**DATE**

8/8/22

**PRESENTING CLINICAL SIGNS**

History of UTI. Had u/s at Annapolis. Mass seen in urinary bladder.

Current Medications: Only on Rimadyl for hip pain.

Lab Results: See attached.

**PATIENT**

Raleigh Llewellen

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****BREED**

Rottweiler Mix

The **urinary bladder** revealed minor apical wall polyp with uniform wall thickening of the apex. Underlying urachal remnant with secondary polypoid hyperplasia may be the underlying cause. This appears resectable and does not appear consistent with neoplasia and appears to be localized. This does not appear consistent with neoplasia and appears to be localized.

**SEX**

Spayed female

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 left kidney measured 6.77 cm. The right kidney measured 6.9 cm.

**AGE**

8/28/12

**WEIGHT**

85.4 lbs

**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 2.94 x 0.51 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 2.59 x 0.59 cm at the caudal pole and 0.73 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**

Glen Burnie AH

**REFERRING VET**

Dr. Shah

**Liver**

The **liver** revealed coarse architecture with increased portal markings and undulating contour. The liver was mildly subnormal in size. This is consistent with fibrosis and remodeling. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**INVOICE**

32208

**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.

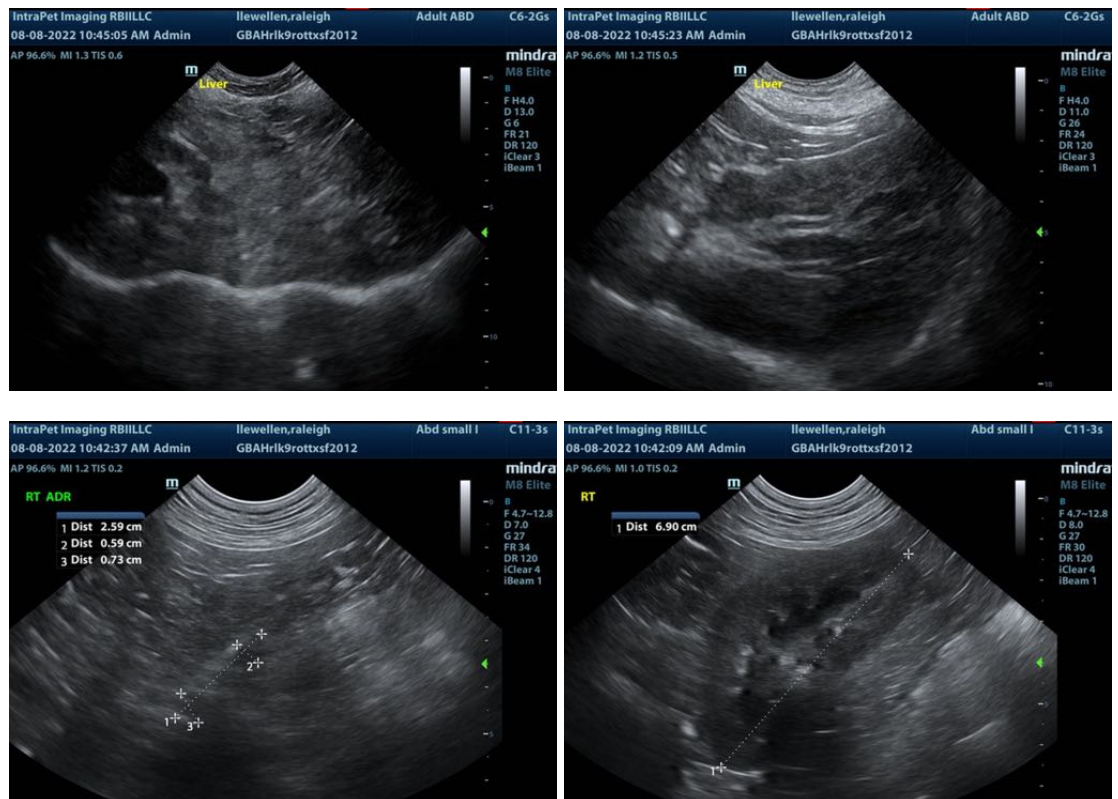
## ULTRASONOGRAPHIC FINDINGS

Significant hepatic remodeling.

Minor apical bladder polyp, possible underlying urachal remnant with polypoid hyperplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile +/- core liver biopsy would be ideal. In my experience the polyps that are in this exact position are often secondary proliferative changes associated with underlying urachal remnant. Justification to apical bladder wall resection could be justified with liver biopsy to assess and manage both issues. The caudal and lower urinary tract was unremarkable.





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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