



PATIENT

Carter Friedberg

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Low, CVT

HOSPITAL NAME

Animal Health Center

REFERRING VET

Dr. Blease

INVOICE

74614

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Abdominal mass, anemia, can't stand, abdominal breathing. Amoxi 500mg 6am, pepto

Abnormal PE/Chem/CBC/UA Results: BUN 57.4, globulin 3.8, glucose 153, alp 187, tri 39, potassium 3.4, HCT 12.4, HGB 4.3, RBC 1.98

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical polyp with invasion into the level of the muscularis, which is suggestive of a neoplastic event. However, I cannot rule out polypoid hyperplasia with potential underlying urachal remnant give the position of the polyp. The polyp measured 1.3 cm x 0.27 cm and was moderately vascular. The remainder of the apical wall was mildly thickened at 0.75 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Right kidney measured 7.09 cm. Left kidney measured 6.85 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 2.37 cm in length x 0.94 cm at the caudal pole and 0.69 cm at the cranial pole.

The **right adrenal gland** was mildly enlarged, measuring 2.44 cm in length x 1.49 cm at the cranial pole and 0.80 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Free Abdomen

Large lipoma noted in the caudal abdomen, cranial to the urinary bladder, measuring approximately 10.0 cm.

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Apical bladder polyp and apical wall thickening, appears resectable – polypoid hyperplasia versus carcinoma.
- Mild bilateral adrenal hypertrophy – normal variant versus emerging PDH.
- Age related renal and hepatic changes.
- Partially full stomach – Possible soft foreign matter.
- Large lipoma in caudal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient truly has not eaten for two days, then soft foreign matter is a strong potential. The cause of anemia is not evident in this patient. CBC path review and bone marrow aspirate would be appropriate. Strongly recommend surgical removal of the cranial fourth of the bladder and the intraabdominal lipoma, along with possible gastrotomy to evacuate the stomach once cause of anemia has been addressed. However, bone marrow disease is a strong potential, given the lack of evidence of abdominal bleeding in this patient and rapid normal echocardiogram.



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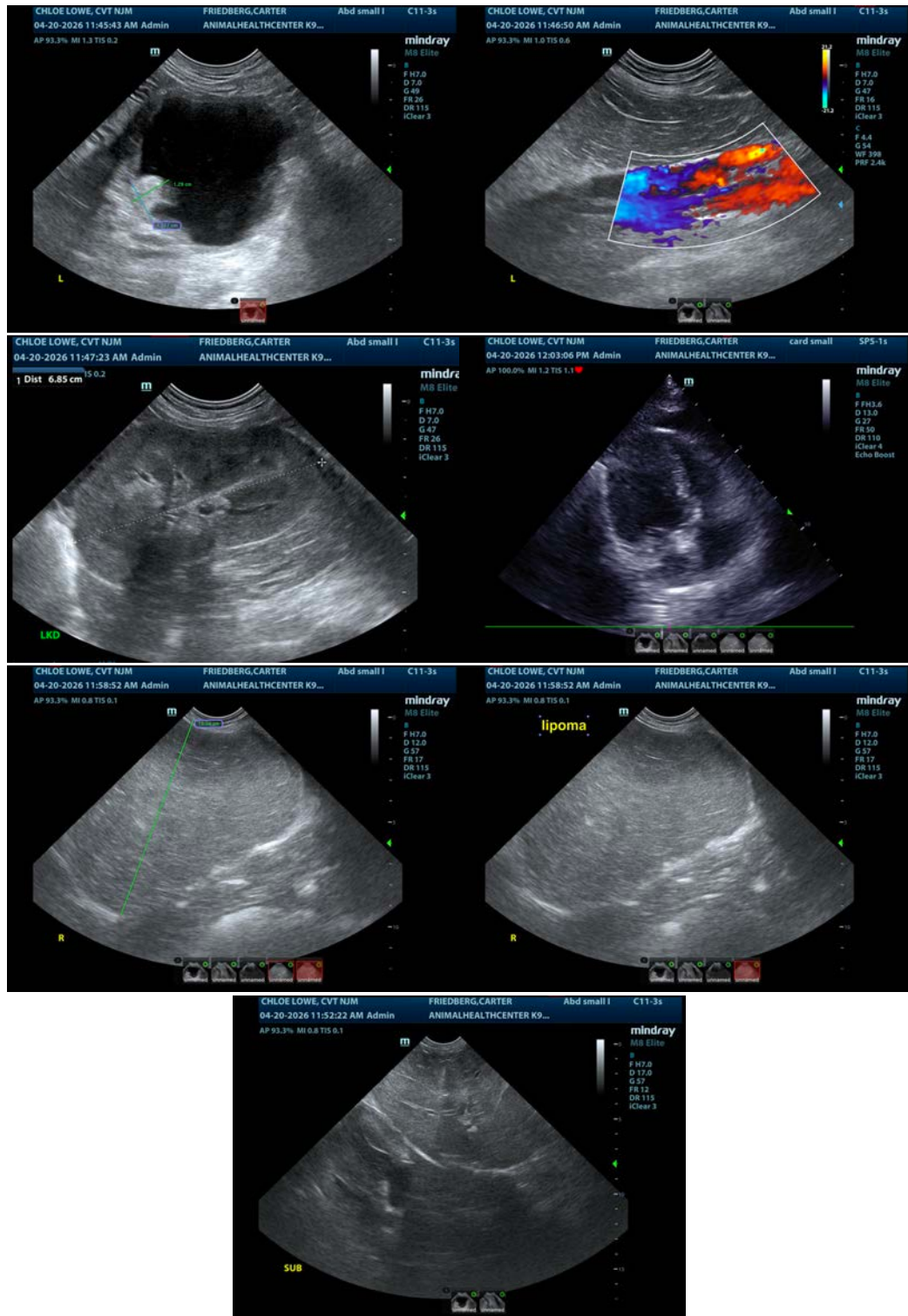
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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