



PATIENT PRESENTING CLINICAL SIGNS

Molly Cox History: Recheck abdominal ultrasound due to suspected TCC (initial ultrasound images read by SonoPath on 11/16/22). Patient now has a history of inappetence and occasional vomiting for the past 10 days. Mild and stable elevations in liver enzymes documented over the past 12 months.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT (159) and ALP (460) on 8/20/23.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Labradoodle

The **urinary bladder** in this patient revealed a kissing lesion that is consistent with transitional cell carcinoma. The lesion occupied the ventral wall and measured 1.8 cm width. The dorsal wall lesion measured 1.0 cm wide. There was a minimal amount of urine present at the time of the sonogram. There was a normal amount of sand noted grouping of which measured 0.6 cm. Moderate blood flow was noted to the bladder lesion. The cystourethral junction and urethra appeared free of evident pathology.

SEX

Spayed female

AGE

12 years

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. Slight mineralization was noted. Pyelectasia was noted in the right kidney measured 0.4 cm. The left and right kidney measured 6.0 cm.

WEIGHT

72 lbs

INTERPRETED BY *Adrenal Glands*

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.76 cm at the cranial pole and 0.8 cm at the caudal pole and 3.0 cm in length. The right adrenal gland measured 2.7 x 1.2 cm at the cranial pole and 0.6 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Lucas

HOSPITAL NAME *Spleen*

Taylorville VC

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The spleen was folded upon itself cranially. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. Lucas

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Liver

The **liver** revealed swollen, irregular contour with increased portal markings and isoechoic nodular changes were noted in the right cranial liver. The nodule measured 2.6 cm. However, the margins were ill-defined. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic

DATE

4/3/23



PATIENT

Molly Cox

and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

SPECIES

Canine

Gastrointestinal

The **stomach** was edematous with a fluid filled lumen. The small intestine and colon were unremarkable.

BREED

Labradoodle

Pancreas

Heterogenous, mixed, echogenic parenchymal changes were noted throughout the base of the pancreas. This is consistent with pancreatitis.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Heterogenous liver and spleen. Spleen folded upon itself.

Age related renal changes with minor pyelectasia.

Gastritis and pancreatitis pattern.

WEIGHT

72 lbs

Stable bladder mass, consistent with low-grade or slow growing transitional cell carcinoma with kissing lesion.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If NSAID treatment has been utilized given the bladder presentation then I recommend stopping for 10-14 days. GI Protectant protocol is warranted. A recheck sonogram is recommended in 5-10 day or earlier if clinical signs persist. FNA of the liver is recommended. The liver likely represents chronic inflammatory hepatopathy, yet there is a minor potential for neoplasia. The bladder lesion appears to be similar to the prior sonogram; however, dorsal kissing lesion appears to have developed.

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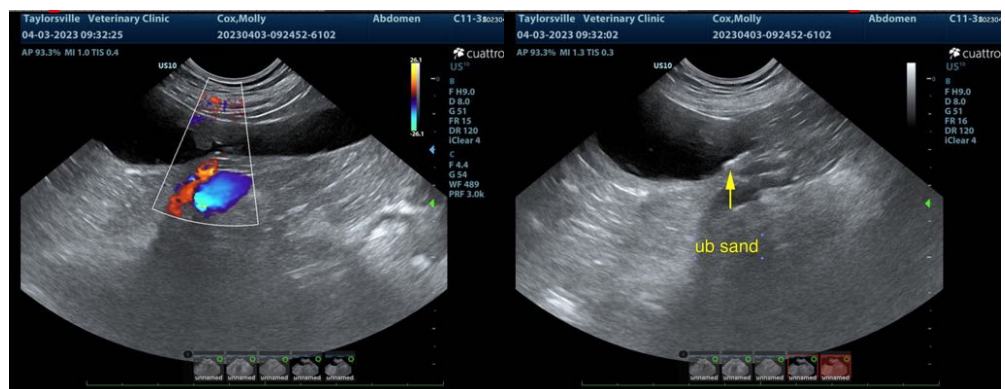
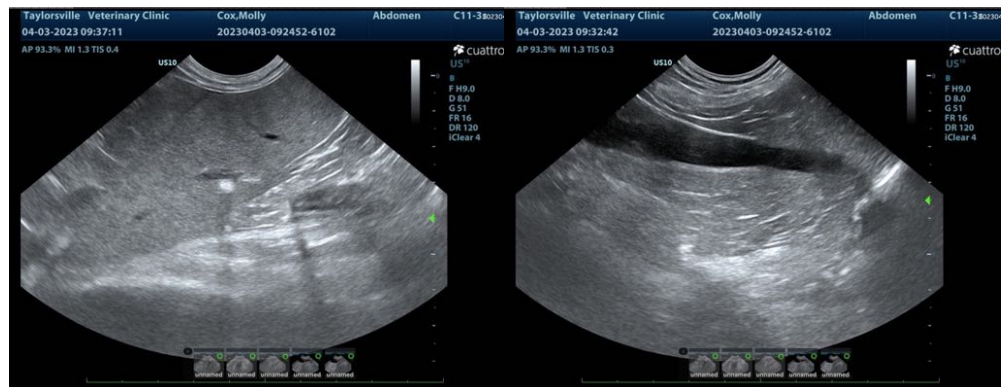
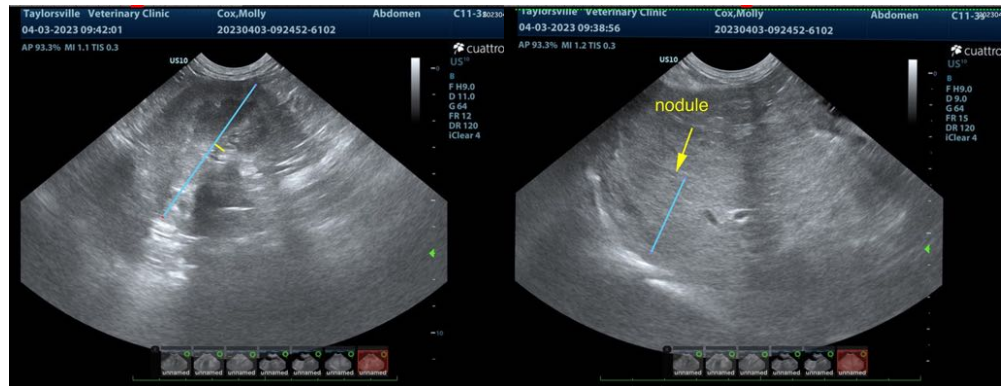
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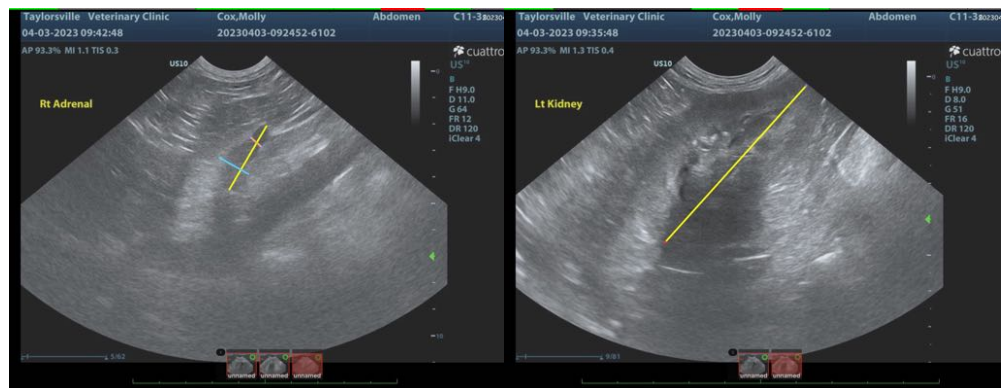
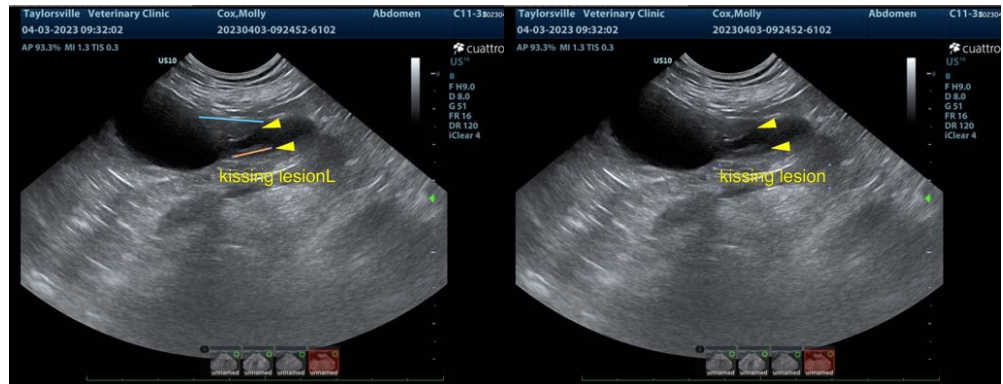
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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