



**PATIENT**

Archie Swihart

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

71 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Stevens

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Stevens

**INVOICE**

39511

**DATE**

9/20/22

**PRESENTING CLINICAL SIGNS**

**History:** Patient was seen for blood in the urine back in 7/29/22. Treated for a urinary tract infection with Clavamox 625 mg. Has been treated 3 different times for UTI's. Patient is not straining or having accidents or any other urinary signs.

**Abnormal PE/Chem/CBC/UA Results:** Urinalysis from 9/8/22: WBC 2/HPF, RBC 10/HPF, <1/HPF nsEPI and sqEPI, dark yellow in color, slightly cloudy, USG >1.050, pH 7.0, trace protein, UBG 4, BIL 1, BLD 10 Quick bladder scan doctor was concerned for possible kissing lesions (two cystic like structures) on the bladder wall opposite of each other (apex and trigone)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was largely normal with an apical polyp measuring 1.5 x 1.0 cm. The polyp appears resectable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal.

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 measures 5.0 cm. The right kidney measured 5.5 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 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 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** 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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**

Spayed female

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**

Structurally unremarkable abdomen with apical bladder polyp.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The bladder polyp appears resectable and isolated. The position of the polyp is interesting and may represent polypoid hyperplasia on top of urachal remnant. However, underlying carcinoma cannot be ruled out. Polypoid hyperplasia is likely. Bladder resection is warranted with histopathology and culture.

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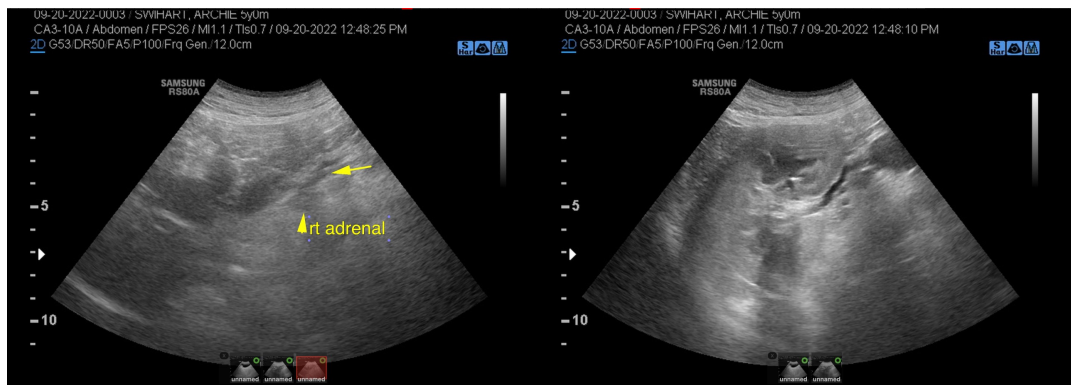
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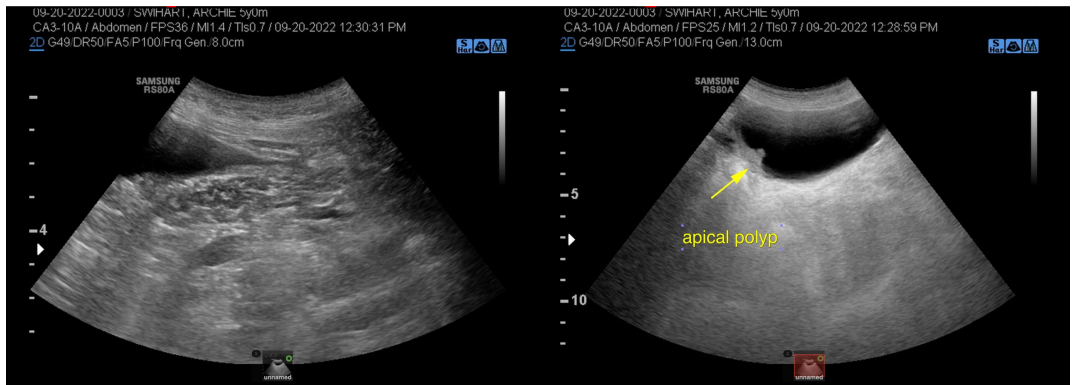
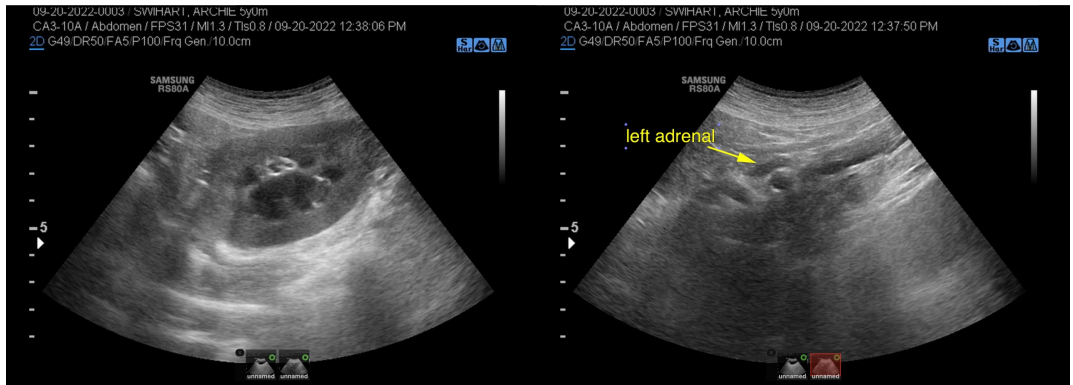
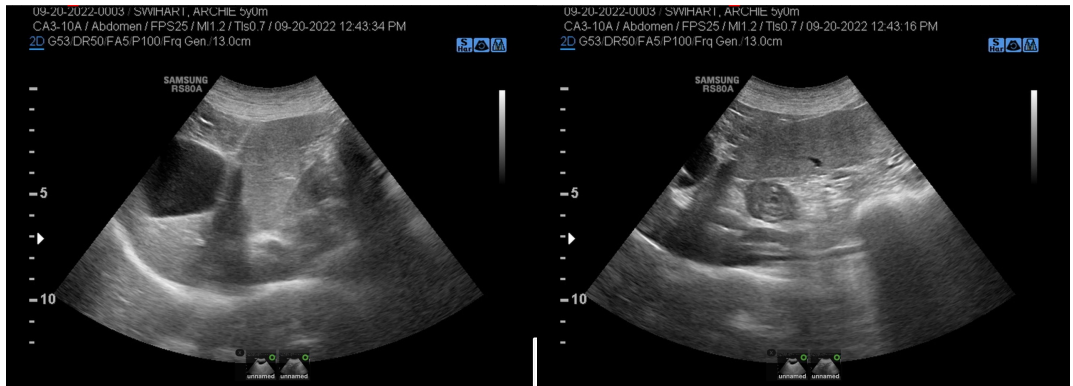
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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