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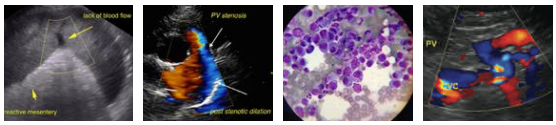


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Millie Roeske

SPECIES
Canine

BREED
King Charles Cavalier

SEX
Spayed Female

AGE
6 years

WEIGHT
24.3 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Zulauf

DATE
1/10/22

Invoice
95071

PRESENTING CLINICAL SIGNS

Frequent bloody discharge in urine
Abnormal PE/Chem/CBC/UA Results: Current Medications clavamox Recurrent UTIs AUS - 2 cm opacity in bladder seen at last exam which might have been a blood clot. It wasn't clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical polyp that measured 2.0 x 1.4 cm. The cystourethral junction and urethra were unremarkable. The polypoid change presented a moderately vascular stock. A minor amount of sand was also noted. The pelvic urethra was unremarkable and was visualized 3.0 cm beyond the cystourethral junction. There was no evidence of neoplasia. The cystourethral junction itself was unremarkable.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.84 cm with slight pyelectasia. The right kidney measured 5.86 cm.

Adrenal Glands

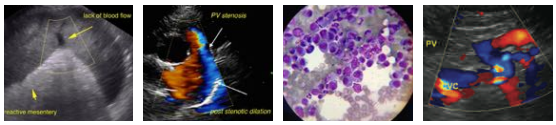
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.99 x 0.97 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 1.81 x 0.38 cm at the caudal pole and 0.32 cm at the cranial 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.

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

Apical bladder polyp.

Non-shadowing bladder sand.

Slight pyelectasia in the right kidney. Low-grade pyelonephritis/UTI is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is probable polypoid hyperplasia with possible underlying urachal remnant. Transitional cell carcinoma is possible. Apical bladder wall resection is recommended. Otherwise, cystoscopy and apical polyp biopsy could be considered. In my experience given the apical position of this polyp underlying urachal remnant with secondary polypoid proliferation may be the case in this patient. Transitional cell carcinoma is entirely possible, yet it appears resectable. Removal of the cranial third of the bladder appears feasible. There was no evidence of metastatic disease. Regardless of the apical bladder wall changes this will serve as a chronic nidus of infection. Therefore, surgical removal is recommended as well as potential resection of underlying neoplasia.

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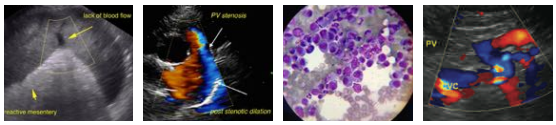

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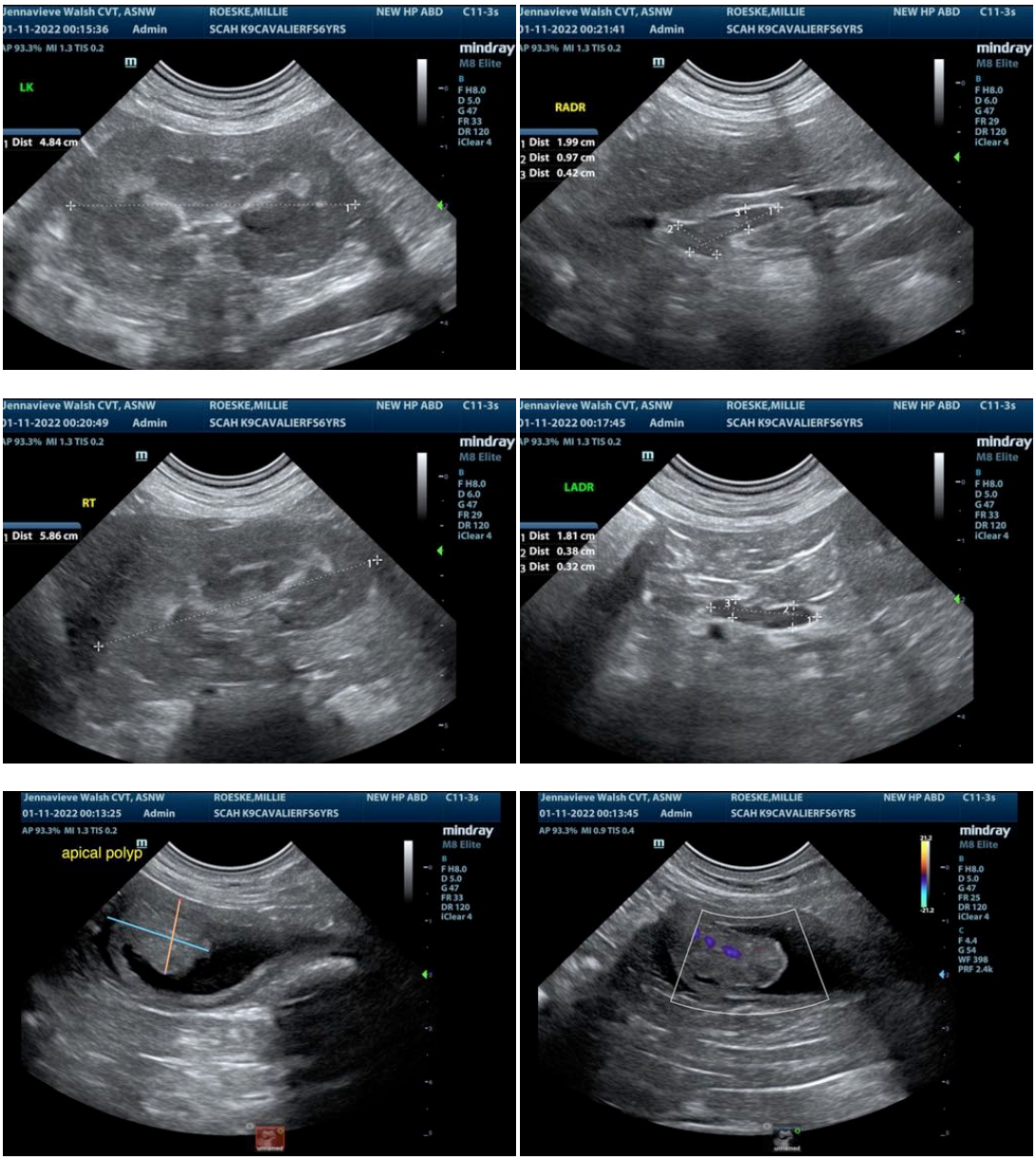

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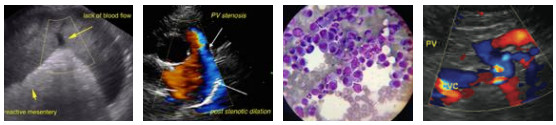

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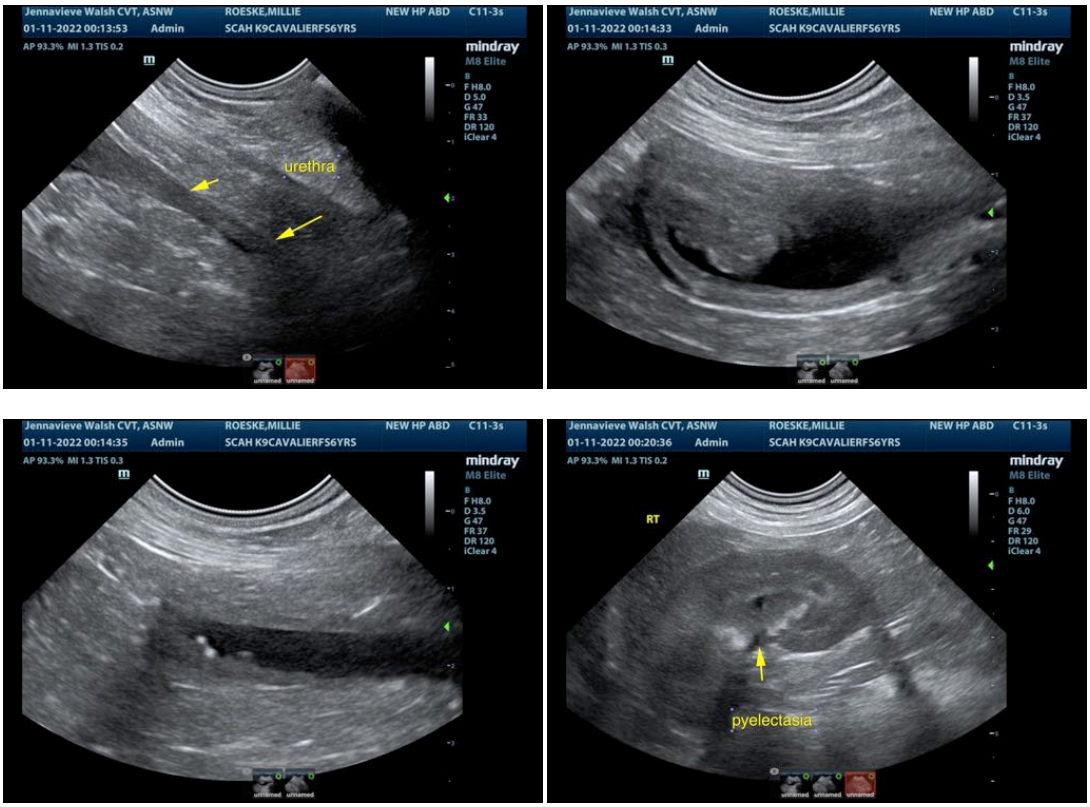

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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