



PATIENT

Molly Streep

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

41 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

91888

DATE

09/16/21

PRESENTING CLINICAL SIGNS

History: Hematuria, frequent urination

Radiographs revealed hepatomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a concentric polypoid, mineralizing, moderately vascular mass that occupied the majority of the bladder. This does not appear resectable and obstructed the trigone and invaded into the proximal urethra.

The right **kidney** revealed moderate hydronephrosis. Hydroureter was noted in the right kidney as well. The proximal right ureter was dilated and measured 1.0 x 1.12 cm with tortuous contour as it approached the urinary bladder. The right ureter was obstructed causing secondary hydronephrosis. The left kidney revealed normal size and contour with trace pyelectasia. The left kidney measured 6.3 cm.

Adrenal Glands

The left **adrenal gland** measured 0.92 x 1.0 cm with mixed, hyperechoic expansive nodule at the cranial pole. The left adrenal gland measured 2.94 x 1.08 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

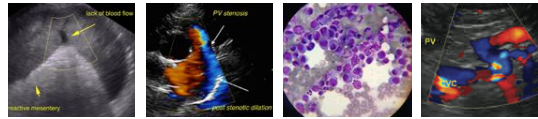
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Non-resectable bladder mass with right ureteral obstruction and secondary right renal hydronephrosis and hydroureter.

SEX

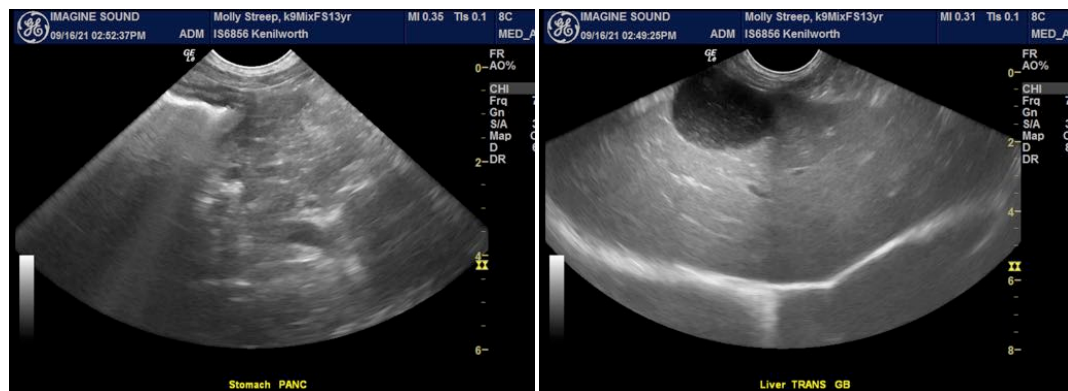
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for ureteral/urethral stent placement and chemotherapy, debulking or other procedure would be appropriate. There was no evidence of organ metastasis; however, this is a particularly aggressive mass and likely transitional cell carcinoma. Ultrasound-guided laser ablation may also prove effective from a palliative standpoint if available in your region.

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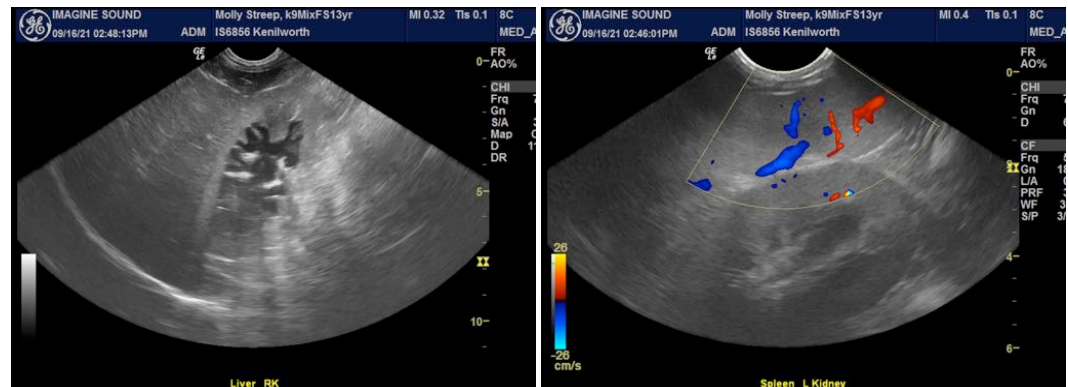


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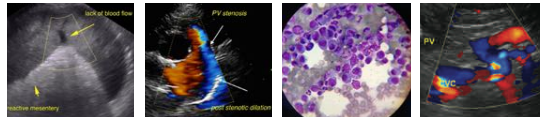
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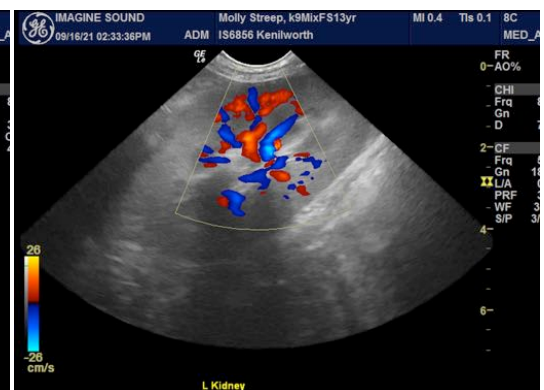
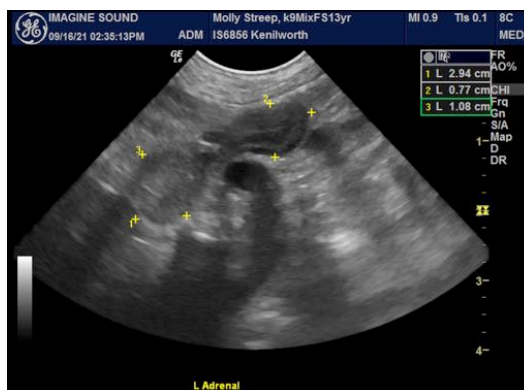
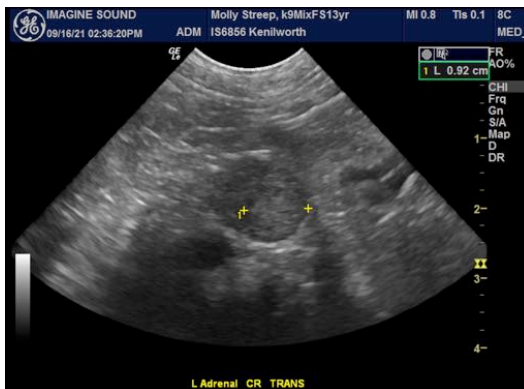
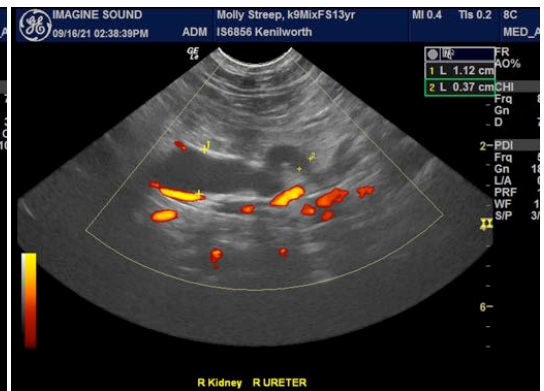
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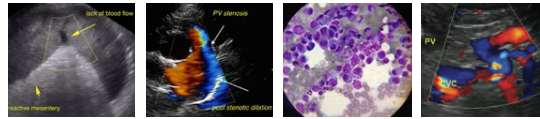
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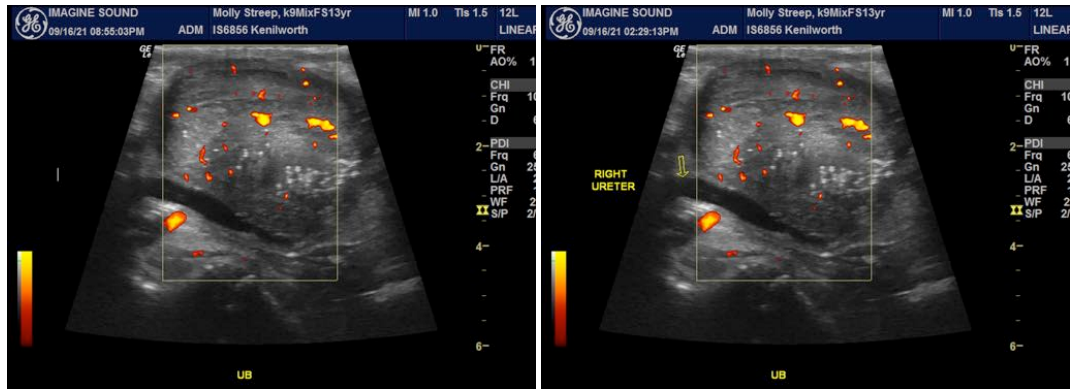
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 Eric.Lindquist@SonoPath.com