



PATIENT

Chloe Carney

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

14 years

WEIGHT

4.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Polit

INVOICE

30836

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Patient presented for wellness check and for polyuria Hx of heart murmur
Abnormal PE/Chem/CBC/UA Results: PE: Grade 5/6 systolic murmur; severe dental disease CBC:
NAF Chem: BUN 64, CRE 1.7 Radiographs: cardiomegaly, irregular urinary bladder margin, mild
hepatomegaly UA: USG 1.012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multi-focal polypoid changes. A minimal amount of urine was present at the time of the sonogram. The largest polyp measured 1.0 cm. Polyps were noted at the dorsal caudal wall and at the apical wall. There were also areas of mineralization. There is a strong concern for carcinoma. Cytospin and free catch sample is recommended or cystoscopy or surgical biopsies. The polypoid changes in the dorsal wall encroaches upon the ureteral papillae, yet does not obstruct it at this time. The right ureter appeared to be obstructed.

The **kidneys** revealed largely normal 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. Minor mineralization was noted in the kidney. The left kidney was subnormal in size and measured 2.6 cm. The right kidney was also subnormal in size and measured 2.5 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 1.35 x 0.5 cm.

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 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.



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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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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Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

14 years

Moderate degenerative renal changes with concerning polypoid bladder changes. Strong concern for transitional cell carcinoma with mild right ureteral obstruction.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy and mucosal biopsies are recommended or ultrasound-guided traumatic catheterization if the patient can be catheterized. Otherwise, surgical biopsies are warranted. Cytospin of a free catch urine sample with immediate slide preparation may allow for a definitive diagnosis of carcinoma. Guarded prognosis.

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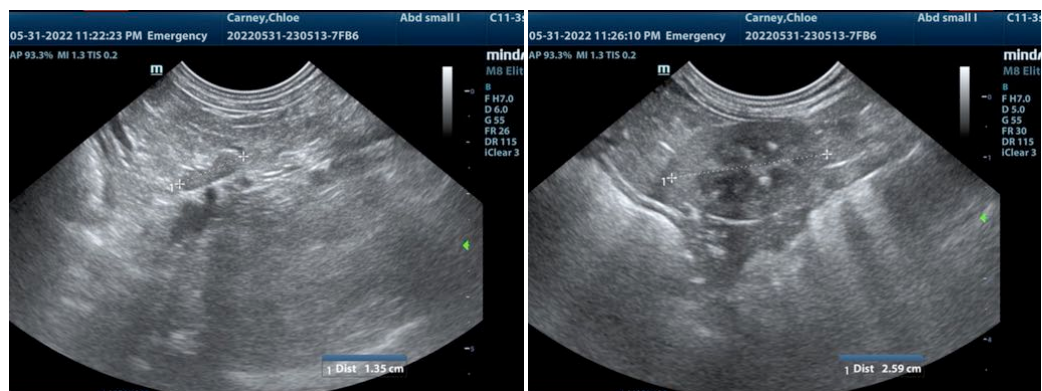
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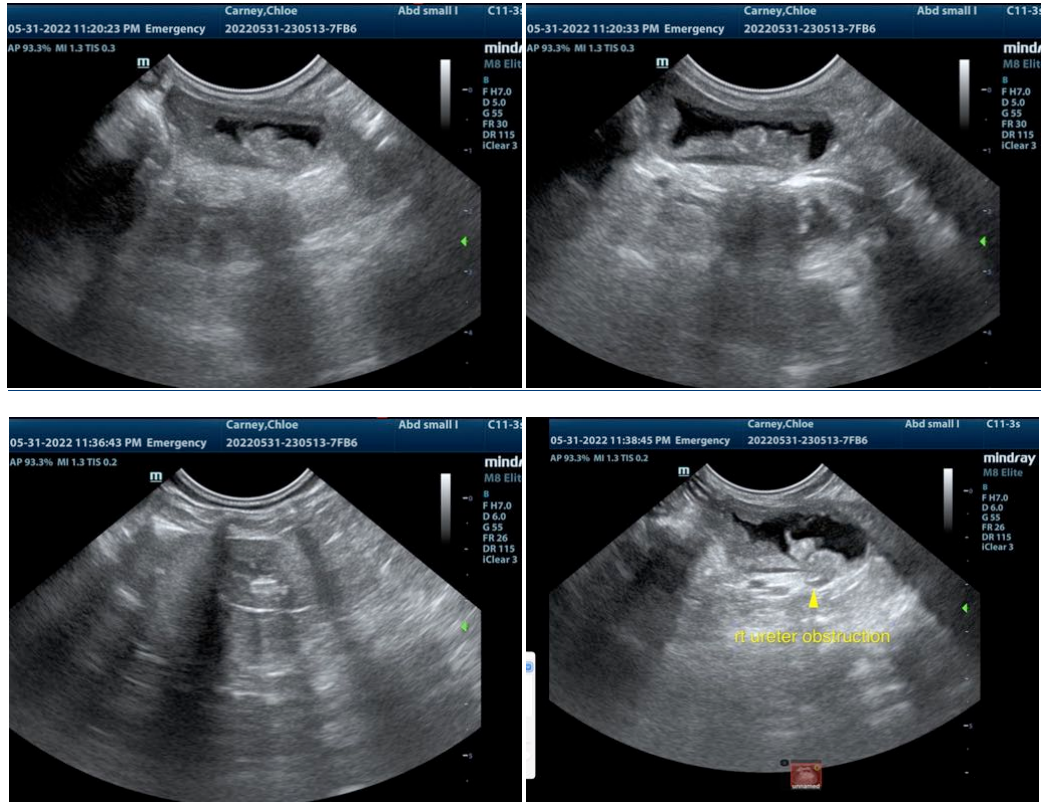
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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