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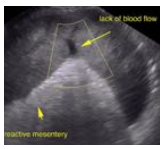
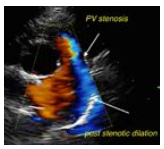
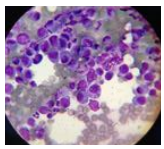
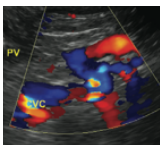

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PATIENT
Chewy Barrett

SPECIES
Canine

BREED
Wheaton Terrier

SEX
Neutered male

AGE
13 years

WEIGHT
13.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Krogman

HOSPITAL NAME
RB Northside AH

REFERRING VET
Dr. Krogman

INVOICE
43618

DATE
3/29/23

PRESENTING CLINICAL SIGNS

History: Chronic Intermittent bloody urine
Abnormal PE/Chem/CBC/UA Results: PSL - High Everything else normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a mineralizing dorsal mass. There was a minimal amount of urine present. The mass measured 2.4 x 1.65 cm. This is potentially resectable. However, this appears to impinge upon the cystourethral junction.

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 right kidney measured 5.25 cm. The left kidney measured 5.36 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 0.82 cm. The left adrenal gland measured 0.57 cm at the cranial pole and 0.58 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 was 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.

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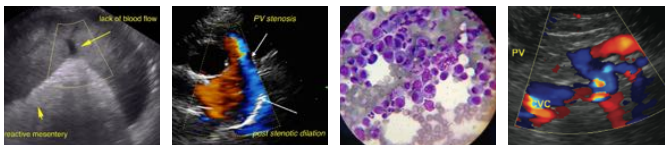

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Gastrointestinal

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.

Pancreas

The **pancreas** was distinctly hypoechoic to the surrounding fat with slightly coarse architecture. Low-grade inflammation is possible.

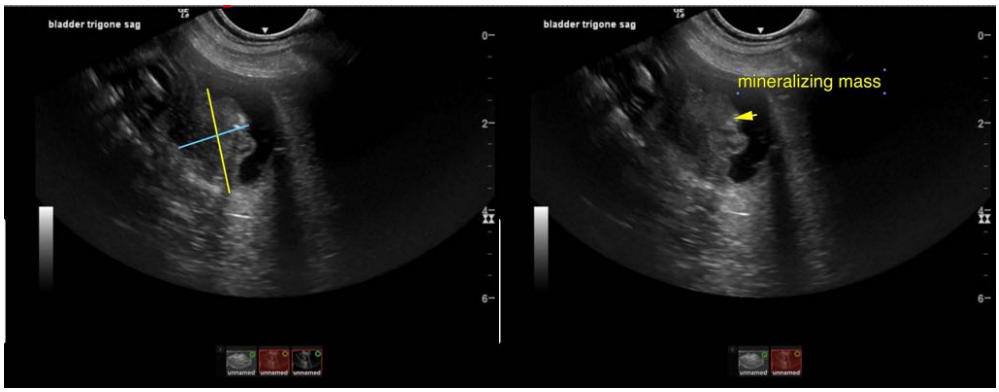
ULTRASONOGRAPHIC FINDINGS

Mineralizing, dorsal urinary bladder mass.

Low-grade pancreatic inflammation is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Resectability is difficult to ascertain given the minimal amount of urine present at the time of the sonogram. I recommend recheck examination when the bladder is full or ultrasound-guided traumatic catheterization as well as filling of the bladder while catheterized and imaging the mass with respect to the ureteral papilla and cystourethral junction would be ideal to assess resectability. There is a strong suspicion for transitional cell carcinoma. There is no overt evidence of metastatic disease.



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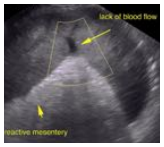
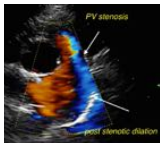
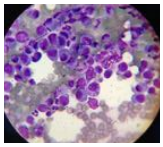
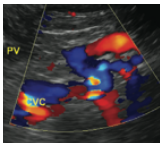

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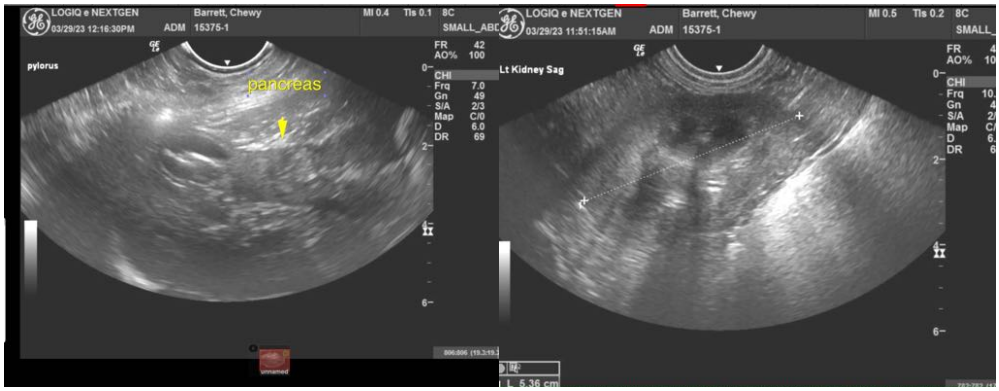

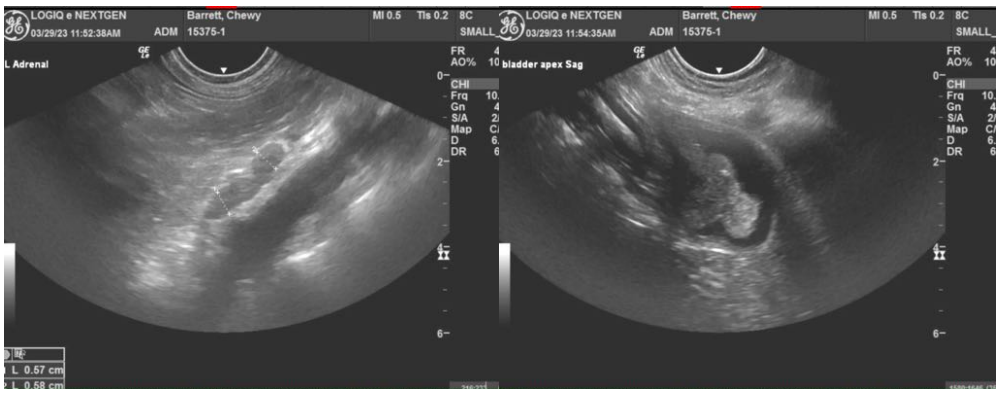

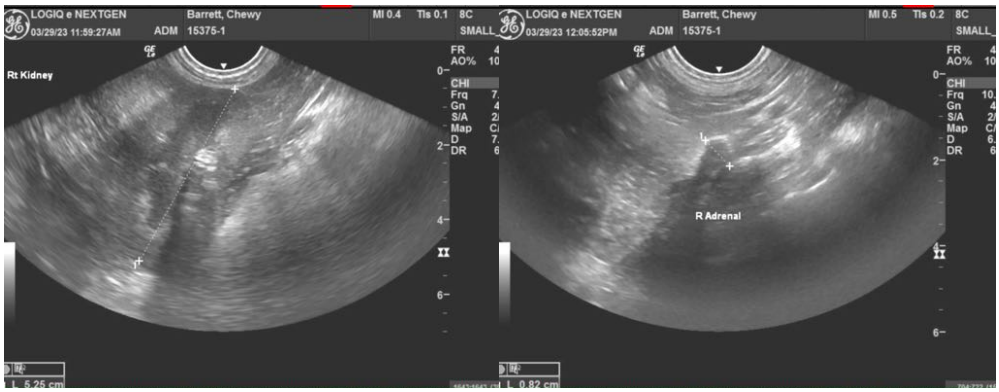

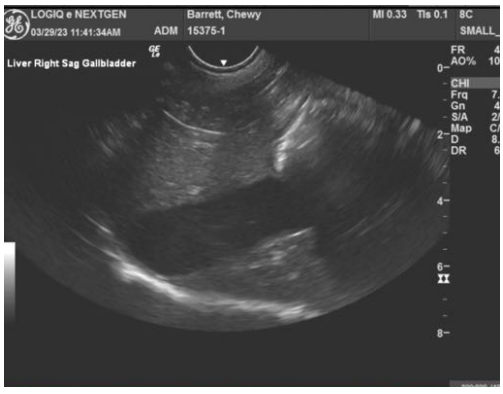

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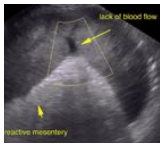

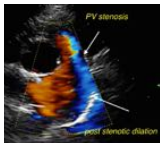

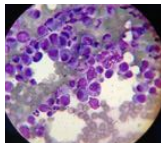
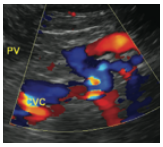

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com