



PATIENT

Marlow Hertz

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

67.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Laux

INVOICE

74846

DATE

4/25/26

PRESENTING CLINICAL SIGNS

History: -presented today for being very lethargic, trouble standing up and lifting her head, and being ataxic after standing. MM Pi and M on exam. No significant findings on exam. Concern for underlying on/off bleed

Abnormal PE/Chem/CBC/UA Results: Pending -hx of Stage 1 CRD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Bladder wall thickness measured 1.0 cm. Polypoid changes were noted in the bladder and cystourethral junction. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

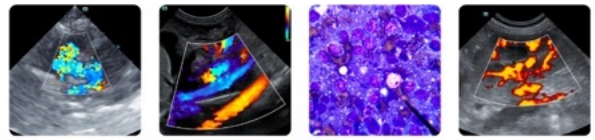
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 revealed slight hypoechoic cortical nodules measuring up to 0.7 cm. This may be benign; however, it should be monitored. The left kidney measured 6.47 cm. The right kidney measured 3.55 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 left adrenal gland measured 1.5 x 0.47 cm at the caudal pole and 0.38 cm at the caudal pole. The right adrenal gland measured 2.5 x 1.0 cm at the cranial pole and 0.8 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. 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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with 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.

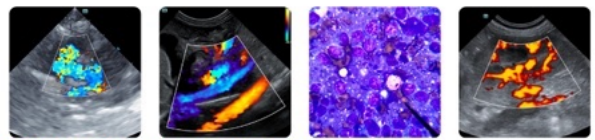
ULTRASONOGRAPHIC FINDINGS

Polypoid cystitis bladder pattern, potential underlying carcinoma.

Hypoechoic cortical nodule in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A recheck sonogram is recommended in 3-4 weeks of the left renal cortical nodule to assess for any progression. There is a potential for emerging renal neoplasia. A cystoscopy would be ideal. BRAF testing is indicated. Cytospin of free catch urine sample is recommended. I recommend avoiding cystocentesis until carcinoma has been ruled out. Given the clinical signs, skull CT and cervical CT would be recommended to assess for primary CNS disease. The kidneys appear to be largely unremarkable with age related change with the exception of the left renal nodular changes. Cardiac examination +/- EKG would be appropriate given the patient's history. However, full CNS and cervical orthopedic exam is indicated.



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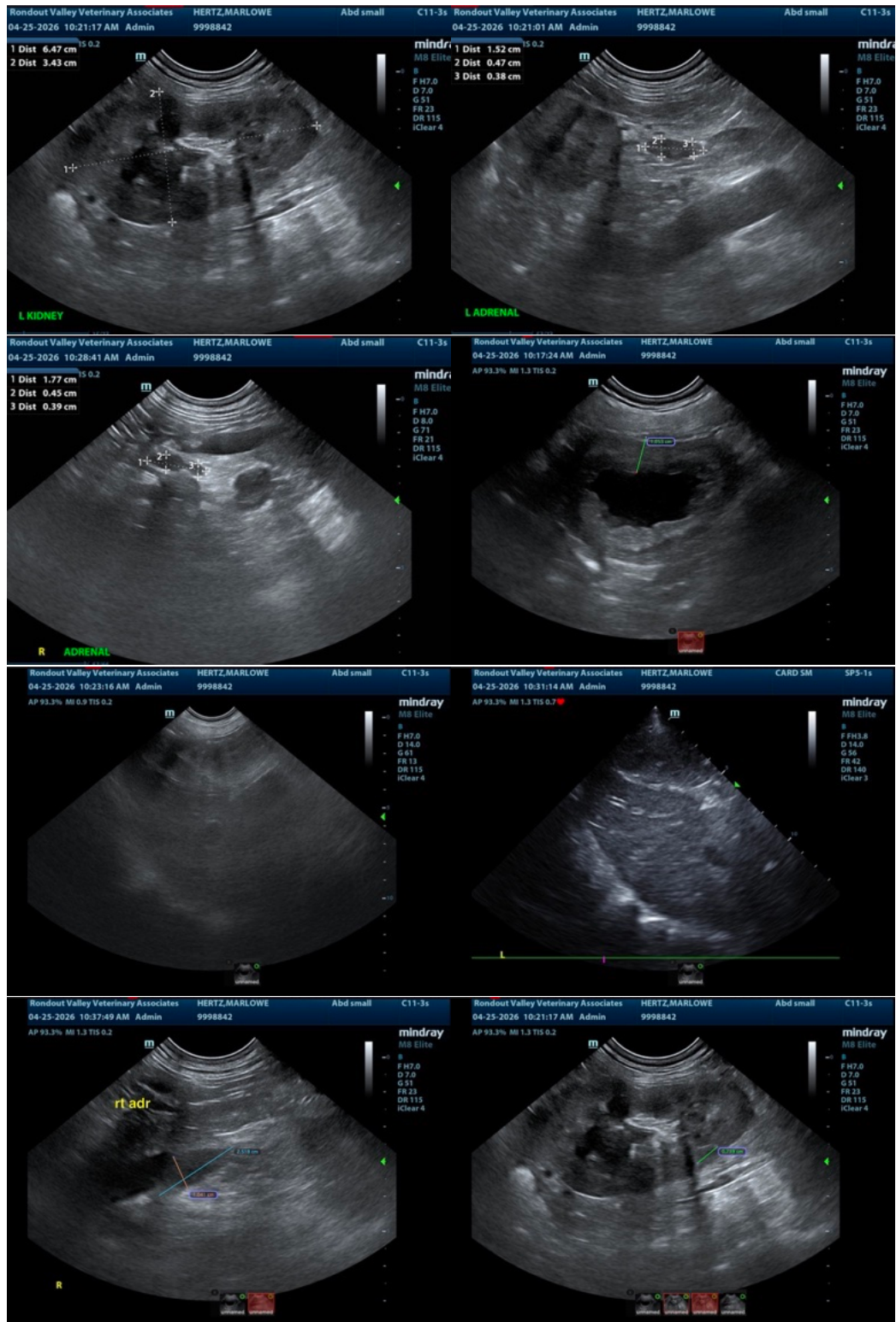
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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