



**PATIENT**

Shadow Travelbee

**PRESENTING CLINICAL SIGNS**

History of urinating in house, starting 3 years ago. Frequent UTI, UA showed cancer cells in urine. RDVM did ultrasound and saw no stones but is concerned about cancer

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Beagle

The **urinary bladder** revealed a concentric mass occupying the trigone, cystourethral junction and urethra. The bladder mass is nonresectable. Regional inflammation was noted, occupying the ventral and dorsal caudal wall and enters into the pelvic urethra.

**SEX**

Spayed Female

The **left kidney** 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 and no evidence of pelvic dilation was present. The left kidney measured 5.64 cm.

**AGE**

12

The **right kidney** revealed hydronephrosis with hydroureter, likely obstructed by the bladder mass. The right kidney measured 4.2 cm. An anechoic cyst was noted in the right kidney.

**Adrenal Glands**

**WEIGHT**

27

The **left adrenal gland** was enlarged, hypoechoic and rounded, measuring 2.18 cm x 1.23 cm at the cranial pole and 1.33 cm at the caudal pole. A hypoechoic rounded structure in the region of the left adrenal was noted, medial left adrenal or regional lymph node is suspected.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **right adrenal gland** was flattened, measuring 2.94 cm x 0.48 cm at the caudal pole and 0.41 cm at the cranial pole.

**Spleen**

**IMAGING PERFORMED BY**

Adrienne Waffle

The **spleen** was enlarged, heterogenous and nodular with increased portal markings.

**Liver**

**HOSPITAL NAME**

Torch Lake VC

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.

**REFERRING VET**

Adrienne Waffle

**Gastrointestinal**

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22316

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.

**DATE**

5/5/23

**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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

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- Obstructive bladder mass involving the cystourethral junction, urethra and trigone
- Round cell neoplasia pattern of the spleen and liver with regional lymphadenopathy
- Right kidney hydronephrosis with hydroureter (likely obstructed by the bladder mass) and anechoic cyst
- Enlarged left adrenal gland with hypoechoic rounded structure noted (suspect regional lymph node).
- Flattened right adrenal gland
- Age-related left kidney changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prognosis is poor with multicentric neoplastic pattern. Two separate neoplasia are likely: carcinoma of the lower urinary tract and likely round cell neoplasia of the spleen, liver and lymph nodes. FNA would be necessary for further definition.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

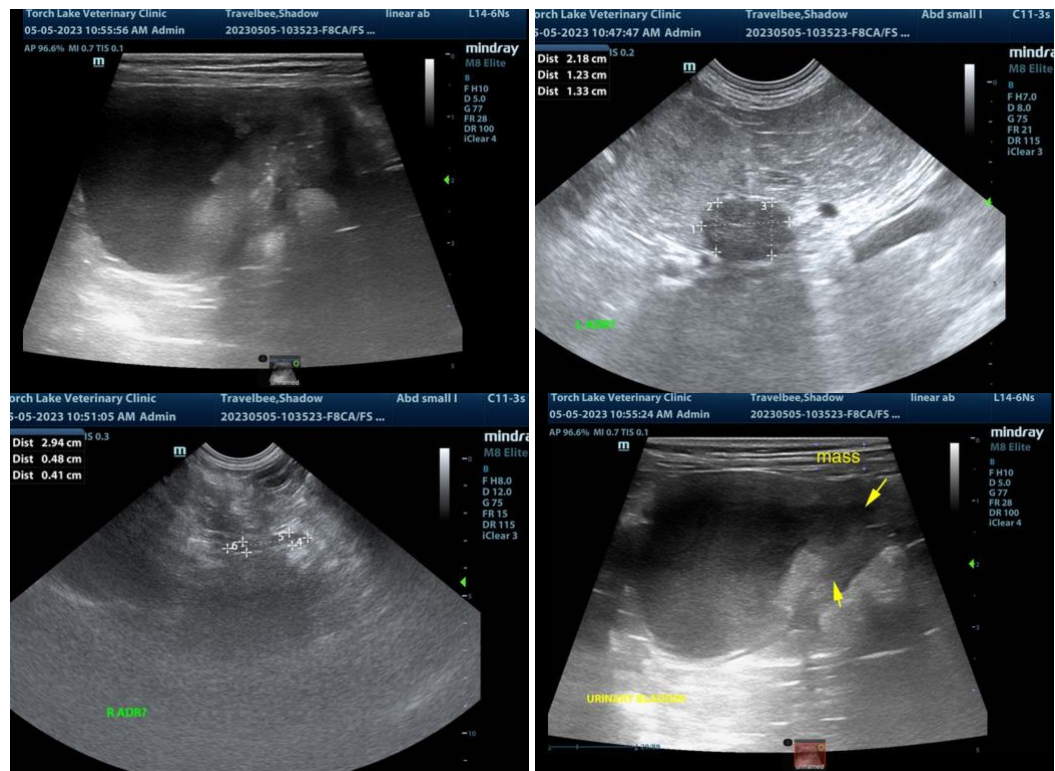
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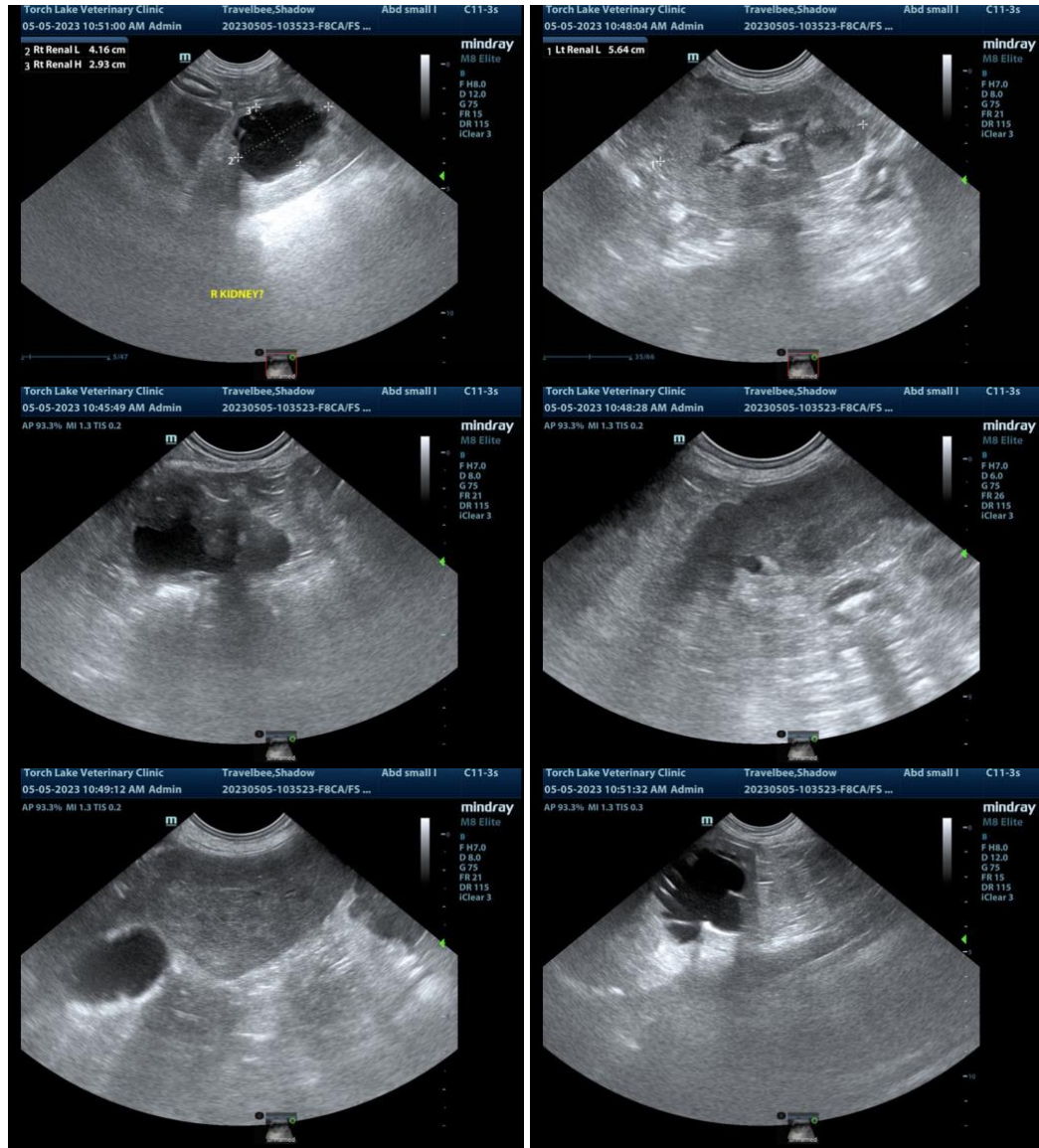
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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