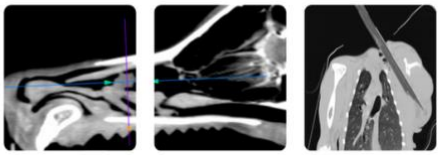

PATIENT

Charlotte Viera

SPECIES

Canine

BREED

Cavalier

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove Veterinary Service

REFERRING VET

Dr. Ionnou

INVOICE

16081

DATE

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PRESENTING CLINICAL SIGNS

Charlotte is doing well - this is a recheck U/S that was performed in January with Focal Zone where it was stated she had "In the area of the trigone there is a thickening of the urinary bladder wall protruding into the lumen, most consistent with a urinary bladder mass measuring 0.70 cm x 0.40 cm. The remainder of the urinary bladder wall is of normal thickness with normal wall layering. Urine is anechoic. There are no cystoliths visualized. A 2nd mass effect is visible in the neck of the urinary bladder measuring 0.60 cm x 0.58 cm. " We performed the BRAF test - it was NEGATIVE. She had a referral to King where they did not find any evidence of masses. At the time of the first U/S she had a UTI so I am unsure if this is what caused the mass effect, she does not currently have a UTI

Current Medications: Cartrophen and Ursodiol

Abnormal PE/Chem/CBC/UA Results: Jan 2026 - CBC NSF chemistry mild elevated SDMA, elevated ALT and ALP mild, UPCR elevated but active sediment, U/A USG adequate for 2nd-3rd morning collection, moderate WBC RBC and rod bacteria, 4dx negative Radiographic Findings None Primary Question to Be Answered in This Exam Any concerns present in the bladder? Previous report attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a trigonal polyp. The polyp is persistently present yet appears to be smaller measuring 0.3 cm x 0.3 cm. Other micropolypoid changes were present within the urinary bladder. A minimal amount of urine was present at the time of the sonogram. The urethra was visible to a depth of 2.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 pyelectasia was present in the left kidney as well as slight mineralization. The left kidney measured 4.22 cm in length. The right kidney measured 4.32 cm in length. Power doppler assessment of the kidneys was subnormal, indicative of chronic disease.

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 0.6 cm width. The right adrenal gland measured 1.7 cm x 1.05 cm width at the cranial pole and 0.42 cm width 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

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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 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

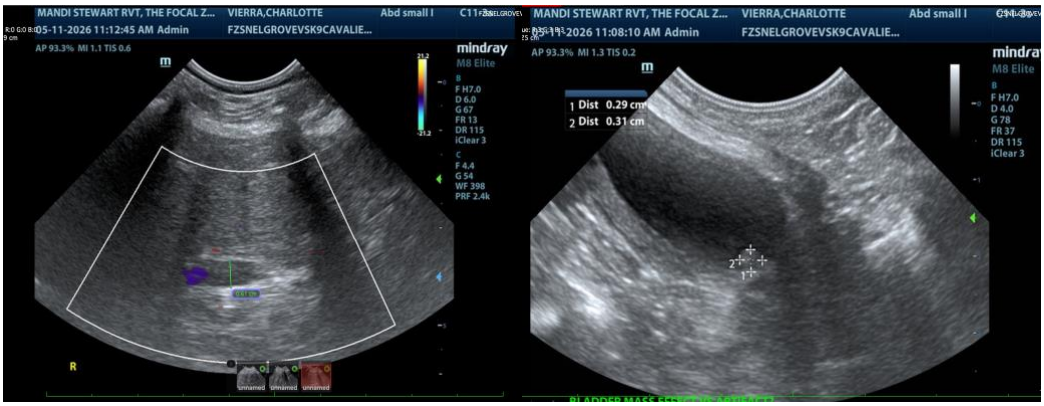
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes with slight left kidney pyelectasia.
- Diminished urinary bladder polyp size.

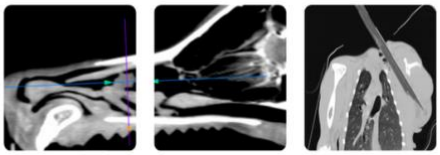
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyp is in the area of the left ureteral papilla, and I believe that the polyp itself was a polypoid change of the left ureteral papilla that is reduced in size. This could occur periodically if the patient had passed a calculus. Given the minor renal mineralization in the left kidney. Theoretically, a calculus may have passed through the left ureteral papilla, creating a prominent polypoid type formation of the ureteral papilla, which is now reduced. This would be the most logical explanation for this presentation. I do not believe there's any evidence of carcinoma. There is minor micropolypoid changes in the bladder that would suggest a history of cystitis. Urinalysis to assess for any residual inflammation is warranted. I am most concerned about long-term viability of the kidneys given the chronic changes.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.thefocalzone.com
info@thefocalzone.com
289.808.2608



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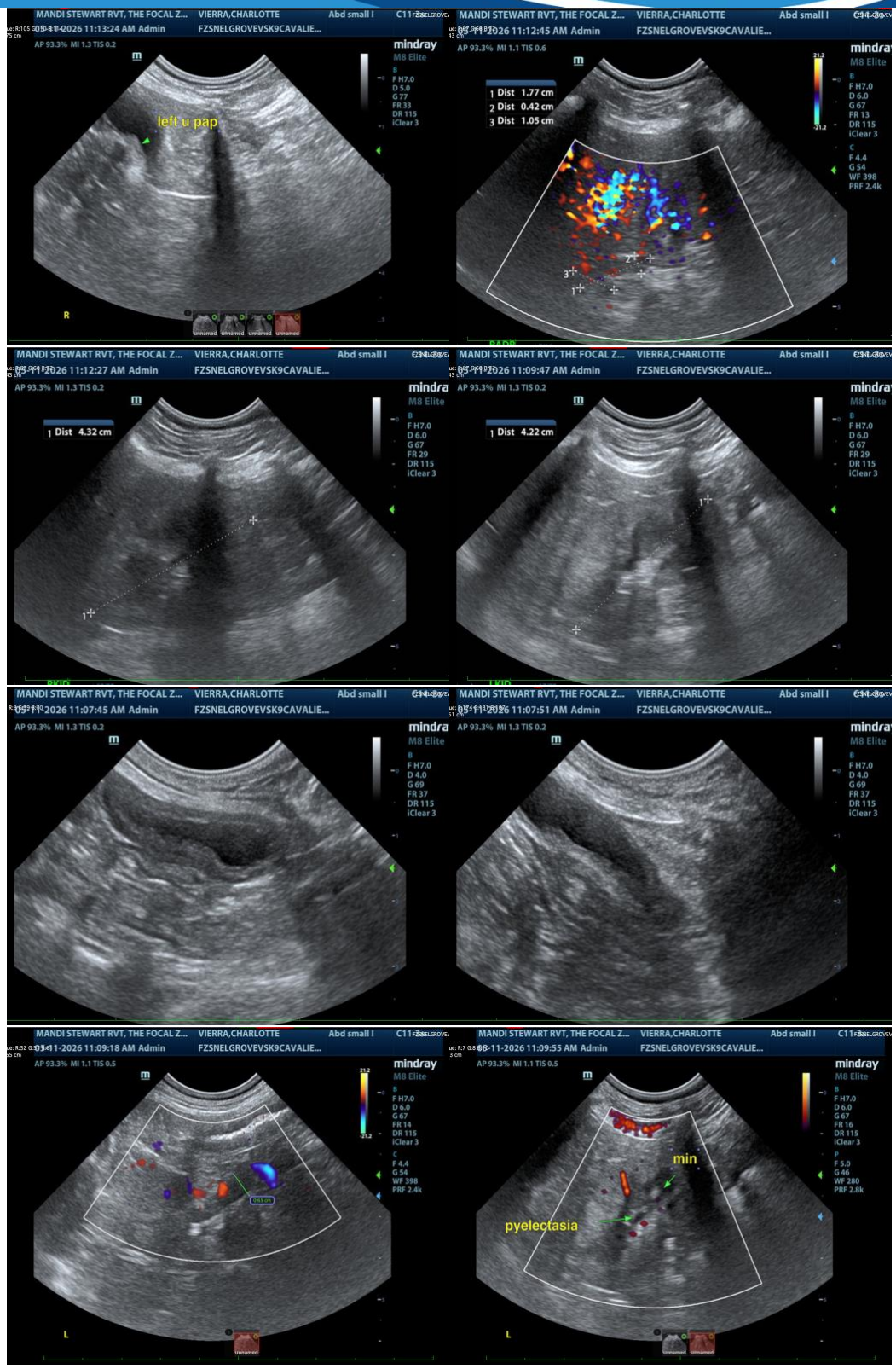

The Focal Zone
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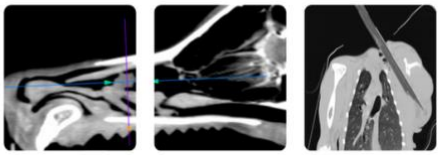

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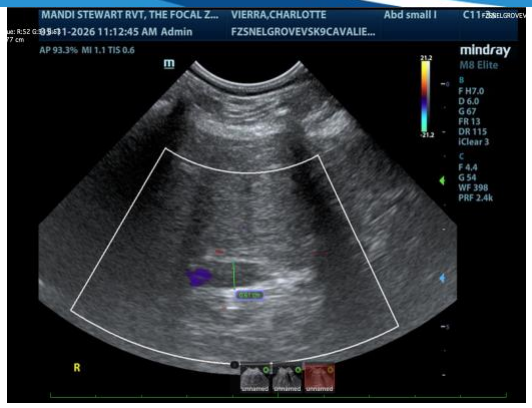

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com