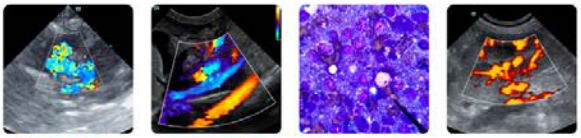

PATIENT

Gus Parlu

SPECIES

Canine

BREED

Labrador Retriever x

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

62.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

New Bridge Veterinary Practice

REFERRING VET

Dr. Glennon

INVOICE

73780

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Chronic Hematuria?

Abnormal PE/Chem/CBC/UA Results: None CBC ok Chem WNL, Urine: 3+ protein, 3+ blood, RBC > 100, USG 1.035, C/S neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polypoid mineralizing mass with adjacent sand. The mass measured 2.2 cm x 1.7 cm. The cystourethral junction and urethra appeared unremarkable. The bladder mass appears resectable.

The residual prostate measured 5.0 mm.

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. Left kidney measured 7.4 cm. Right kidney measured 7.56 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. Left measured 2.92 cm x 0.65 cm at the cranial pole and 0.71 cm at the caudal pole. Right measured 3.65 cm x 1.4 cm at the cranial pole and 0.72 cm at the caudal 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** revealed an expansive mixed echogenic mass with areas of cavitation, measuring 12.0+ cm. The mass occupies portions of the left and medial liver, impinging dorsally and cranially to the diaphragm. It impinges upon the gallbladder, deviating it dorsally. Nodular changes noted on the right liver as well.

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

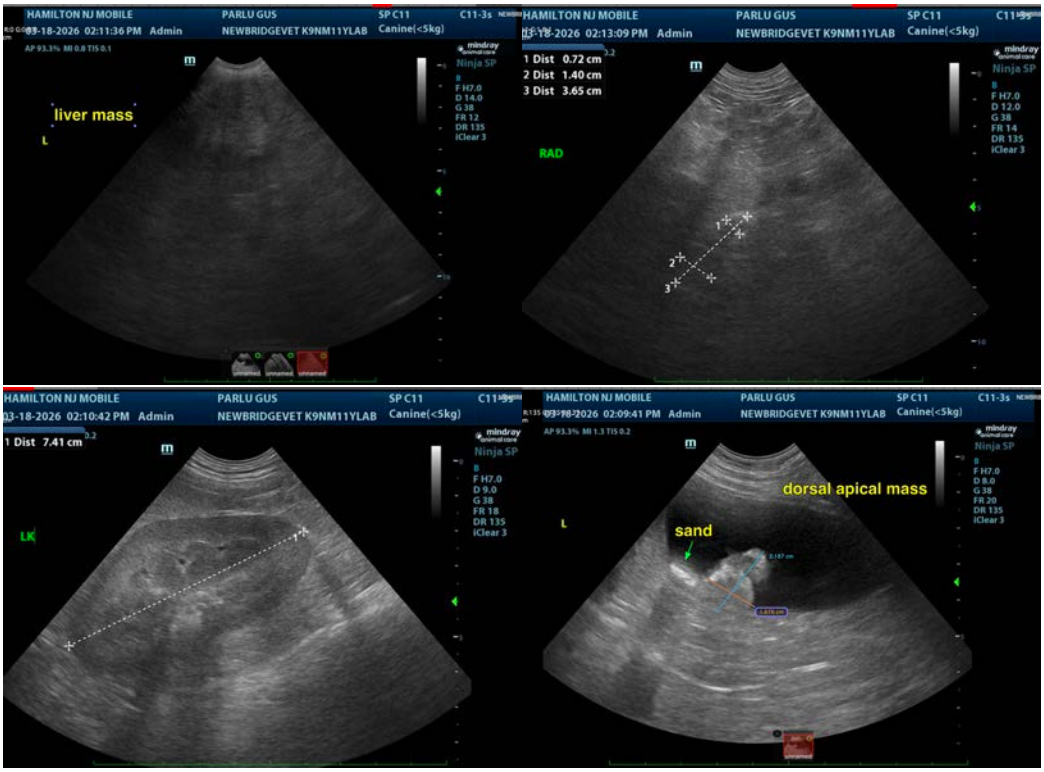
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

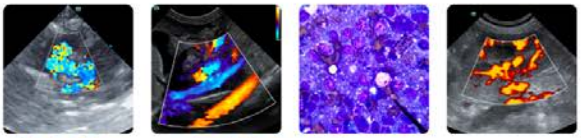
- Extensive hepatic neoplasia with concurrent urinary bladder mass, likely separate pathologies.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinoma or sarcoma are primary differentials. The liver mass appears non-resectable. CT evaluation could be considered for further definition. The bladder mass is likely carcinoma with concurrent sand.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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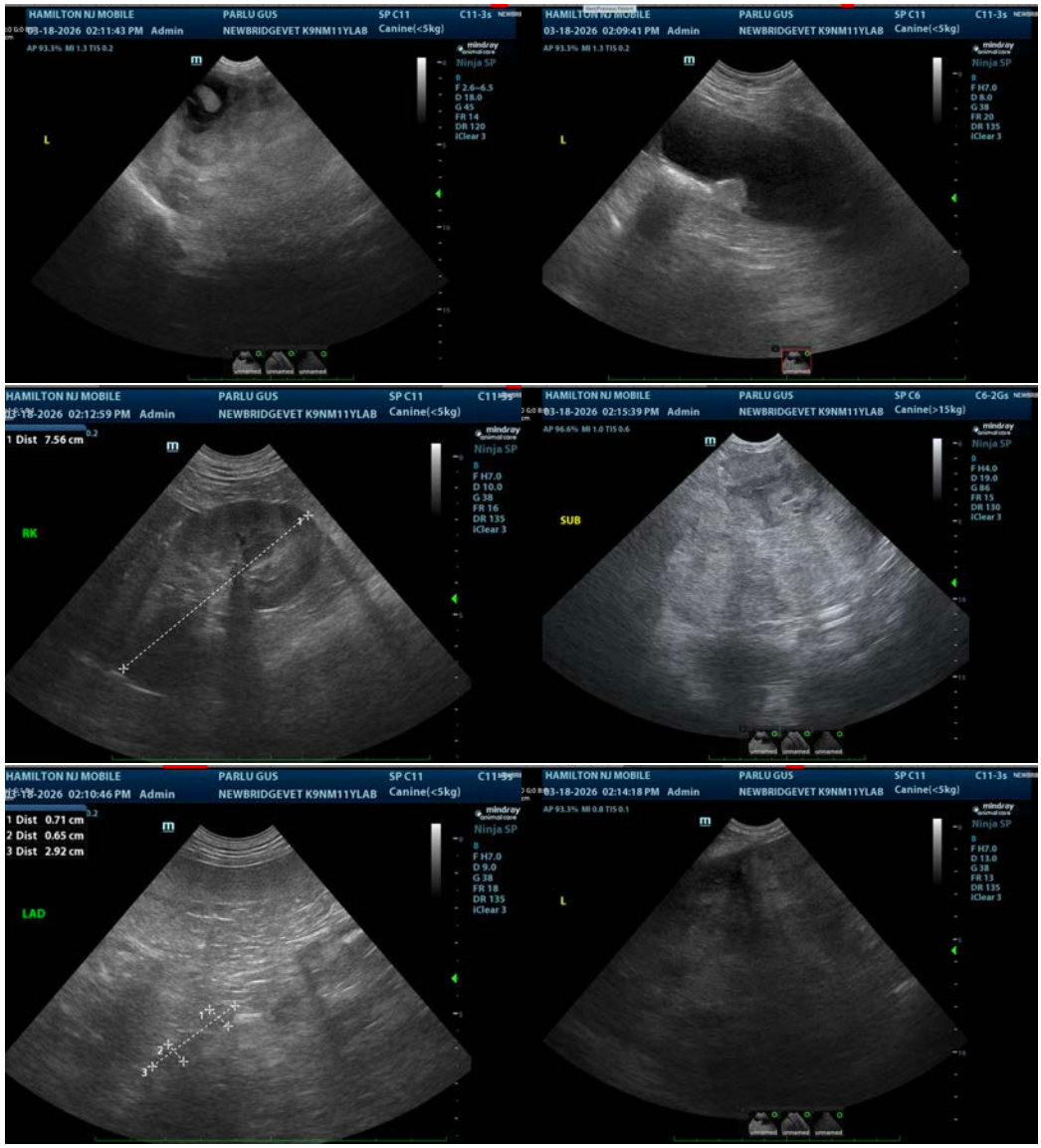

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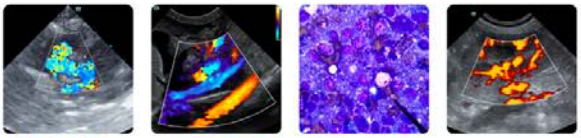

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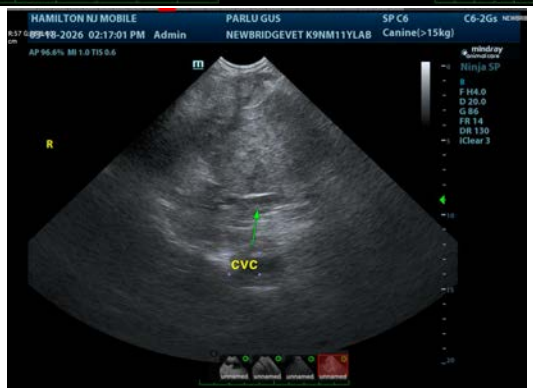

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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