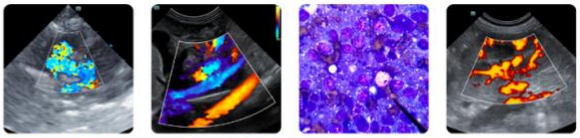

PATIENT

Ivy Bing

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

11.7 Years

WEIGHT

43 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM, D, ABVP-CFP

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

Dr. Kylie Fackrell

INVOICE

14280

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- hematuria, passing blood clots, thick UB on AFAST
- prior h/o anemia from go bleed after taking Carprofen

Abnormal PE/Chem/CBC/UA Results: CBC- WBC 23.9, Neut 16.8, MOno 2.0, Eos 1.26, mild NN regenerative anemia CHEM- ALT 173, ALKP 358 UA- 1.035, pH 9.0, BL 250, WBC 100, hematuria when diluted urine 1:10 w/ saline- cells or crystalluria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae. The urine presented some echogenicity consistent with suspended debris. Polypoid changes of the apex bladder wall and mild repletion measured 1.32 cm, most consistent with chronic cystitis, however, cannot rule out underlying carcinoma without histopathological review. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The urethra appeared free of evident pathology.

The **left kidney** 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. Slight pyelectasia was present in the left kidney measuring 0.58 cm. The left kidney measured 5.4 cm in length.

The **right kidney** presented heterogenous and irregular parenchyma with some loss of corticomedullary definition. The right kidney measured 5.4 cm in length.

Adrenal Glands

Both **adrenal glands** were slightly heterogenous in parenchymal changes consistent with age-related change. The left adrenal gland measured 2.24 cm x 0.64 cm width at the cranial pole and 0.43 cm width at the caudal pole. The right adrenal gland measured 3.27 cm x 1.0 cm width at the cranial pole and 0.72 cm width at the caudal pole.

Spleen

The **spleen** revealed subtle mixed hypoechoic target type nodules measuring 0.65 cm in the mid cranial body. Other portions of the spleen revealed nodular hyperplasia pattern with mild disruption of architecture.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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

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elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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.

ULTRASONOGRAPHIC FINDINGS

- Apical bladder wall thickening- chronic cystitis versus carcinoma. Appears resectable with removal of the cranial half of the bladder.
- Age-related left kidney with pyelectasia.
- Nodular hyperplasia splenic pattern.
- Heterogenous right kidney.
- Heterogenous bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There may be two comorbidities in this patient both the lower urinary tract with bladder wall thickening and the micronodular splenic changes and heterogenous right renal changes.

BRAF testing and cytospin of free catch urine sample is indicated or cystoscopy. Ideally screening FNA of the spleen and right kidney cortex after coagulation panel would be indicated. If these are free of evident neoplasia, then apical cystectomy could be considered with removal of the cranial half or nearly 1/3rd to ½ of the bladder.

Chest radiographs are warranted to rule out comorbidities.

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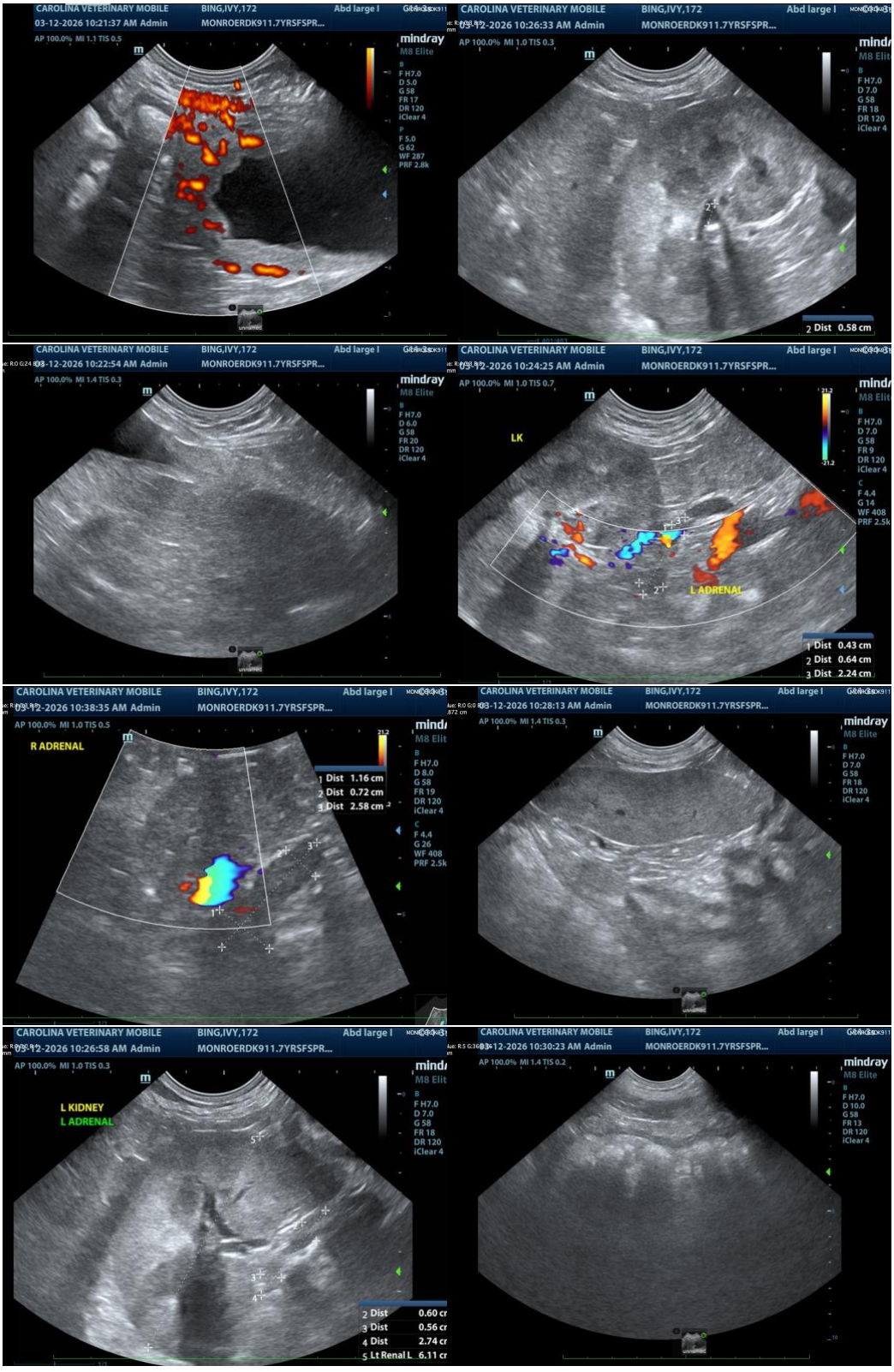

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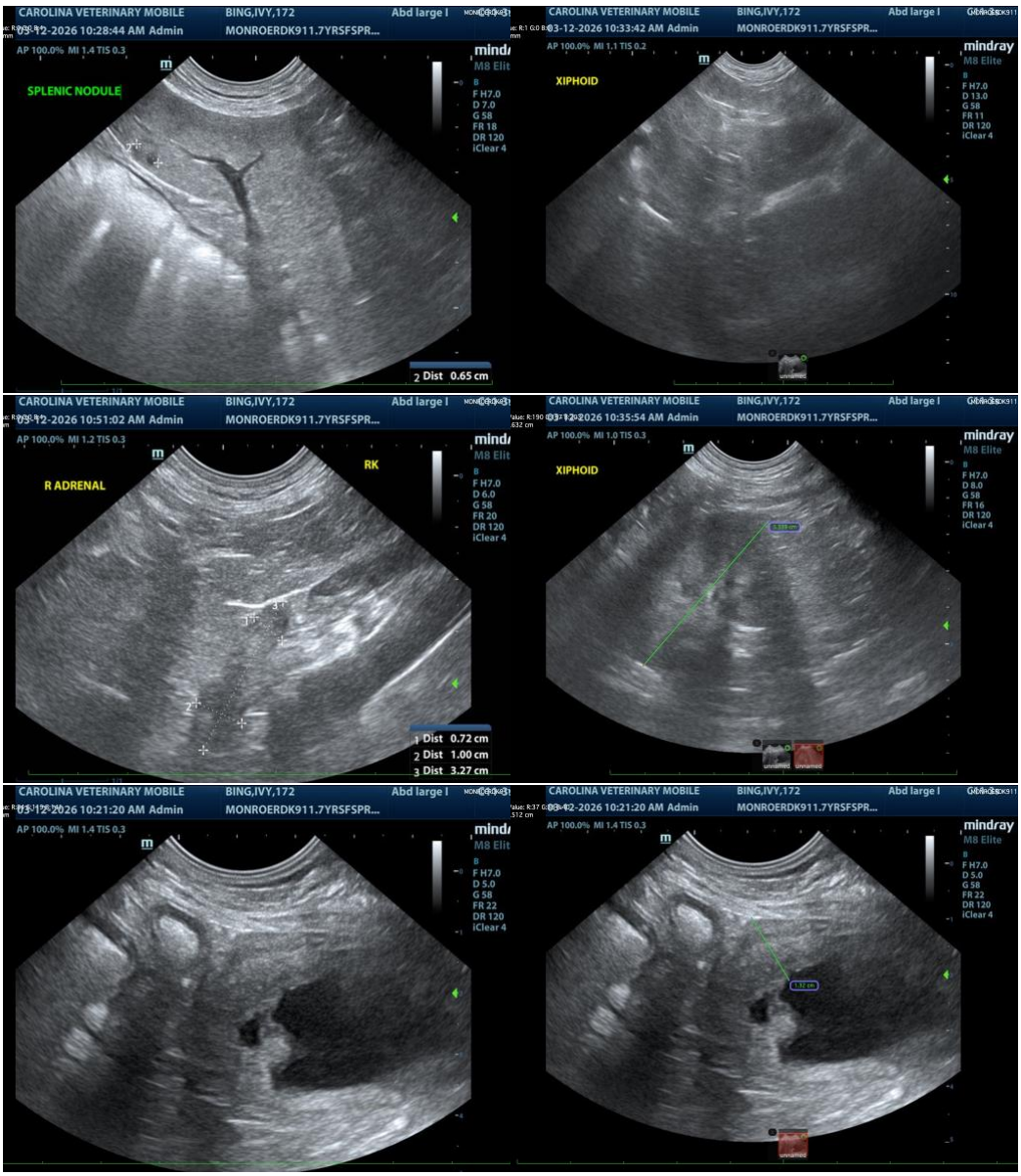


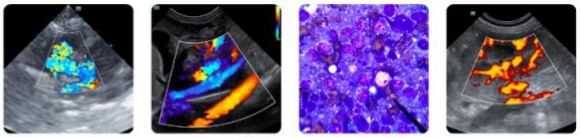
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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