



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Binxster Velasquez

bladder mass recheck, adrenal re check , peeing more in the house prev u/s on 7/27 showed persitant polypoid bladder mass, chronic interstitial nephrosis renal pattern, heterogenous adrenal glands

**SPECIES**

**ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

The urinary bladder mass was persistent and obstructive, having continuous progression into the prostate. The mass measured 2.3 cm x 1.6 cm. Heterogeneous prostatic changes were present. The right ureter appeared to be obstructed.

Shih-Tzu

**SEX**

The kidneys presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.9 cm in length. The right kidney measured 4.83 cm in length. Right kidney pyelectasia measuring 1 cm x 1.5 cm was present.

M

**AGE**

12

**Adrenal Glands**

**WEIGHT**

The right adrenal gland was heterogeneous and similar to the prior sonogram measuring 0.6 cm maximum width. The left adrenal gland measured 0.5 cm in width.

15.6

**Spleen**

**INTERPRETED BY**

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 were noted.

Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

Jenn

**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.

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**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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**Pancreas**

Binxster Velasquez

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.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal free fluid present.

**BREED**

Shih-Tzu

**ULTRASONOGRAPHIC FINDINGS**

- Progressive bladder mass with right ureteral obstruction

**SEX**

M

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Referral for ureteral and urethral stent placement and chemotherapy would be indicated for this patient. No evidence of organ metastasis was observed.

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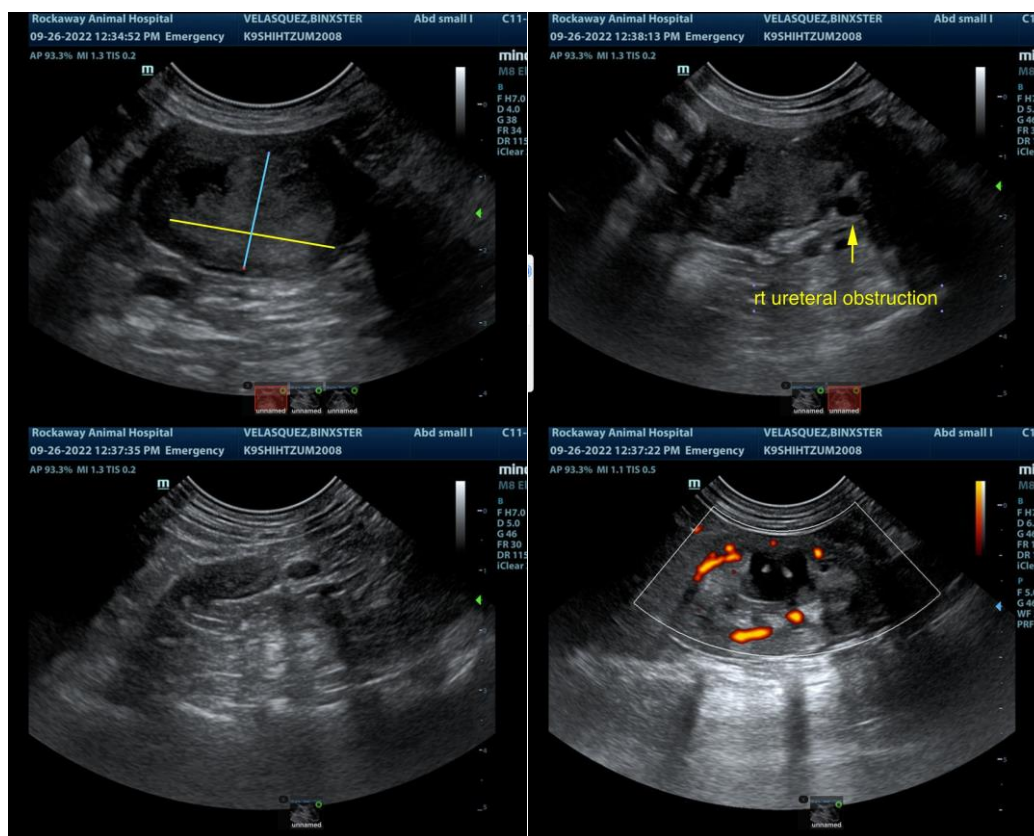
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**PATIENT**

Binxster Velasquez

**SPECIES**

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**BREED**

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**SEX**

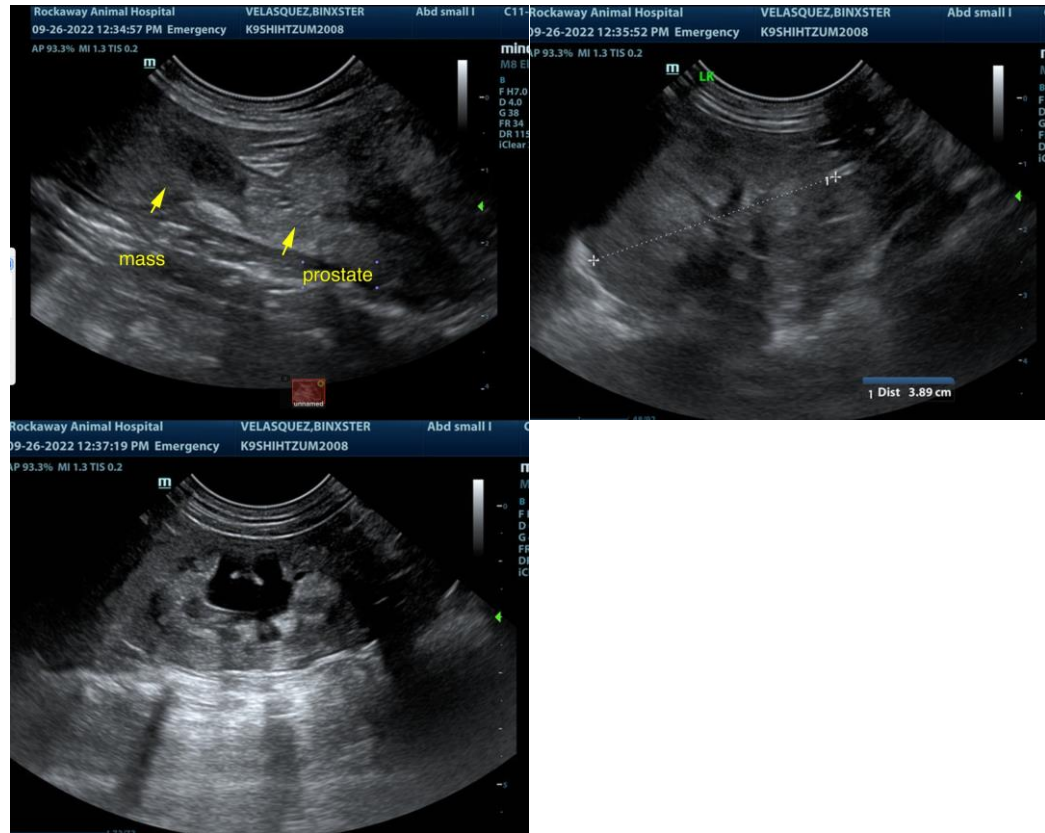
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**WEIGHT**

15.6



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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.

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

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Hospital

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