



PATIENT

Sonny Boy Carnahan

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered male

AGE

10 years

WEIGHT

75.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Elsbree

DATE

4/11/23

Invoice

43792

.PRESENTING CLINICAL SIGNS

History: Other veterinarian diagnosed a bladder tumor- we have not done imaging here (was recommended, but o had previously declined until now). Has had very bloody urine at previous visits that has cleared up with antibiotics. He has also felt very sick when this has occurred. He also has some skin issues- inflammation of paws/prepuce. Current Medications starting baytril, cerenia, entyce again
Primary Question/Differential to Be Answered in This Exam Location and severity of bladder tumor; other organs affected? prostate problem?

Abnormal PE/Chem/CBC/UA Results: Abnormal urinalysis- hematuria, wbc, marked rods debris previously. Clavamox did not clear infection, but when switched to baytril- cleared infection and had no bacteria cultured after (UA still showed hematuria/wbc in urine)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric, irregular thickening along with a polypoid mass. This is strongly consistent with carcinoma. The bladder mass appeared to enter into the cystourethral junction and proximal urethra.

The residual prostate revealed a 1.5 cm cyst with echogenic debris.

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 measured

Adrenal Glands

The left adrenal gland was enlarged, irregular and measured 3.64 x 0.7 cm at the caudal pole and 1.26 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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

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.

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

The iliac lymph node was enlarged, hypoechoic and irregular measuring 2.74 x 1.27 cm. The iliac lymph nodes are most consistent with metastatic disease.

ULTRASONOGRAPHIC FINDINGS

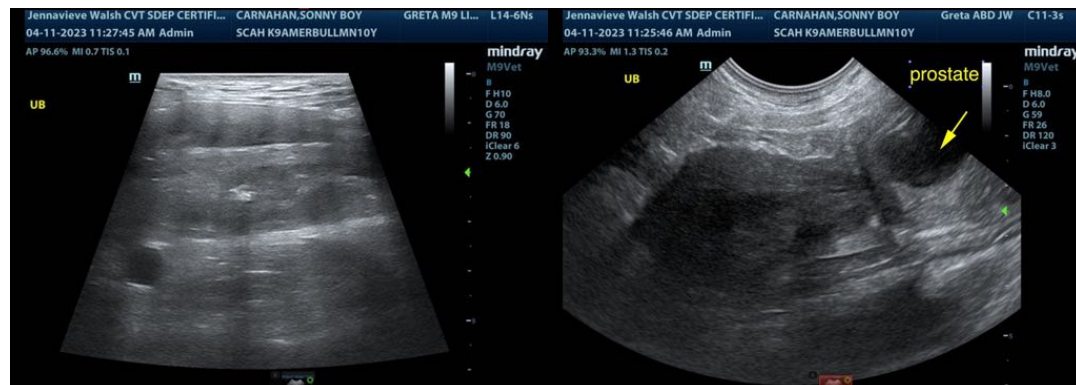
Non-resectable concentric bladder tumor.

Enlarged, irregular left adrenal gland. Suggestive of hyperplasia with the possibility of pheochromocytoma or adenocarcinoma.

Prostatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic urethral and bladder carcinoma is suspected. Traumatic catheterization with ultrasound-guidance is indicated to confirm transitional cell carcinoma +/- FNA of the iliac lymph node. Oncological intervention is recommended.





PATIENT

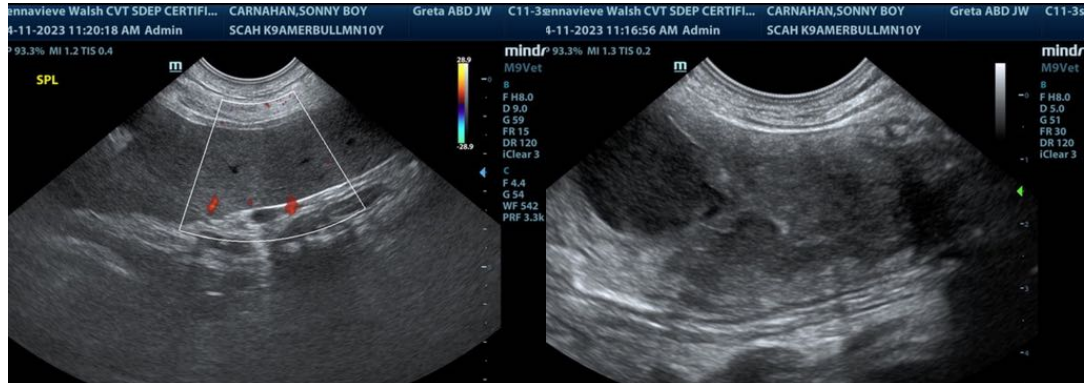
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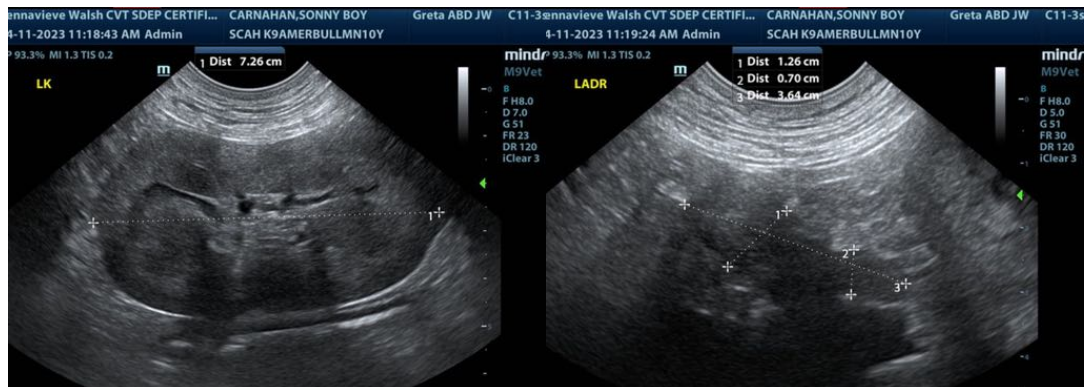
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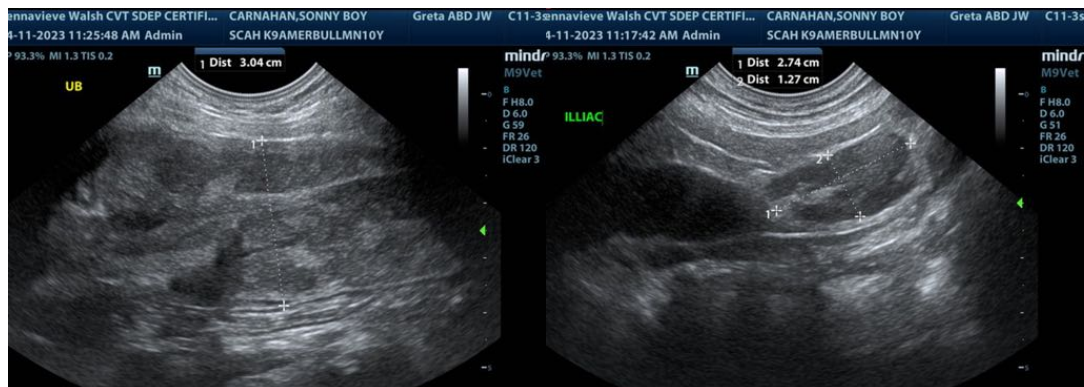
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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