



PATIENT

Jesco Crockford-
Quenette

SPECIES

Canine

BREED

Papillon

SEX

Neutered Male

AGE

10 Years

WEIGHT

22 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Tyler Totman, LVT

HOSPITAL NAME

Adana Vet Clinic

REFERRING VET

Dr. Alice Marie
Donnelly

INVOICE

45906

DATE

3/14/23

PRESENTING CLINICAL SIGNS

2/17/23 Presented for annual and urinated on floor/blood tinged, at which point o noted recent inappropriate urination at home. NSF on abd palpation, CBC/chem wnl. Began ab tx, but concern for bladder neoplasia TCC. Began Meloxicam but discontinued due to emesis. No obvious mass noted on transrectal palpation of urethra.

Abnormal PE/Chem/CBC/UA Results: 2/17/23 UA: TNTC RBCs and many transitional cells w/ varying size, granularity, and some w/ diploid or eccentric nuclei 2/27/23 Repeat UA w/ similar results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polypoid mass measuring approximately 2.0 cm in the trigone. Bladder sand also noted measuring 1.5 cm as a grouping. The bladder wall was otherwise unremarkable. The bladder mass appeared to enter into the pelvic urethra and invade portions of the prostate, with area of mineralization noted. However, resolution was marginal.

The iliac trifurcation was unremarkable.

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. Slight mineralization noted in both kidneys. The right kidney measured 5.1 cm. The left kidney measured approximately 5.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 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.

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.



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Pancreas

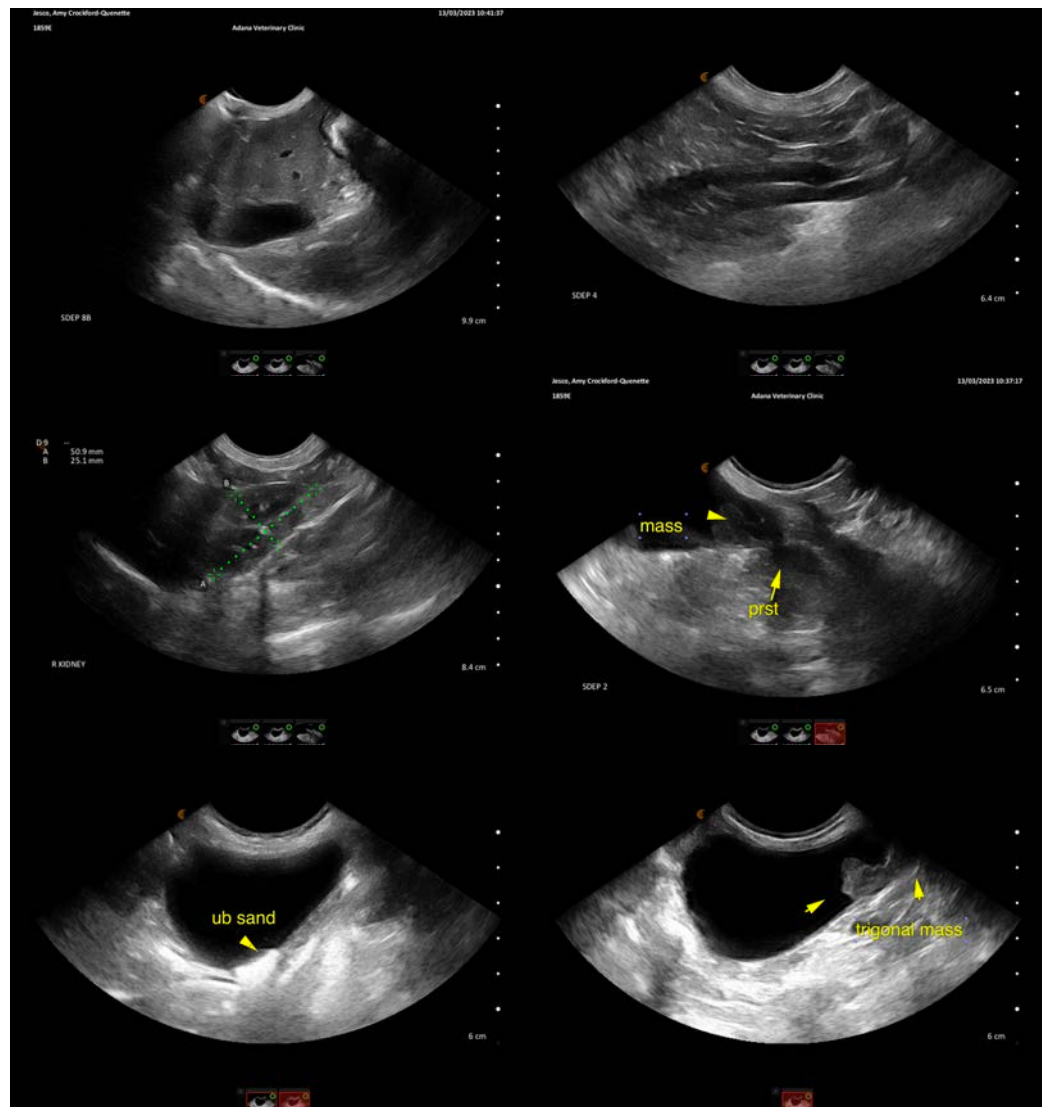
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Trigonal/cystourethral junction/proximal urethral mass, non-resectable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly consistent with transitional cell carcinoma. Ultrasound guided traumatic catheterization could be considered for confirmation of carcinoma.





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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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