



PATIENT

Clyde McMullin

SPECIES

Canine

BREED

Great Dane Cross

SEX

Neutered male

AGE

12 years

WEIGHT

91 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great
and Small

REFERRING VET

Dr. Sadahiro

INVOICE

32937

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: Hematuria started 7/22; BW/urinalysis performed - no blood in urine or atypical cells noted. Exam recommended - declined @ that time. hematuria returned; recheck UA performed 9/1/22 now showed hematuria, pyuria w/out bacteriuria; increased transitional cells w/ atypia. exam performed 9/9/22 - NSF.

Abnormal PE/Chem/CBC/UA Results: NSF on PE BW done 7/15/22: Chem 10: ALT 166, ALP 401, Creat 0.8. All other UR. CBC: UR

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. The cystourethral junction revealed a 0.6 x 0.3 cm thickening at the ventral wall entering into the proximal urethra. The apical bladder wall revealed a 3.46 x 0.91 cm lesion with a separate polyp that measured 1.68 x 1.64 cm apically. A dorsal mass was noted and measured 2.98 x 3.9 cm. All of the bladder masses revealed mineralization, which is suggestive for neoplasia. The deep pelvic urethra was also mineralized with a 2.0 x 0.5 cm mass. This mass was 3.0 cm distal from the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.28 cm. The left kidney measured 8.11 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 3.68 x 1.0 cm at the caudal pole and 0.98 cm at the cranial pole. The right adrenal gland measured 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



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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. An overt mass was noted in the left liver was noted and measured 4.0 cm. The mass was expansive and irregular with hypoechoic tissue. 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.

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.

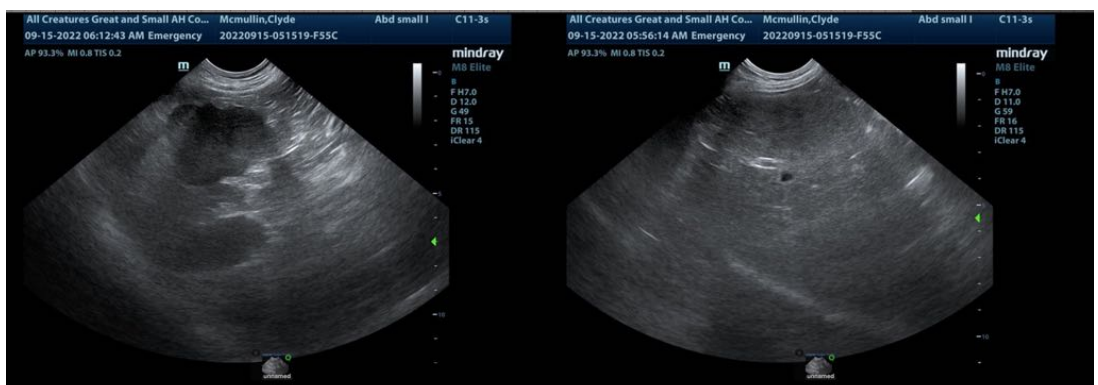
ULTRASONOGRAPHIC FINDINGS

Multiple mineralized bladder masses. Strongly consistent with transitional cell carcinoma.

Hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncology referral for potential stent placement and chemotherapy is indicated. FNA of the hepatic mass is recommended. Traumatic catheterization could be considered for confirmation of transitional cell carcinoma.





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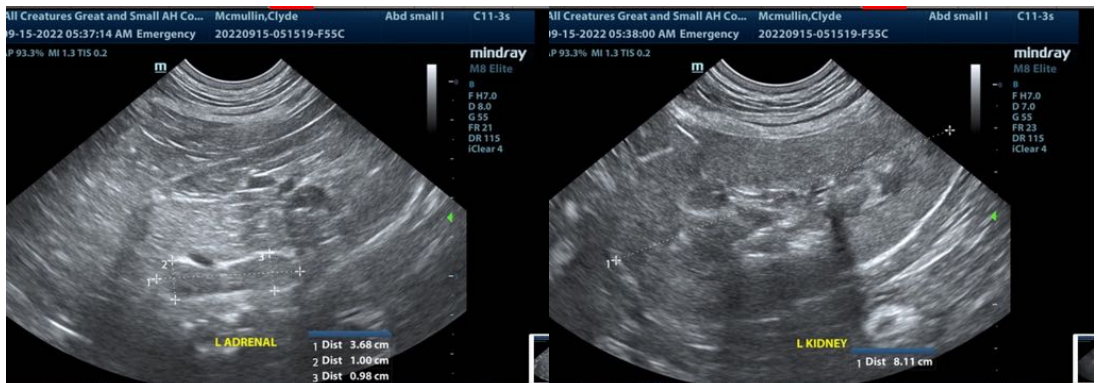
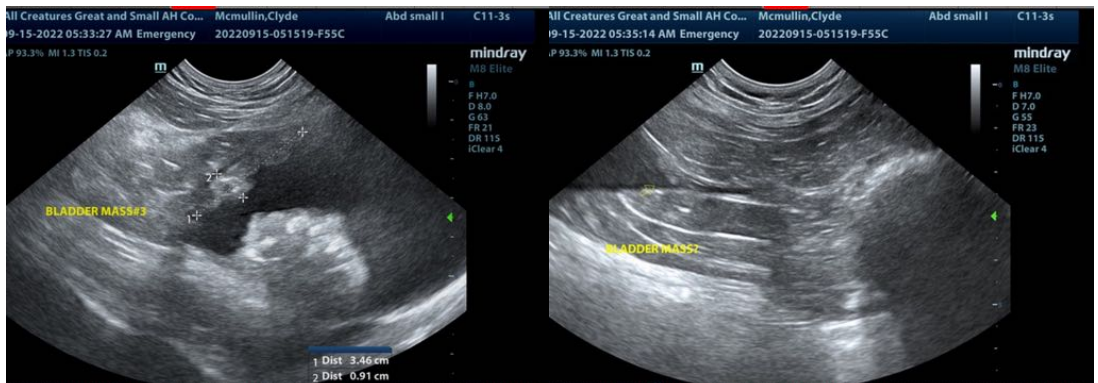
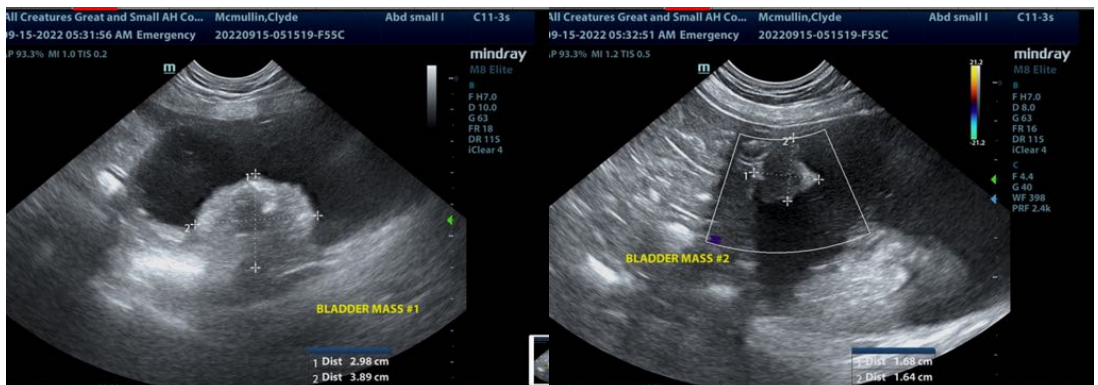
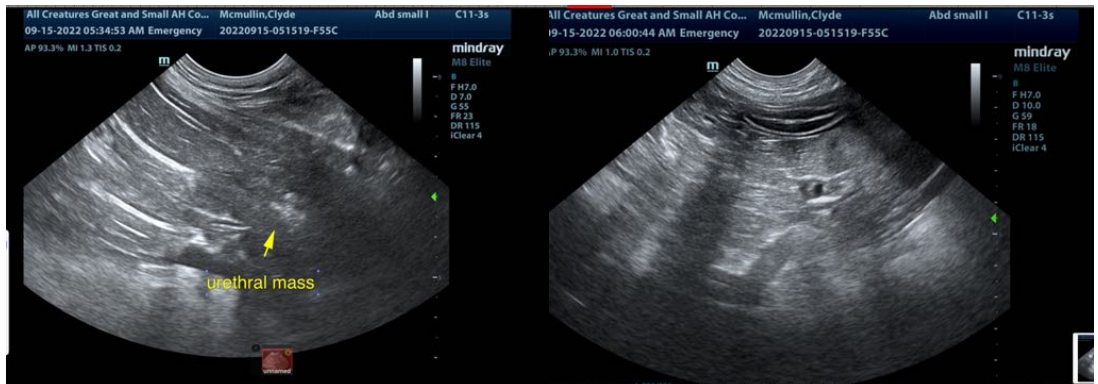
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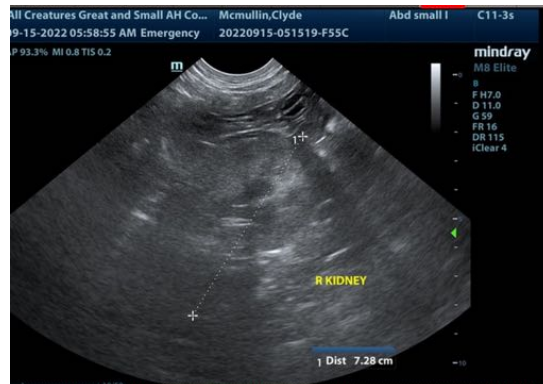
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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