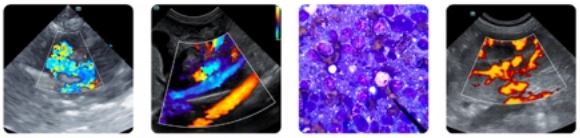

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Zoey Taylor

SPECIES
Canine

BREED
Miniature Pinscher

SEX
Spayed female

AGE
14 years

WEIGHT
9.36 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Companion Pet Clinic Salem

REFERRING VET
Dr. Mills

INVOICE
74310

DATE
4/8/26

PRESENTING CLINICAL SIGNS

History: Not eating, vomiting, overall normal BW
ABNORMAL Labwork Values EHRLICHIA CANIS/EWINGII Positive
Current Medications Entyce
Radiographic Findings: possible fluid in small intestine, stomach empty, gas. Slight deviation of trachea on radiographs noted by RDVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polypoid change at the cystourethral junction. The polypoid change measured 1.4 x 0.85 cm.

The iliac trifurcation was unremarkable.

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 right kidney measured 4.2 cm. The left kidney measured 3.69 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 left adrenal gland measured 1.47 x 0.55 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 1.55 x 0.95 cm at the cranial pole and 0.57 cm at the caudal 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 were noted.

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 presented some dependent debris with essentially normal

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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 EXAMINATION OF THE CERVICAL REGION

The cervical region was imaged in this patient. There was normal fat, cutaneous and subcutaneous tissues.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable cervical imaging no evidence of pathology impinging upon the respiratory tract.
- Cystourethral junction bladder/proximal urethral polyp. There is a strong concern for emerging carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing, free catch urine sample and immediate cytospin and cystoscopy is indicated. Recheck sonogram in 2-3 weeks to assess for any growth and assessment for any clinical signs regarding pollakiuria or stranguria is recommended.

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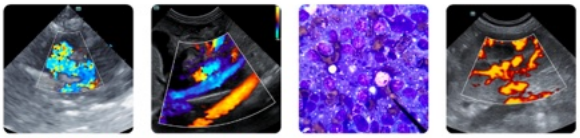

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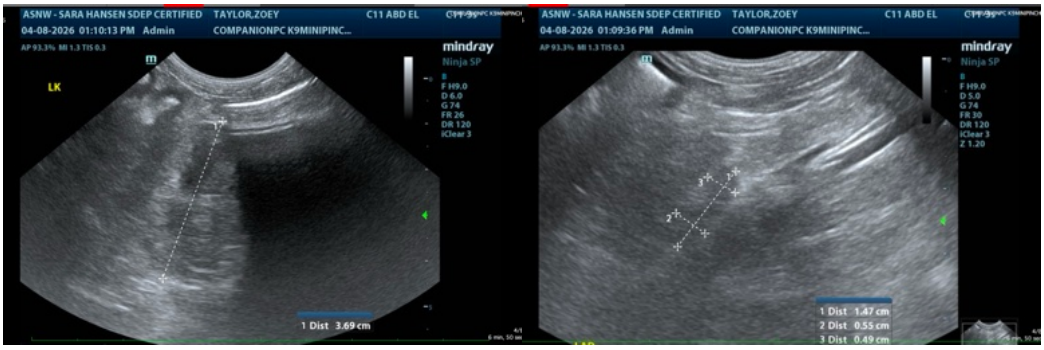

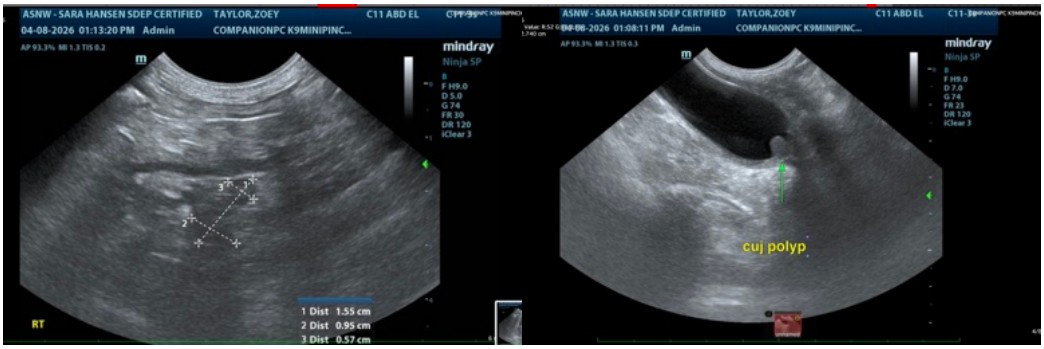

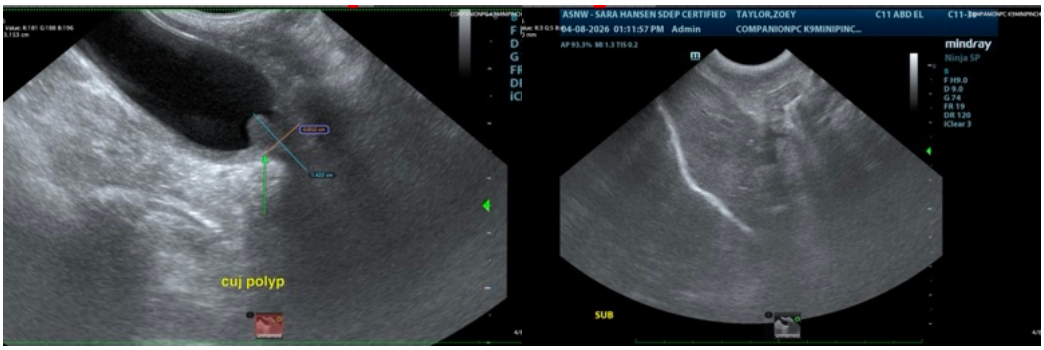

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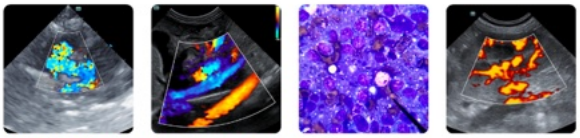

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com