



PATIENT

Chloe Brisolla

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

12 years

WEIGHT

64.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Abdul Chani

INVOICE

30145

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Persistent Hematuria, no current meds, was treated with Zenequin 100mg 1 2x daily in Feb and March 2022 for Pseudomonas
Abnormal PE/Chem/CBC/UA Results: (2/2022) CBC/diagnostics all normal (4/18/22) Prof 2+, neg bacteria, RBC > 50 Urine specific gravity 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical dorsal polypoid mass that measured 2.0 cm and appears resectable. A separate polyp was noted in the ventral apical wall. The cystourethral junction and proximal urethra appear 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 this age patient. Medullary structure differed distinctly from that of the cortex. Both kidneys revealed slight pyelectasia. The right kidney measured 7.8 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 3.03 x 1.01 cm at the caudal pole and 0.74 cm at the cranial pole. The right adrenal gland measured 2.48 x 0.54 cm at the cranial pole and 0.49 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.

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

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The **stomach** was over distended with fluid and chyme. Polypoid mucosal changes were noted in the pyloric antrum. Some level of pyloric dysfunction may be an issue.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Renal pyelectasia.

Minor pyloric hypertrophy and over distension.

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Polypoid bladder mass, appears resectable with a separate polyp.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder appeared to be a pelvic bladder. and visualization of the pelvic urethra was poor. Surgical inspection or cystoscopy is recommended for further definition. I suspect transitional cell carcinoma.

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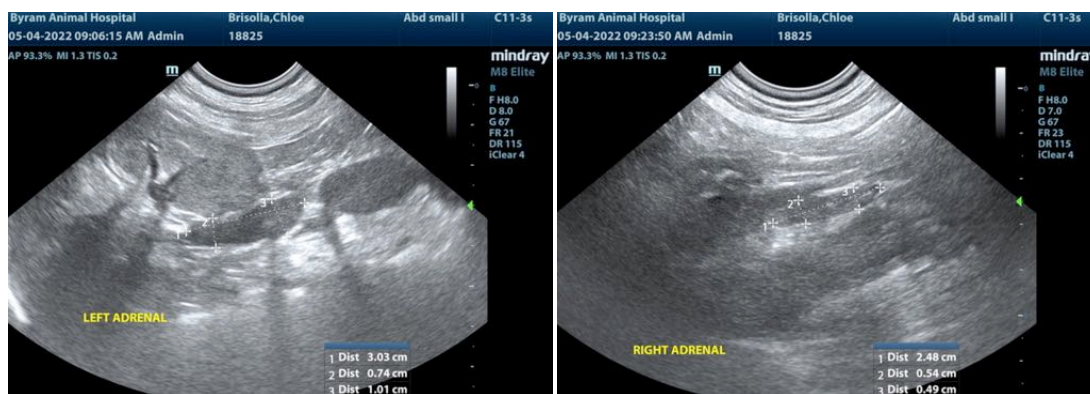
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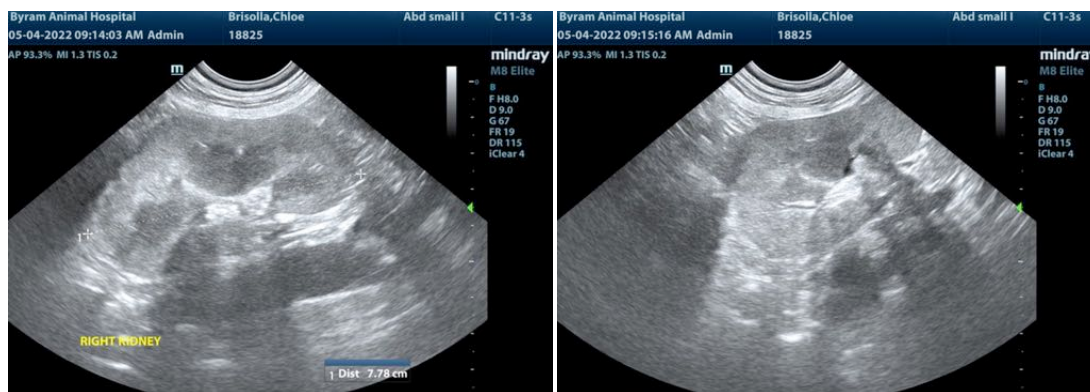
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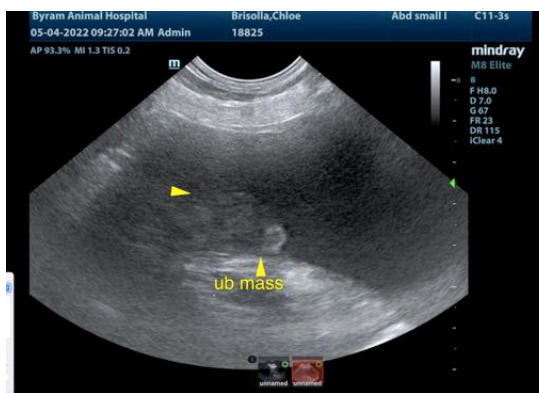
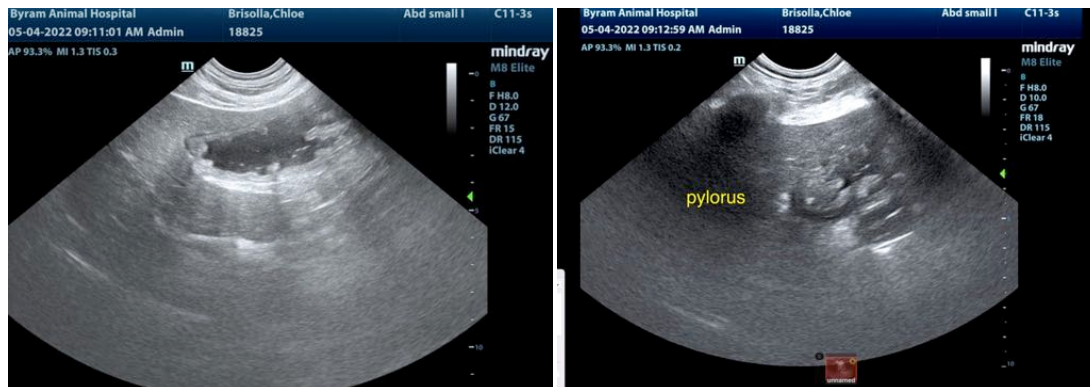
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com