



PATIENT

Blanca Brigande

SPECIES

Canine

BREED

Pyrenees

SEX

Spayed Female

AGE

8 Years

WEIGHT

61 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

ACG Lake Oswego

REFERRING VET

Dr. Marie Higel

INVOICE

36211

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Surgical removal of mammary grade 2 adenocarcinoma 2/12
- Polakiuria with stranguria, responsive to abx and carprofen
- Decreased appetite
- Lethargy
- Afebrile
- Abnormal PE/Chem/CBC/UA Results: UAC negative creat 1.3 BUN 37 SDMA 18.7 cbc normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urethra in this patient revealed a mineralizing mass, extending at least 4.6 cm, initiating 1.0 cm caudal from the cystourethral junction. Tissue thickening measured approximately 0.67 cm wide. The dorsal **bladder** wall was thickened as well, measuring up to 1.1 cm. An iliac lymph node was enlarged (3.0 cm in length) and hypoechoic. Other smaller lymph nodes were also enlarged.

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. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted bilaterally. The left kidney measured 6.6 cm. The right kidney measured 6.2 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 left adrenal gland measured 0.82 cm.

Spleen

The majority of the **spleen** was normal; however, the cranial pole revealed a hypoechoic nodule, measuring 1.6 cm. 25-gauge FNA is indicated with ultrasound guidance.

Liver

The **liver** revealed coarse architecture and mild swollen contour with mild increased portal markings. A moderate amount of hepatic parenchymal remodeling was noted. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

Pancreatic remodeling was noted.

Free Abdomen

Minor **free fluid** was noted.

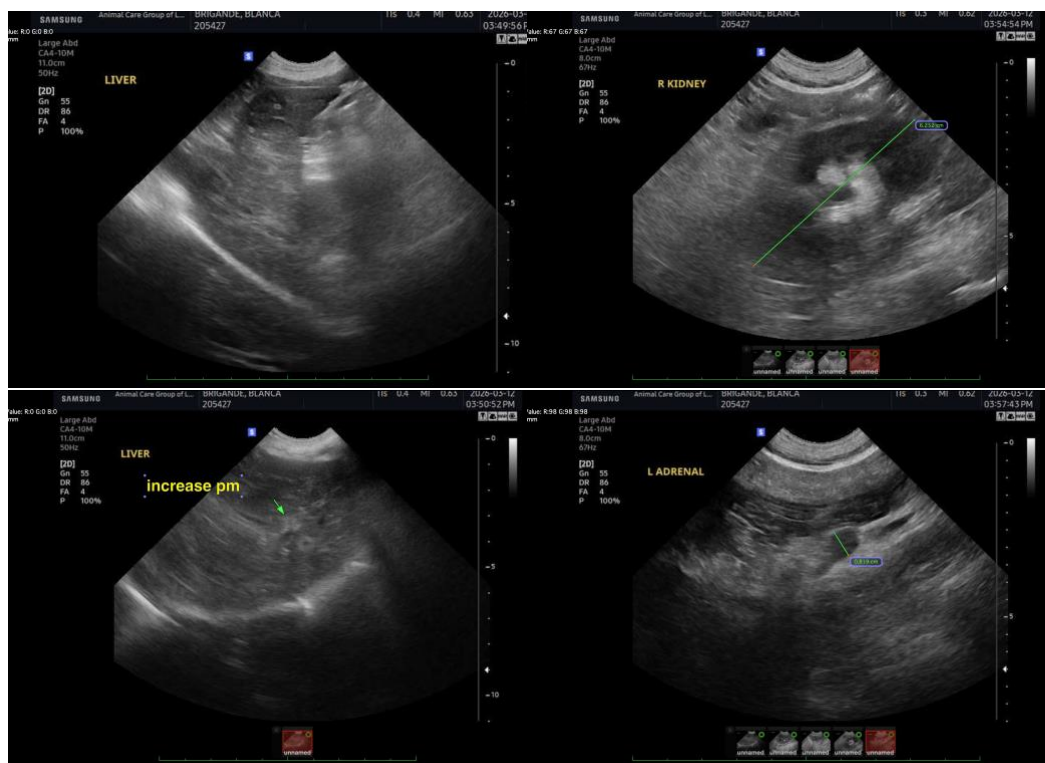
Slight mesenteric **lymph node** enlargement was noted.

ULTRASONOGRAPHIC FINDINGS

- Urethral and bladder mass with iliac lymphadenopathy
- Splenic nodule
- Renal pyelectasia bilaterally
- Pancreatic remodeling
- Hepatic remodeling
- Free fluid
- Slight mesenteric lymph node enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two separate comorbidities appear to be occurring: mesenteric lymphadenopathy, urethral neoplasia, and bladder neoplasia with concurrent splenic nodule. FNA of the splenic nodule and accessible lymph nodes, urethroscopy, BRAF testing, free catch urine cytospin with immediate slide preparation to assess for exfoliating neoplasia all indicated. Strong concern for carcinoma in the urinary tract, potential round cell neoplasia or hemangiosarcoma in the spleen.





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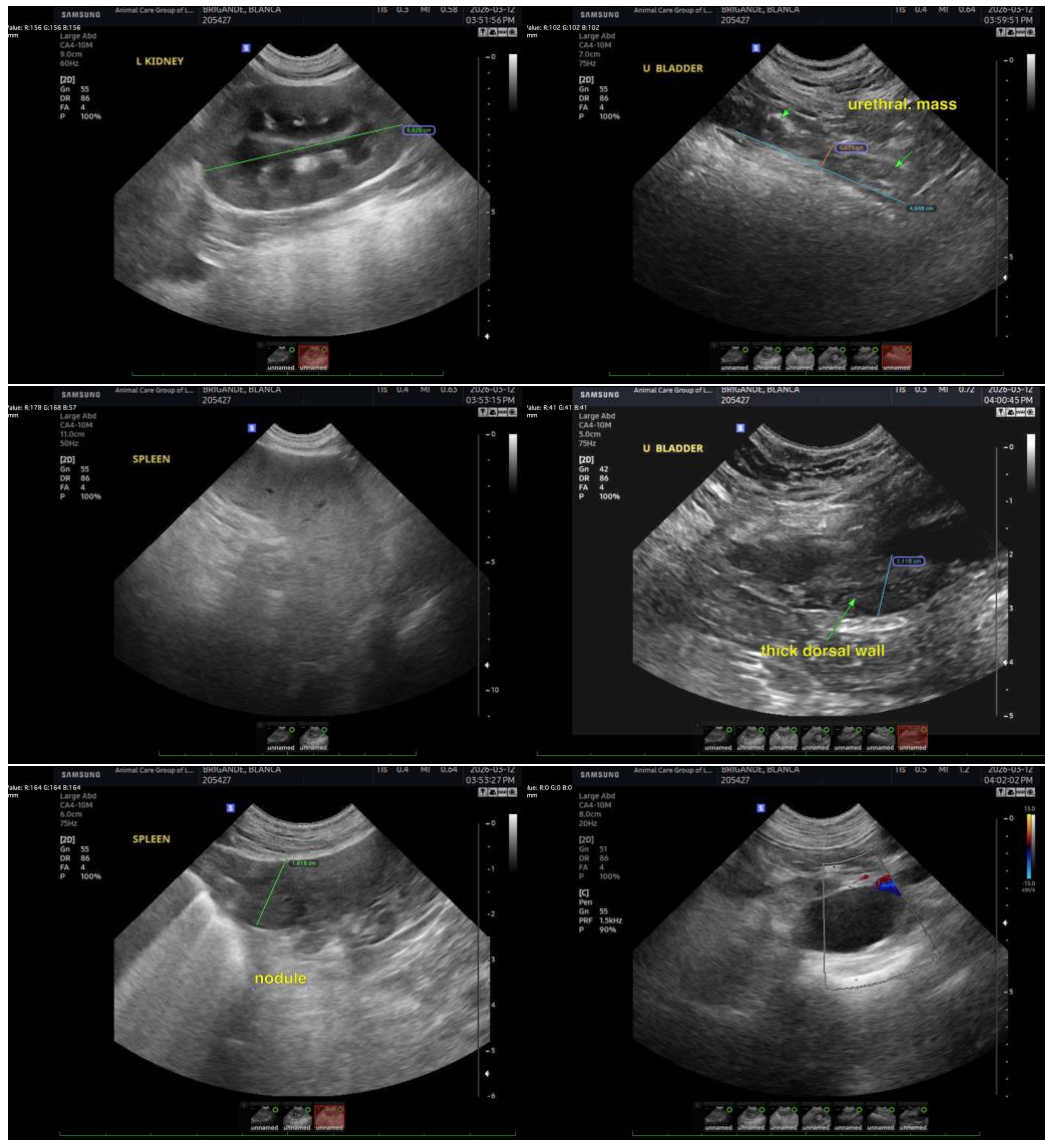
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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