



PATIENT

Rusty Nunez

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered male

AGE

12 years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

INVOICE

39542

DATE

9/21/22

PRESENTING CLINICAL SIGNS

History: Patient doing well other than suddenly stopping and efforting to urinate. Patient does pass normal color & volume. Otherwise is eating/drinking/defecating normally. Patient did a course of Amoxicillin 100mg BID x 10 on 8/29.

Abnormal PE/Chem/CBC/UA Results: Bloodwork nonremarkable. UA shows RBCs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a mineralizing mass that measured 1.7 cm. The bladder mass appeared to occupy the dorsal wall. The bladder mass appeared to be occupying the dorsal caudal aspects of the bladder wall. The cystourethral junction appeared free of evident pathology. However, the prostate and deep pelvic urethra were not imaged. I cannot rule out metastatic changes in that region.

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 left kidney measured 5.53 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 right adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed multi-focal, hyperechoic lipogranulomas that measured up to 0.93 cm.

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.

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Free Abdomen

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The iliac lymph nodes were unremarkable with no evidence of mineralization.

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ULTRASONOGRAPHIC FINDINGS

Mineralizing bladder mass.

WEIGHT

24 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided traumatic catheterization and further imaging of SDEP 3 is indicated. I cannot rule out metastatic changes in that region. Likely transitional cell carcinoma. The bladder mass itself at end urination stream may be causing a check valve type obstruction; however, I cannot rule out concurrent prostatic urethral pathology. The lesion noted in the image set appears resectable.

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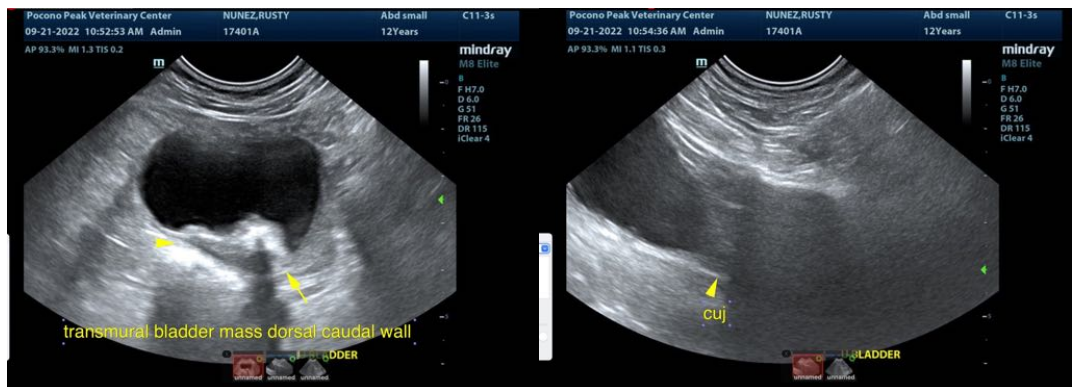
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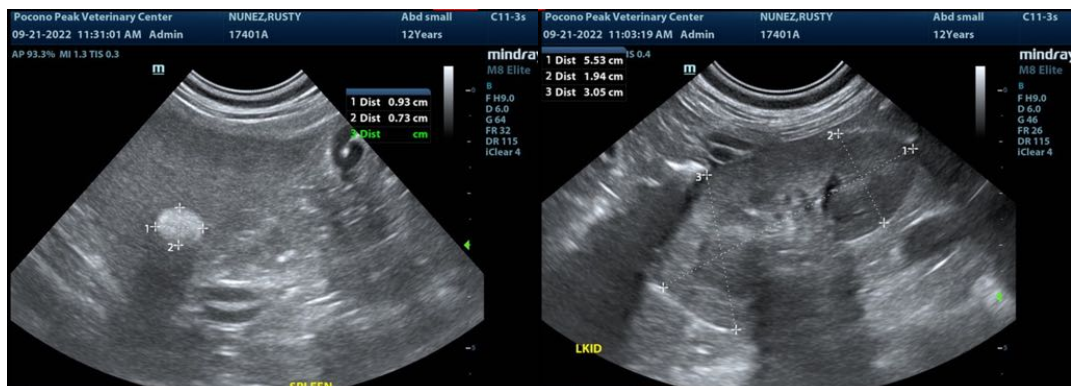
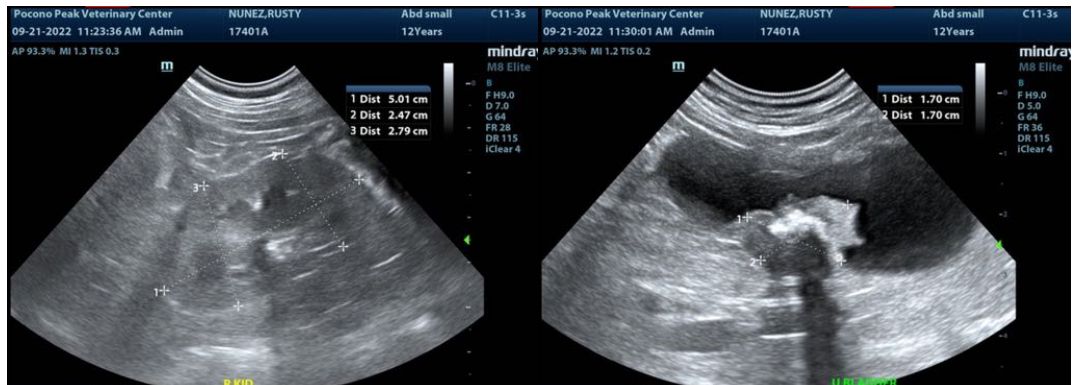
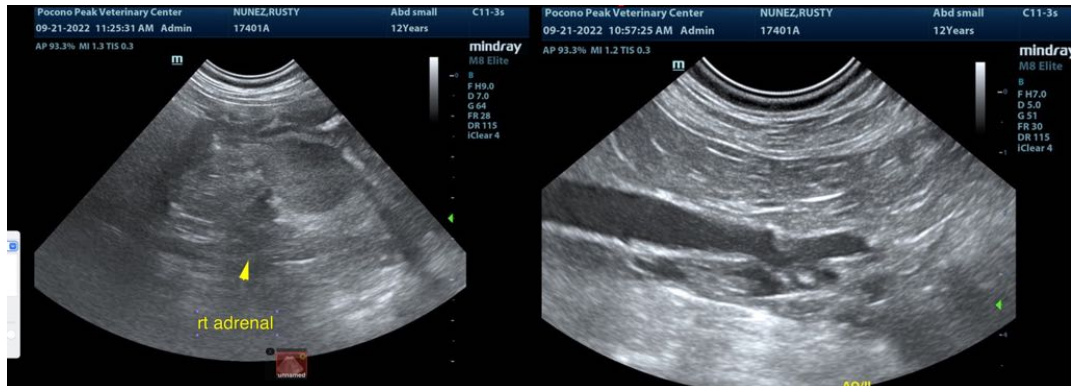
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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