



## PATIENT

Gracie Cunniff

## SPECIES

Canine

## BREED

Retriever/Pitbull Mix

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

64.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Miranda Fritz

## HOSPITAL NAME

Richmond Animal  
Hospital

## REFERRING VET

Dr. Miranda Fritz

## INVOICE

14161

## DATE

03/09/26

## PRESENTING CLINICAL SIGNS

- P presented 2/19 for recurrent hematuria, occasional urinary accidents and occasional urinary incontinence over the past month. Brief scan of bladder revealed bladder mass. Rescheduled p for full AUS
- On and off hematuria really for almost a year though
- Had been treated 3x for a UTI since September last year
- Currently on cranberry UT supplement

Abnormal PE/Chem/CBC/UA Results: TPR wnl, overweight BCS 8/9, no discharge from vulva UA 2/19 - USG 1.014, hematuria, pyuria UA 3/6 - USG 1.009, proteinuria, slight pyuria, no hematuria, glucose 50mg/dL CBC - mild thrombocytosis Chem- wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a pedunculated mass in the ventrocaudal aspect of the bladder measuring 2.4 cm x 1.7 cm. The cystourethral junction and ureteral papilla were free of evident pathology. The base of the mass measured approximately 1.35 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared unremarkable. A separate apical bladder polyp was also noted measuring 1.2 cm x 0.60 cm. Mild blood flow was noted in the primary mass.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 6.71 cm in length. The right kidney measured 6.26 cm in length.

### 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 0.70 cm width.

### 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



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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.

### **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**

- Ventral and apical bladder mass/polyp.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention is recommended with apical ventral bladder cystectomy to necessitate removal of the ventral apical half of the bladder. No overt evidence of metastatic disease noted. Strongly consistent with carcinoma, transitional cell carcinoma, urothelial carcinoma, polypoid hyperplasia possible yet less likely. BRAF testing and cytospin of a free catch urine sample may prove effective on definitive diagnosis, yet I strongly recommend surgical intervention after chest radiographs to assess for metastatic disease.



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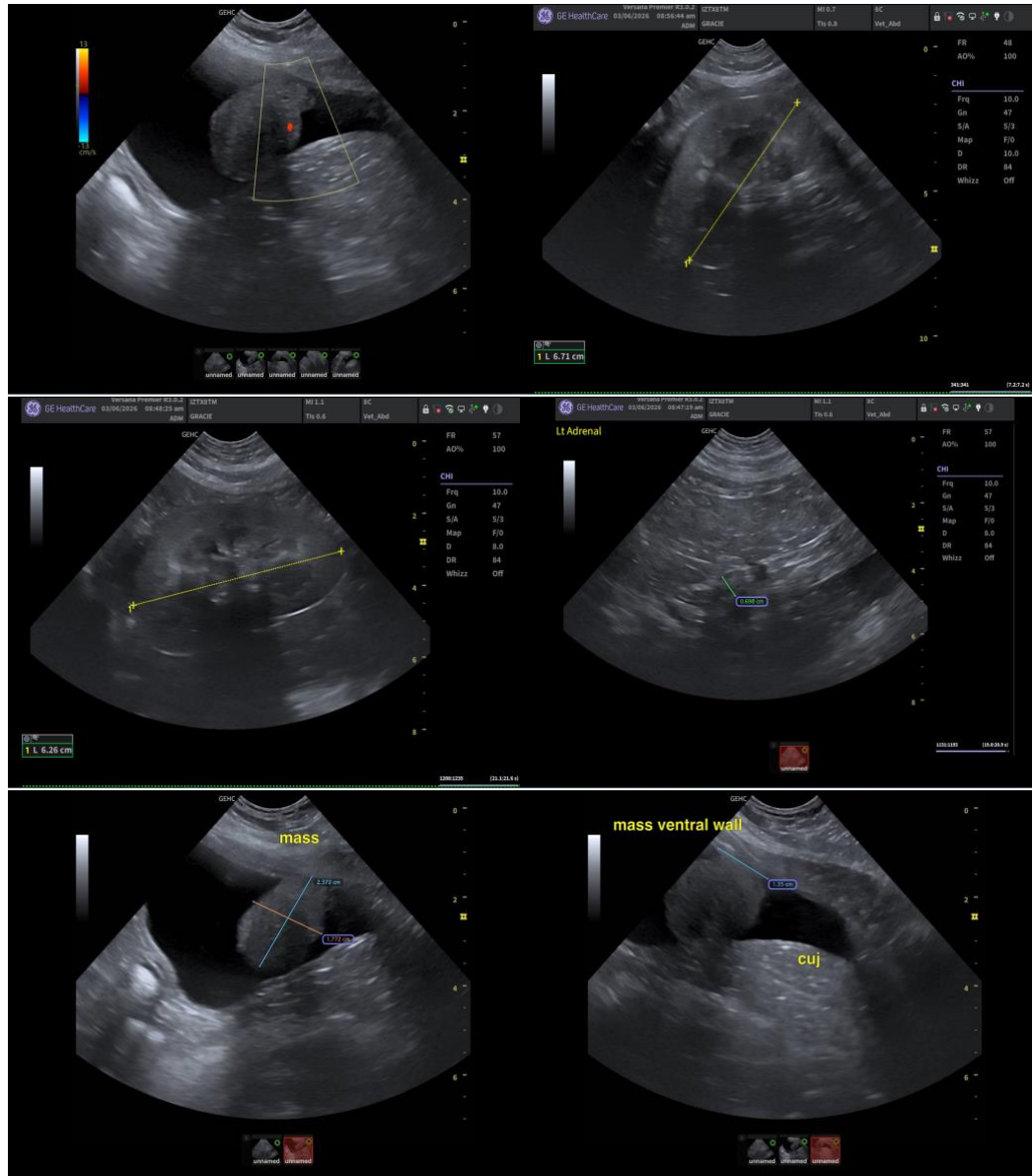
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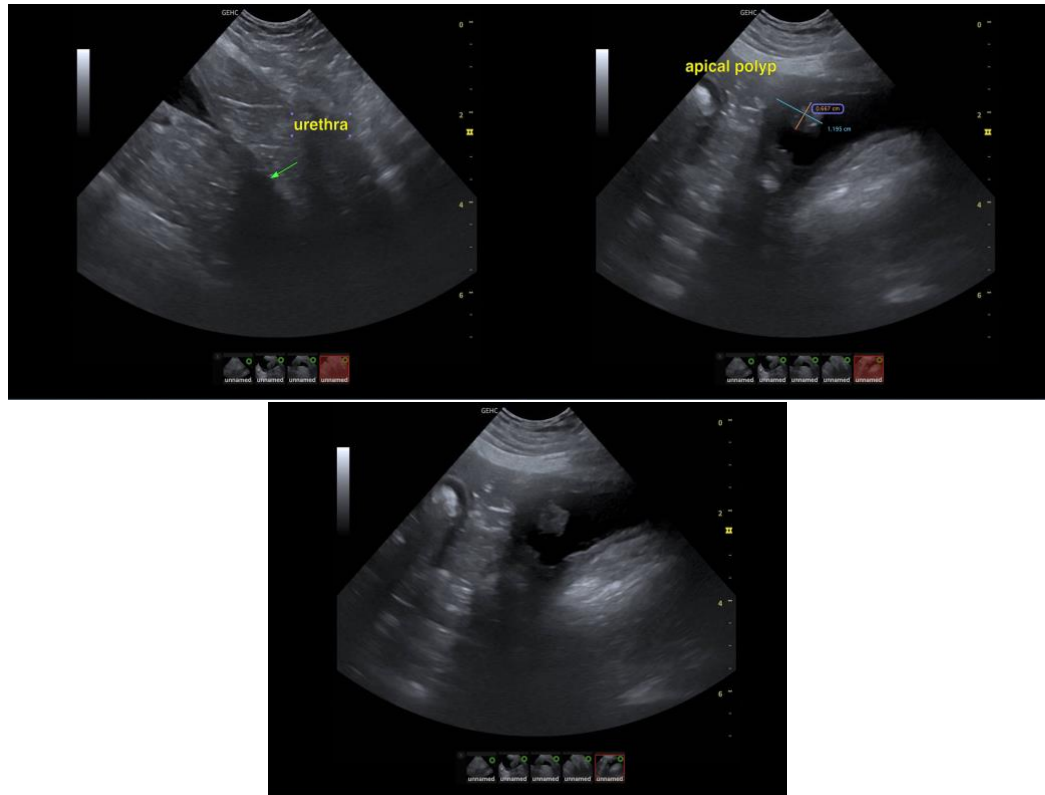
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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