



**PATIENT**

Roxanne Serpa

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Intact Female

**AGE**

11 Years

**WEIGHT**

77 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallhan

**INVOICE**

35785

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

bloody urine

Abnormal PE/Chem/CBC/UA Results: WBC 22.9, platelets indr 478, neutrophilia, lymphocytopenia, monocytosis; UA: WBCs 11-20, RBCs >50, squamous epithelial 4-10; USPG 1.038

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a pedunculated ventral wall mass measuring approximately 3.0 cm x 3.0 cm. The cystourethral junction and urethra appeared to be free of evident pathology. The uterine body was unremarkable. The mass appears resectable with ventral bladder wall resection.

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 6.46 cm. The right kidney measured 6.66 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 right adrenal gland measured 3.0 cm x 0.97 cm at the caudal pole and 0.74 cm at the cranial pole.

**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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The **stomach** was filled with ingesta. The small intestine and colon were unremarkable.

**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.



**PATIENT**

**Free Abdomen**

Roxanne Serpa

The right ovary was uniform, measuring 2.3 cm x 1.42 cm. The left ovary was cystic at 3.73 cm.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Cystic left ovary
- Pedunculated bladder mass – fibrosarcoma versus transitional cell carcinoma

**BREED**

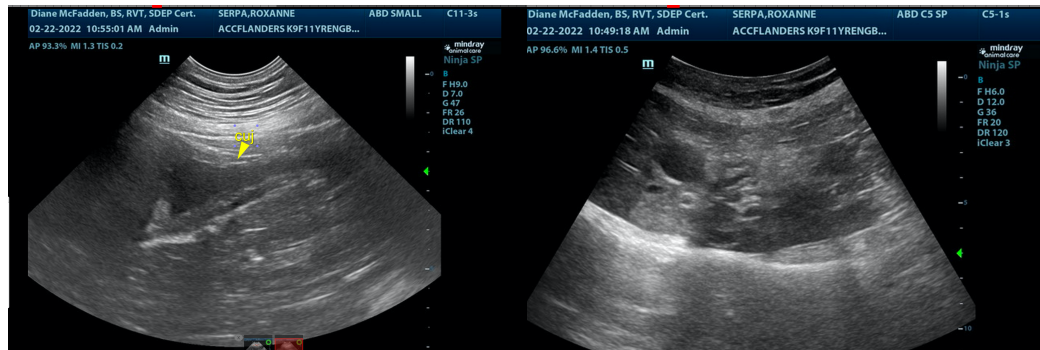
English Bulldog

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ovariohysterectomy and bladder wall resection recommended. No evidence of metastatic disease. 3-view chest radiographs warranted. The surgeon should be prepared that the caudal extent of the mass approaches the cystourethral junction with a distance of approximately 1.0 cm. However, the ureters and pelvic urethra appear to be unaffected. This may represent fibrosarcoma and not necessarily transitional cell carcinoma. Otherwise, cystoscopy could be considered.

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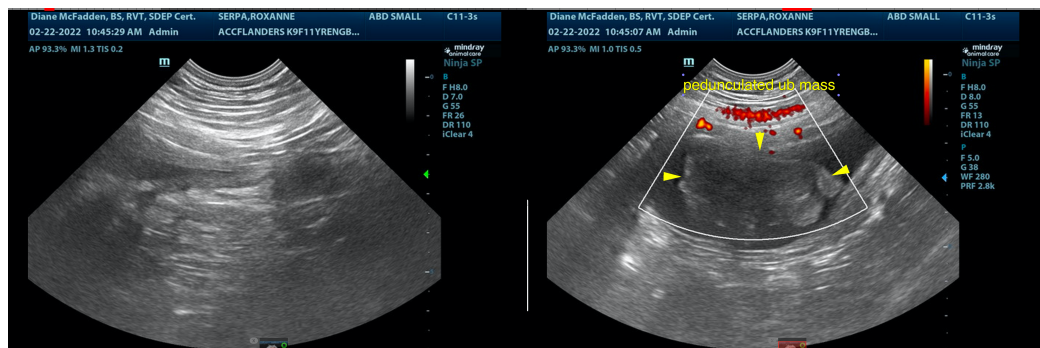


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Eric Lindquist, DMV



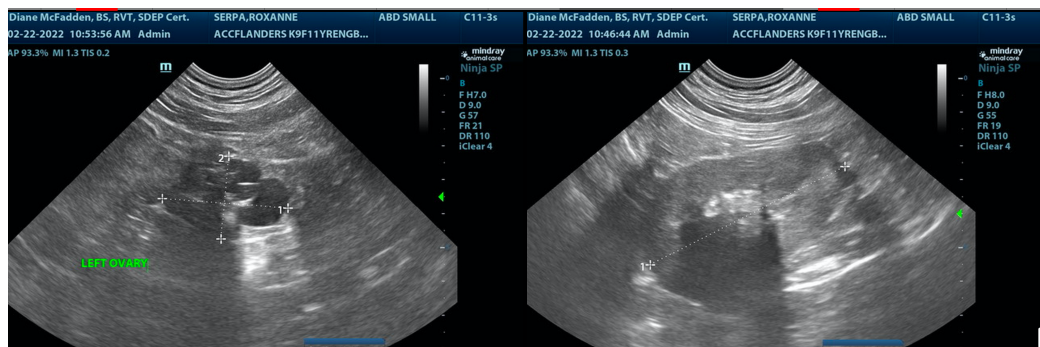
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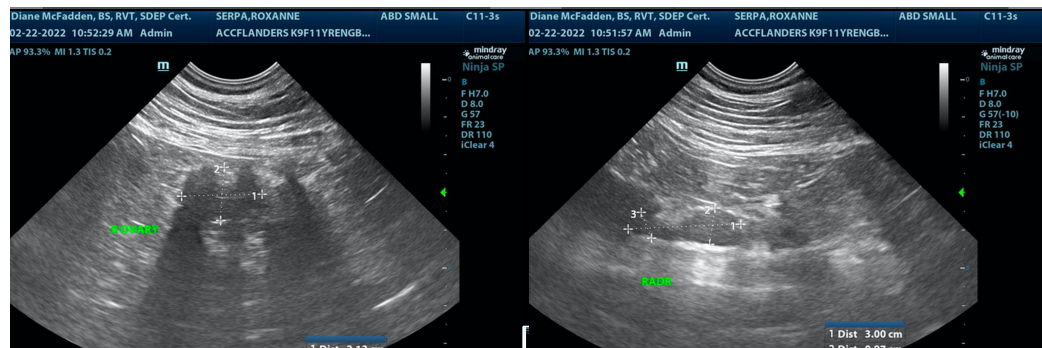
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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