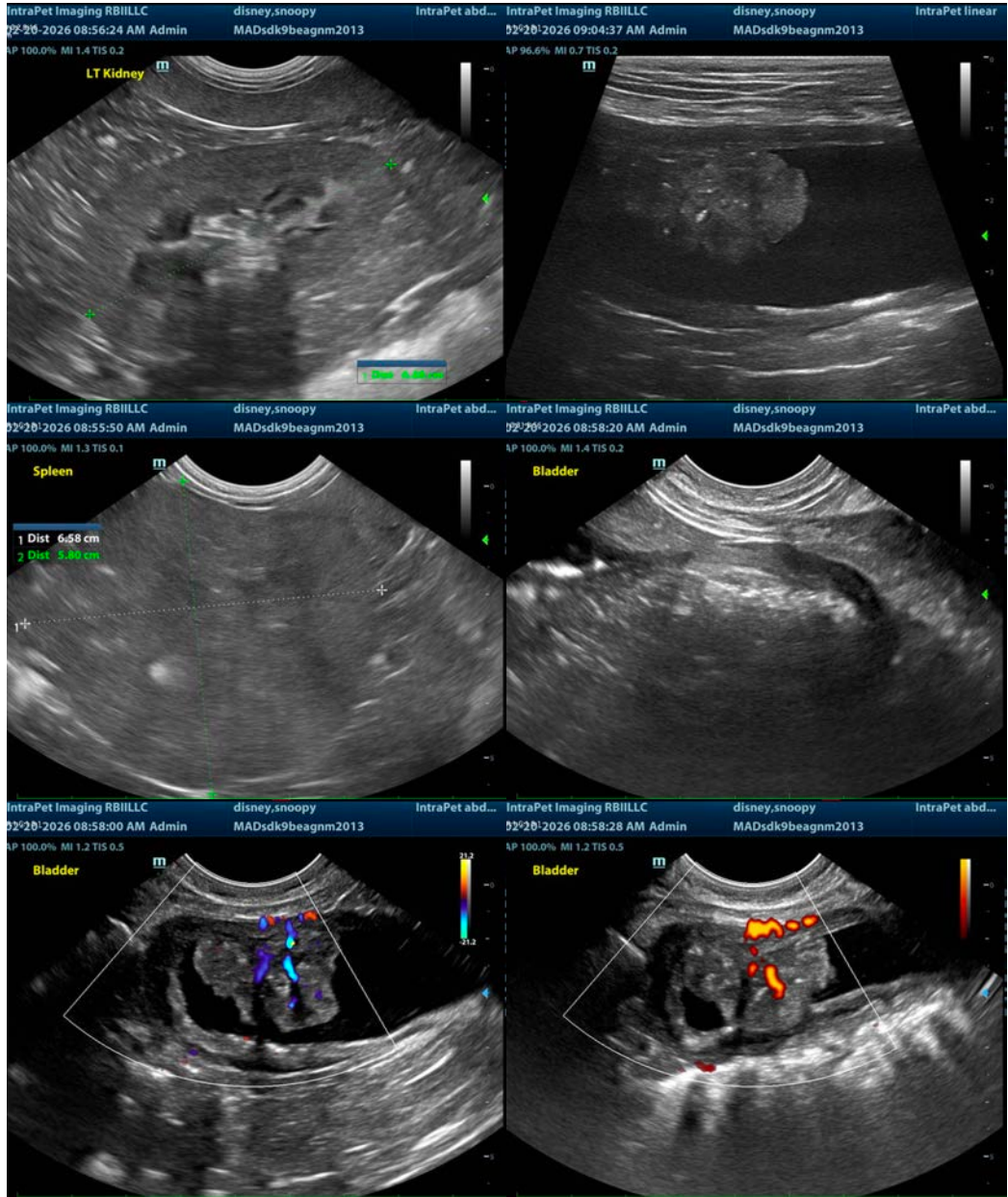
- Splenic mass.
- Apical bladder mass – Likely carcinoma, given the structure and sonographic changes. Other differentials include hemangiosarcoma, benign hyperplasia, round cell neoplasia less likely.
- Vacuolar hepatopathy liver pattern.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The apical third of the bladder should be removed, with bladder and urethral lavage with normo- and retrograde flush, along with splenectomy.







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, Owner, Founder -- SonoPath.com info@SonoPath.com