



**PATIENT**

Caius Arey

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

22.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Green

**INVOICE**

32526

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

History: P was seen 8/15/22 for blood at tip of penis- no urinary issues noted. Upon ultrasound guided cystocentesis soft tissue mass was apparent. UA submitted. Started on Amoxi/clav. Abnormal PE/Chem/CBC/UA Results: UA: pH 8.5(H), Protein 1+ (H), RBC 21-50 (H).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A 0.7 cm calculus was noted with suspended debris. An apical polyp was noted deriving from the mucosal layer of the apex of the bladder. The polyp measured 1.8 x 1.13 cm.

The residual prostate was uniform and measured 0.67 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.88 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 2.13 x 0.6 cm. The right adrenal gland measured 2.33 x 0.54 cm.

**Spleen**

The **spleen** revealed subtle, micronodular changes. The spleen was otherwise normal in size and contour.

**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.

**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



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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.

**BREED**

Chihuahua Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Apical bladder polyp and calculus.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

7 years

The apical polyp is likely polypoid hyperplasia with a mild potential for underlying carcinoma as the submucosal and muscularis layers were intact. I recommend apical cystectomy and calculus removal as well as bladder lavage with normal and retrograde flushing with histopathology of the bladder polyp. For research purposes please email me the histopathology results. Bladder wall culture and biopsy as well as stone culture would be ideal.

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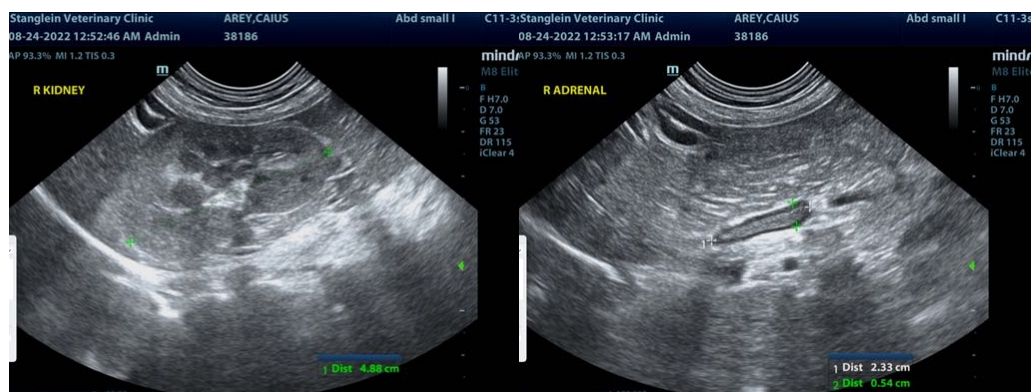
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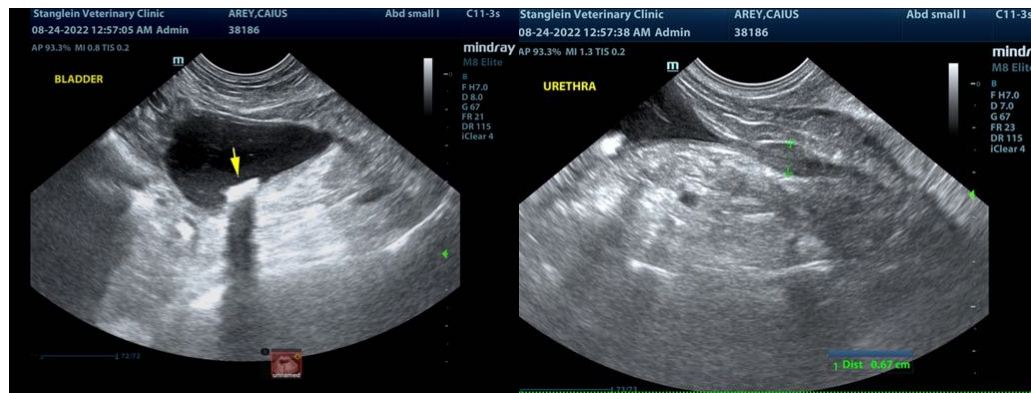
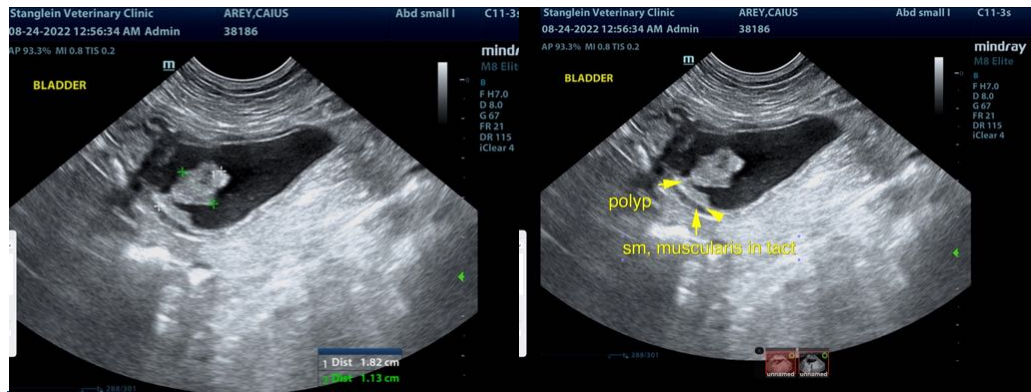
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com