



**PATIENT**

Penny Malley

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

28 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Bush AH

**REFERRING VET**

Dr. Gibson

**DATE**

12/8/21

Invoice  
94401

**PRESENTING CLINICAL SIGNS**

History: Smooth firm mass in caudal abdomen just cranial to bladder. Pet is PU/PD and developed some urinary incontinence in last week. Had a general anesthesia and dental procedure 3 weeks ago. Hx of IMHA in 2016. Current Medications levothyroxine bid, Enalapril 5mg bid

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.29 cm. The right kidney measured 5.67 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 1.85 x 0.58 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 2.22 x 0.38 cm at the cranial pole and 0.32 cm at the caudal pole.

**Spleen**

The **spleen** was mildly enlarged with slight, swollen contour. The splenic parenchyma was uniform.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed minor micropolypoid changes and over distension.



**PATIENT** *Gastrointestinal*

Penny Malley 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**

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.

**Free Abdomen**

A mixed, hypoechoic, undifferentiated sarcoma type mass was noted in the caudal abdomen and measured 4.8 cm. The mass was just cranial dorsal to the urinary bladder. The mass also presented microcystic changes and impinged upon the bladder from a cranial approach. I cannot rule out that this mass may be attached or deriving from the apex of the urinary bladder. Regional inflammation was noted with the mass.

**ULTRASONOGRAPHIC FINDINGS**

Undifferentiated mass adjacent or attached to the urinary bladder and adjacent to the descending colon. Appears resectable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The sarcoma type mass appears to be surgically removable. Surgical intervention with expectations towards mass removal +/- apical bladder cystectomy is warranted. Screening FNA of the mass, spleen and liver can be considered to assess for micrometastasis. The intestine does not appear overtly involved, yet it impinges upon the colon as well. Three view chest radiographs are warranted.

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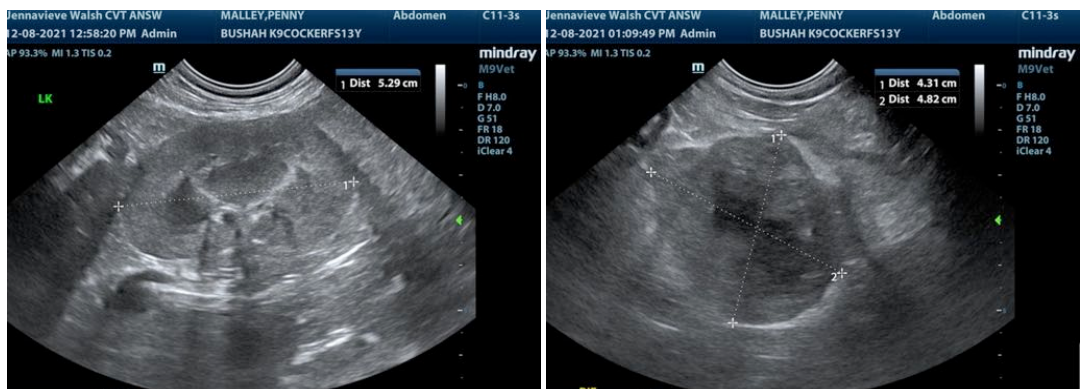
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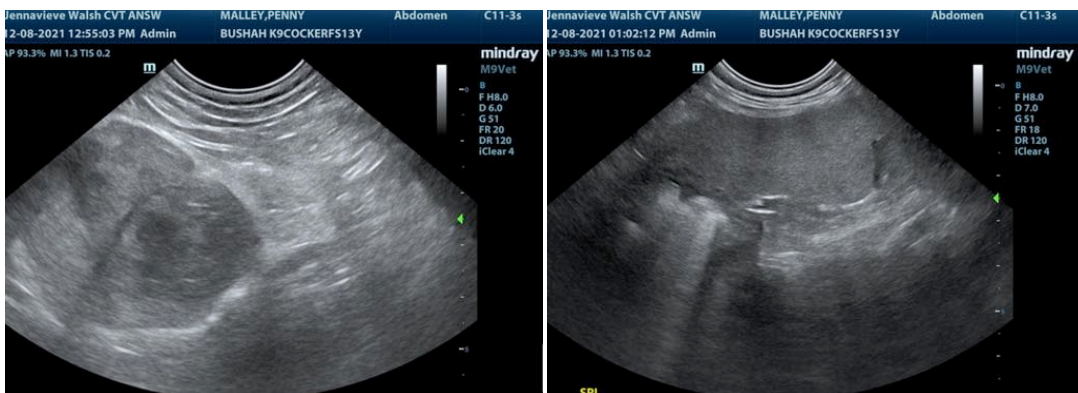
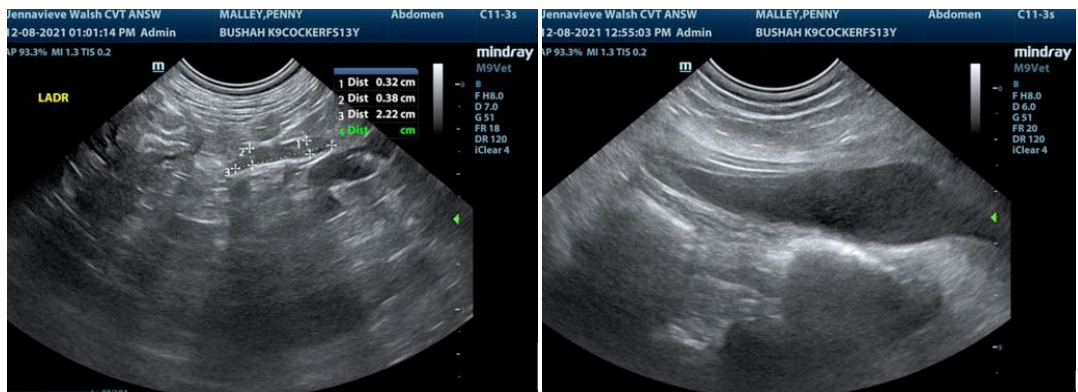
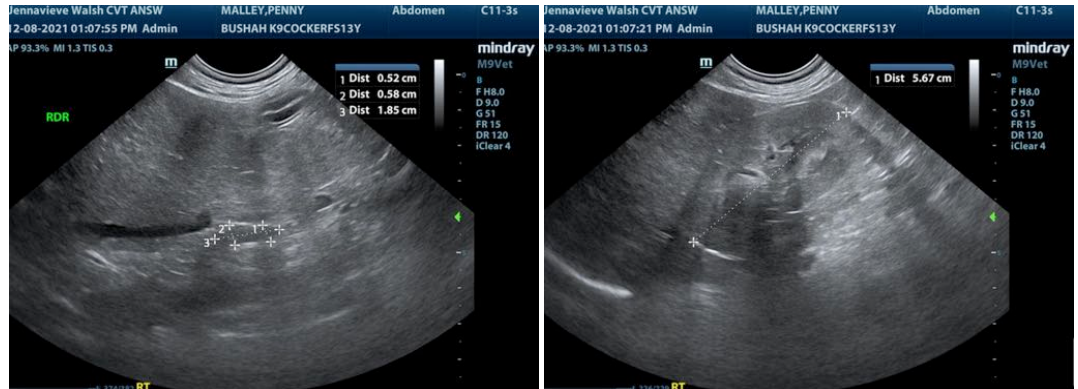
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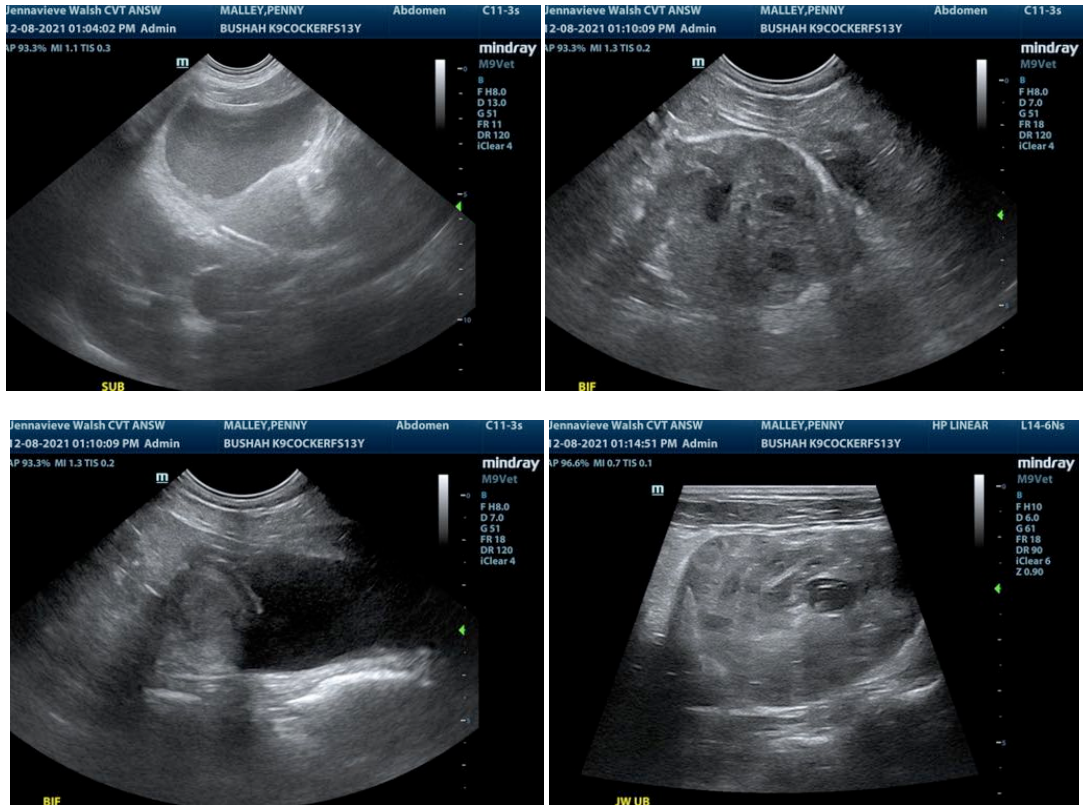
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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