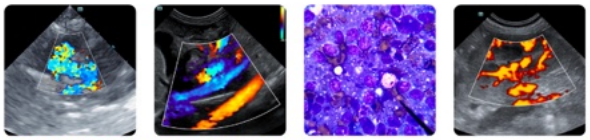

PATIENT

Duke Velkinburgh

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

11 years

WEIGHT

54.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

75216

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Known history of bladder TCC mass. He is under the care of an oncologist.
AUS to assess for acute onset diarrhea and hematochezia. Want to assess for localized metastasis, etc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A **urinary bladder** mass was noted and measured 5.5 x 3.7 cm. The mass appears apical dorsal. This is significant mineralized and consistent with carcinoma. The bladder mass is significantly vascular and appeared pedunculated. The cystourethral junction revealed polypoid changes and slight urethral thickening. There is concern for underlying local metastasis.

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 measured 5.2 cm. The right kidney measured 5.3 cm.

Iliac trifurcation was unremarkable. There is no evidence of metastatic disease.

The residual prostate was unremarkable and measured 1.0 cm.

Adrenal Glands

The **left adrenal gland** was slightly swollen at the caudal pole measuring 1.0 cm and 0.58 cm at the cranial pole and 2.42 cm in length. The **right adrenal gland** was slightly heterogenous and mildly irregular measuring 3.0 x 0.93 cm at the cranial pole and 0.91 cm at the caudal pole.

Spleen

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 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.

Liver

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

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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

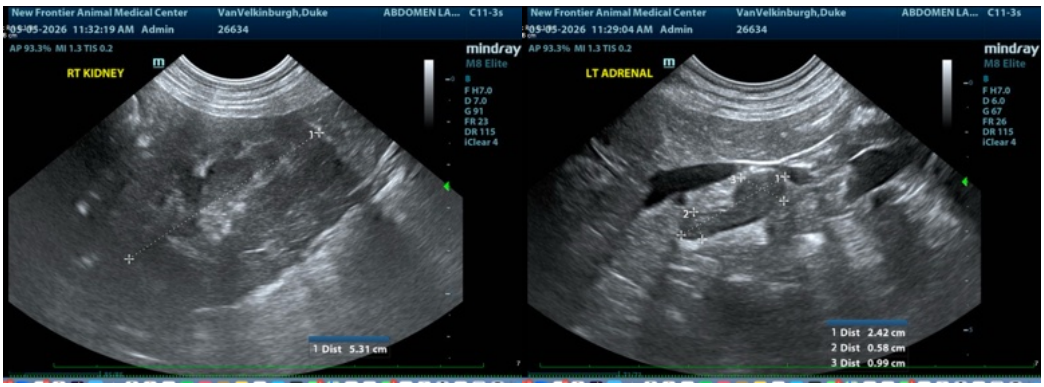
Primary bladder mass. Strong concern for cystourethral junction and proximal urethral involvement.

Age related splenic and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided traumatic catheterization of the cystourethral junction and pre-prostatic urethra could be considered to assess for potential metastatic disease. There is a potential that the bladder mass may be resectable. However, this largely depends on oncological findings of the cystourethral junction and proximal urethral changes. The mass position would be best assessed at full bladder. On this exam there was a minimal amount of urine for contrast to assess the actual mural derivation.

Management will be based on oncology review.



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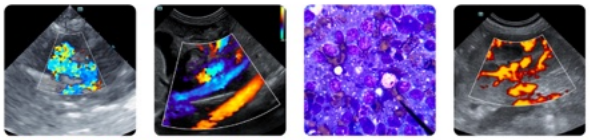

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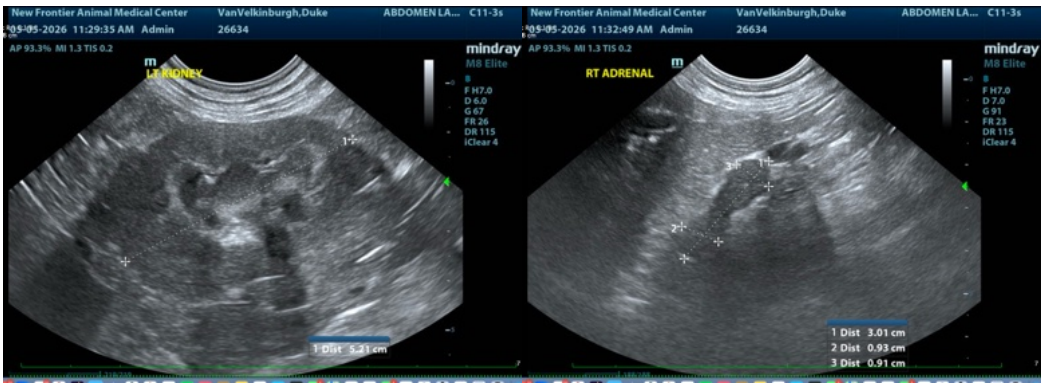

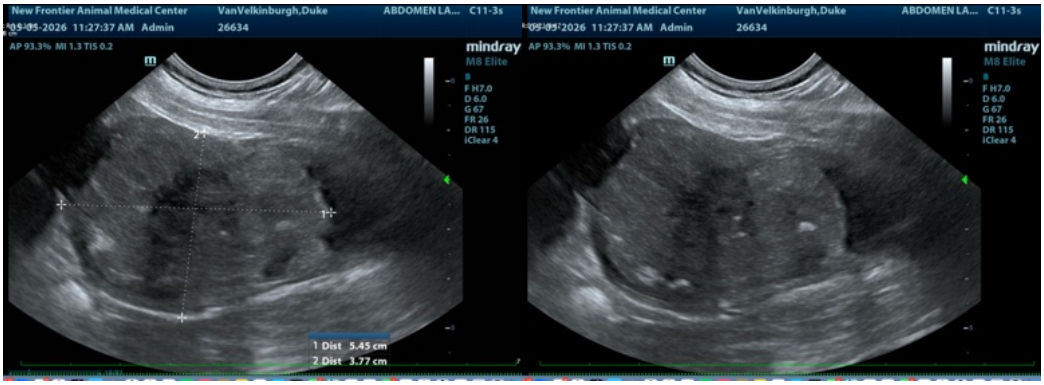

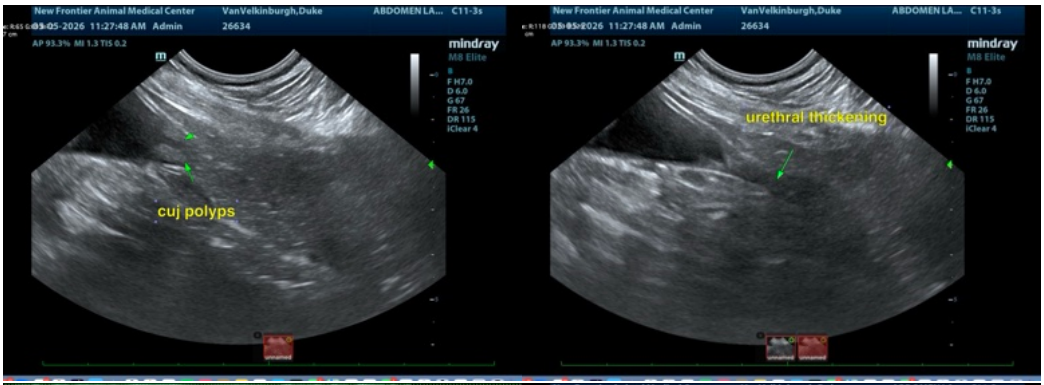

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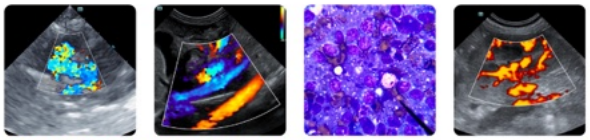

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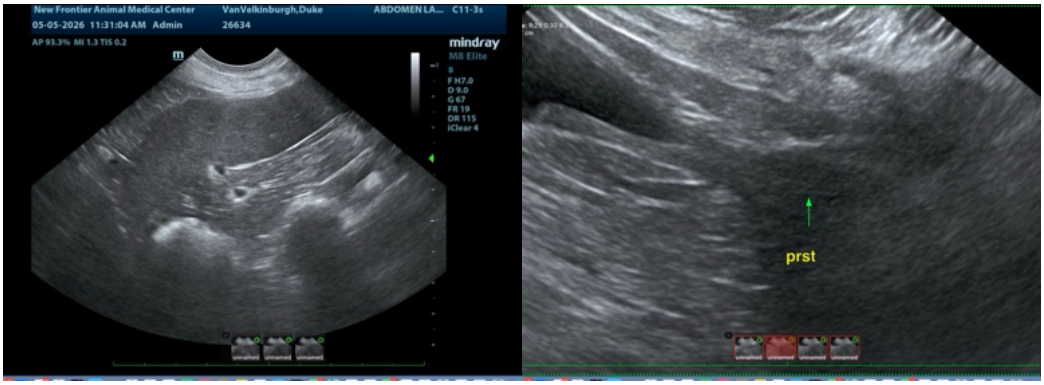

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com