



PATIENT

Jasper Kimmel

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

12 ½ years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

31248

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Jasper as an almost 13 year old Golden who presented on 5-20-22, for frequent urination for about 2 weeks, in house UA was done, a probable UTI was diagnosed, cefpodoxime was dispensed, had owner bring in free catch urine to follow up after finishing meds, still has large amount of WBC/RBC and non-squamous epithelial cells, update from owner when calling about urinalysis results was that he was definitely better but still urinating small amounts after initial large urination, recommend AUS, re-check urine, and blood work, to minimize stress for Jasper owner would like to do his blood on the day of his AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urethra, prostate and urinary bladder** was infiltrated with mineralized mass. The mass is non-resectable.

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. The right kidney measured 7.0 cm and the left kidney measured 7.1 cm. Minor pyelectasia was noted in the left kidney.

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 2.79 x 0.41 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 2.48 x 1.52 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Hyperechoic, lipogranulomatous changes were noted. 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** revealed macronodular parenchymal changes with increased portal markings and moderate remodeling. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Urethra and bladder mass, mineralizing. This is strongly consistent with carcinoma.

AGE

12 ½ years

Nodular hyperplasia and hepatic remodeling.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided traumatic catheterization can be performed to confirm carcinoma. Referral for chemotherapy and urethral stent placement would be appropriate.

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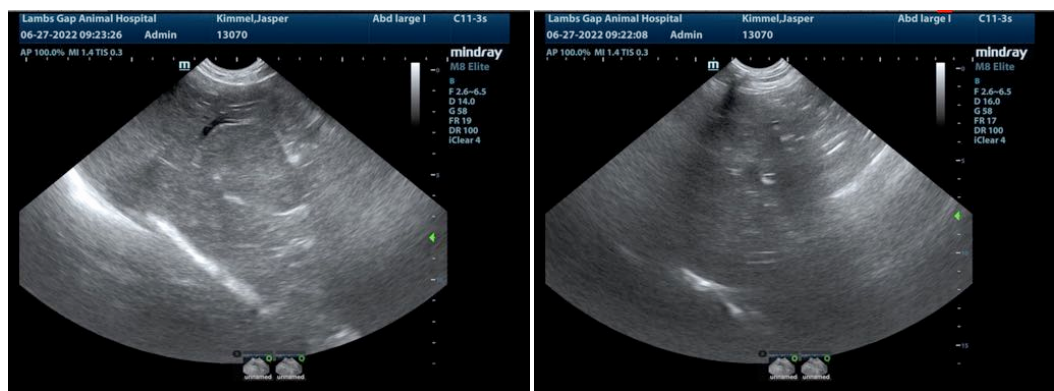
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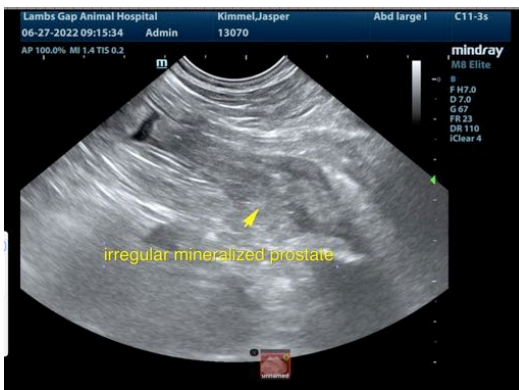
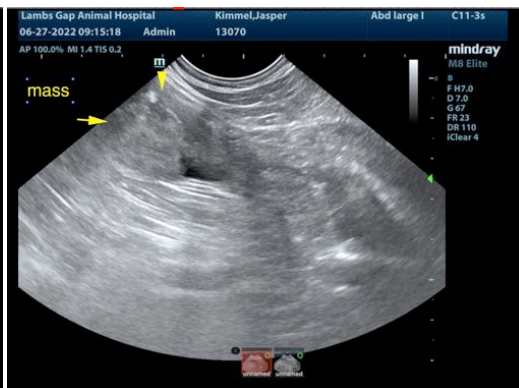
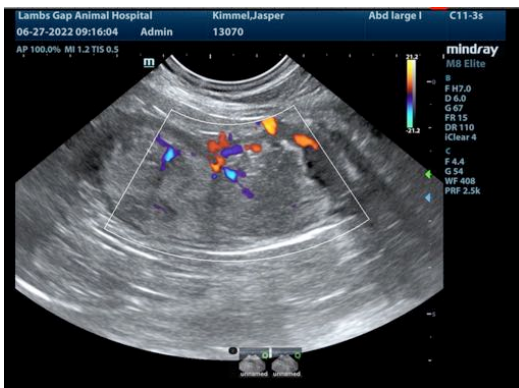
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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