



## PATIENT

Henry Soares

## SPECIES

Canine

## BREED

King Charles Cavalier

## SEX

Neutered male

## AGE

9 years

## WEIGHT

29.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. LaCroix

## HOSPITAL NAME

Inspire AH Highlands

## REFERRING VET

Dr. LaCroix

## INVOICE

74741

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: Patient presented at the end of March for hyporexia. BW showed UPC of 2.1 with atypical transitional cells with concern for TCC due to cellular atypia. Patient is on vetmedin for MVD. From Antech pathologist: "There are several clusters of transitional epithelial cells present which exhibit enough atypia to suggest underlying neoplasia (moderate anisocytosis and anisokaryosis, occasional prominent nucleoli, occasional multinucleation, rare mitotic figures). Correlate with evidence of a "mass effect" on advanced imaging and consider CADET/BRAF assay or biopsy with histopathology of any lesions present for further characterization." BCS 8/9, Grade IV/VI murmur PMI MV, very tense over right limb of pancreas on scan BW- 3/27/26- ALKP 300, Chol 433, Trigly 370. T4-2.5, PSL 161, mild lymphocytosis 4590 and monocytosis 1530, U/A (via cysto)- USG 1.021, pH 8.0, Occult blood +2, Protein +3, transitional cells 2-3/hpf, UPC 2.1 4/15/26- Recheck UPC (free catch)- 1.7 4/22/26- free catch u/a- pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed apical polypoid changes measuring up to 0.8 cm with minor, polyps that measured up to 0.5 cm. No calculi were noted.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm. The right kidney measured 5.1 cm.

The **prostate** was mildly enlarged and measured 1.6 cm. The pre-prostatic urethra was slightly thickened. Minor, microcystic cortical changes were noted in the kidneys.

### 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 0.77 cm at the cranial pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.5 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.



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## 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. Biliary calculi were noted in the cystic duct and gallbladder. These were non-obstructive at the time of the sonogram.

## 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

Prostatic and urethral thickening given the patient's history.

Biliary calculi were noted.

Age related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound guided traumatic catheterization of the prostatic urethra. BRAF testing is recommended if not already performed. The prognosis is guarded. Ursodiol therapy could be considered regarding the hepatic presentation. However, this is highly variable in effectiveness from patient to patient.



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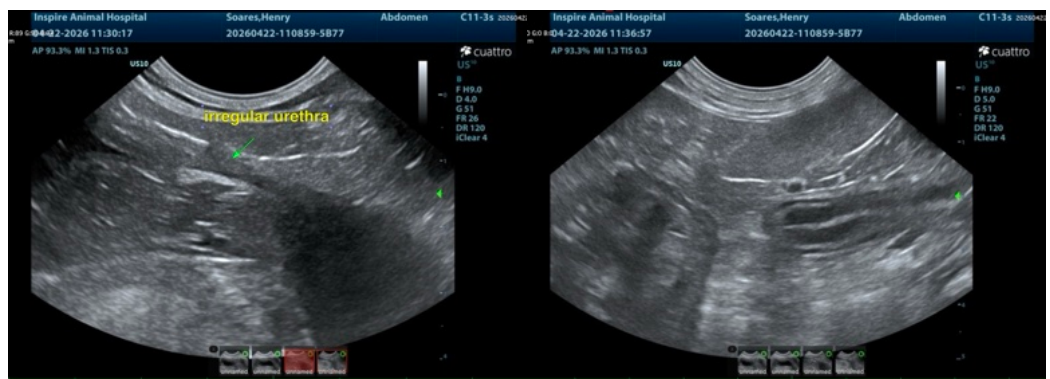
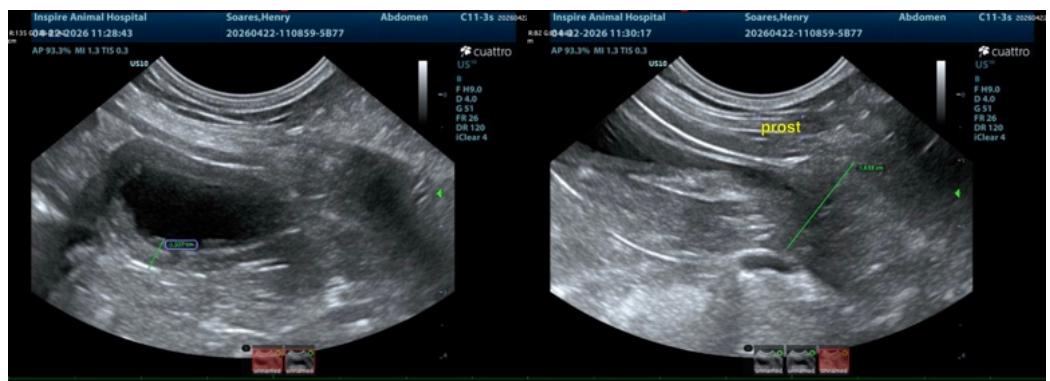
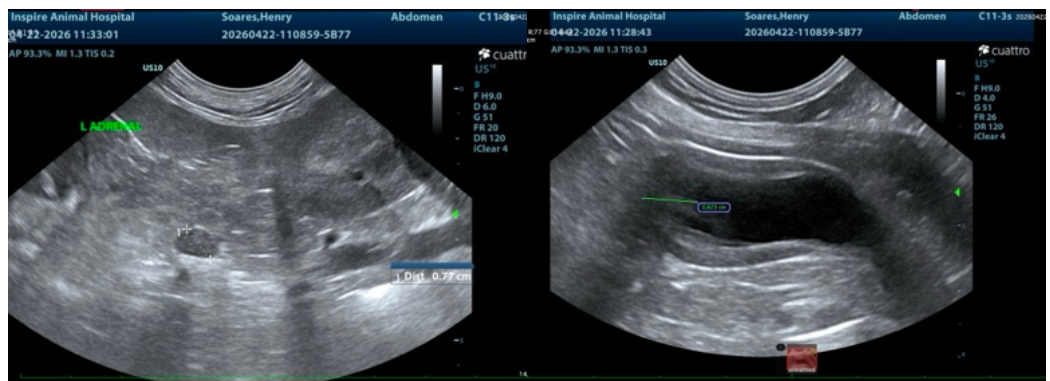
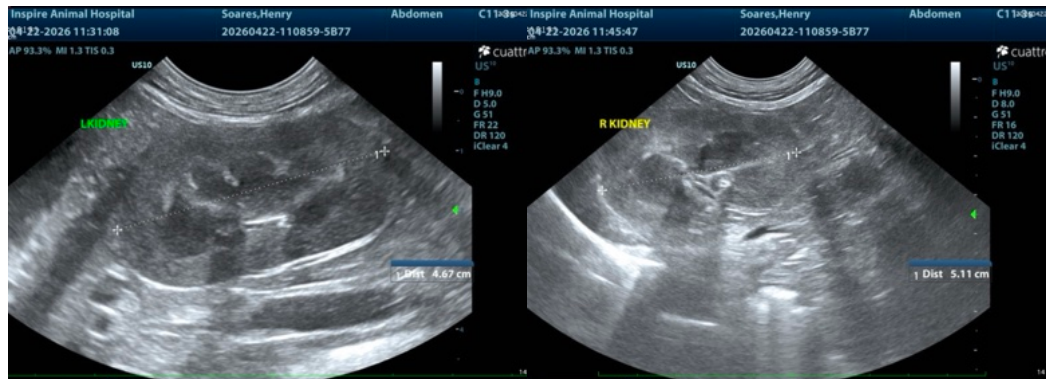
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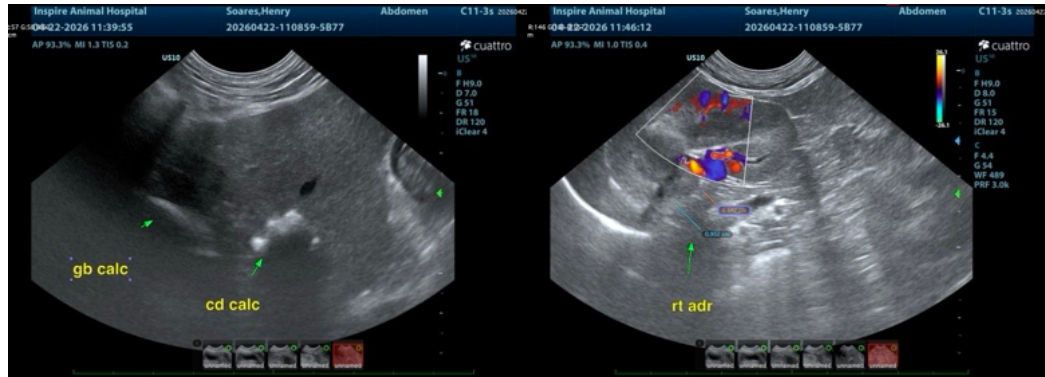
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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