



PATIENT

Bambi Bradbury

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

10 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Hello Vet for Pets

REFERRING VET

Dr. Kastella

DATE

6/15/23

Invoice

47777

PRESENTING CLINICAL SIGNS

History: Vaginal/bladder mass Current Medications Clavamox Primary Question/Differential to Be Answered in This Exam ultrasound to better evaluate bladder/vaginal mass
Abnormal PE/Chem/CBC/UA Results: Bacteria and blood present in urine sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical polyps that measured up to 0.8 cm. They appeared to be mucosal. Otherwise, the bladder was normal.

The **kidneys** revealed largely normal size and structure. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic, idiopathic, medullary rim sign was noted in both kidneys. The right kidney measured 4.63 cm. The left kidney measured 4.53 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 1.71 x 1.11 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 1.85 x 0.45 cm at the cranial pole and 0.43 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 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 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. 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.

Free Abdomen

The iliac lymph nodes are unremarkable.

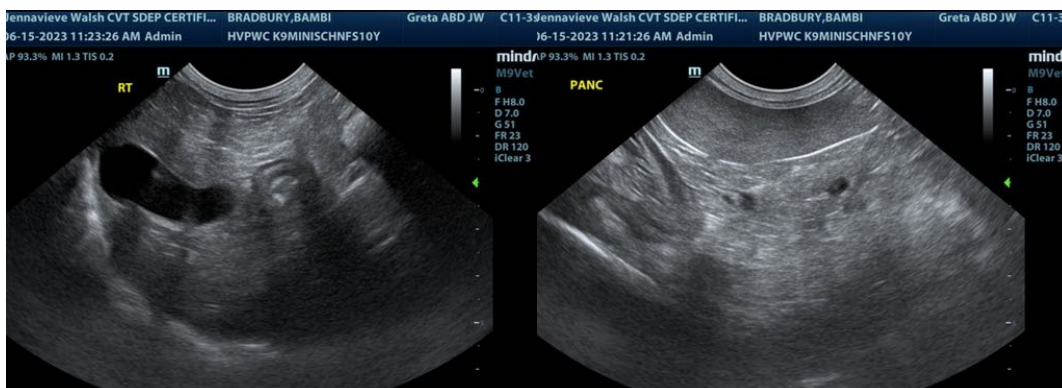
ULTRASONOGRAPHIC FINDINGS

Minor bladder polyps, likely polypoid hyperplasia.

Age related renal changes with slight, idiopathic medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mild potential for emerging carcinoma. BRAF testing would be appropriate. Cystoscopy would be ideal with mucosal biopsies or surgical removal of the apical polyps can also be considered. Treatment for underlying UTI is indicated given the patient's history. Assessment for proteinuria is recommended. There was no evidence of residual uterine pathology.





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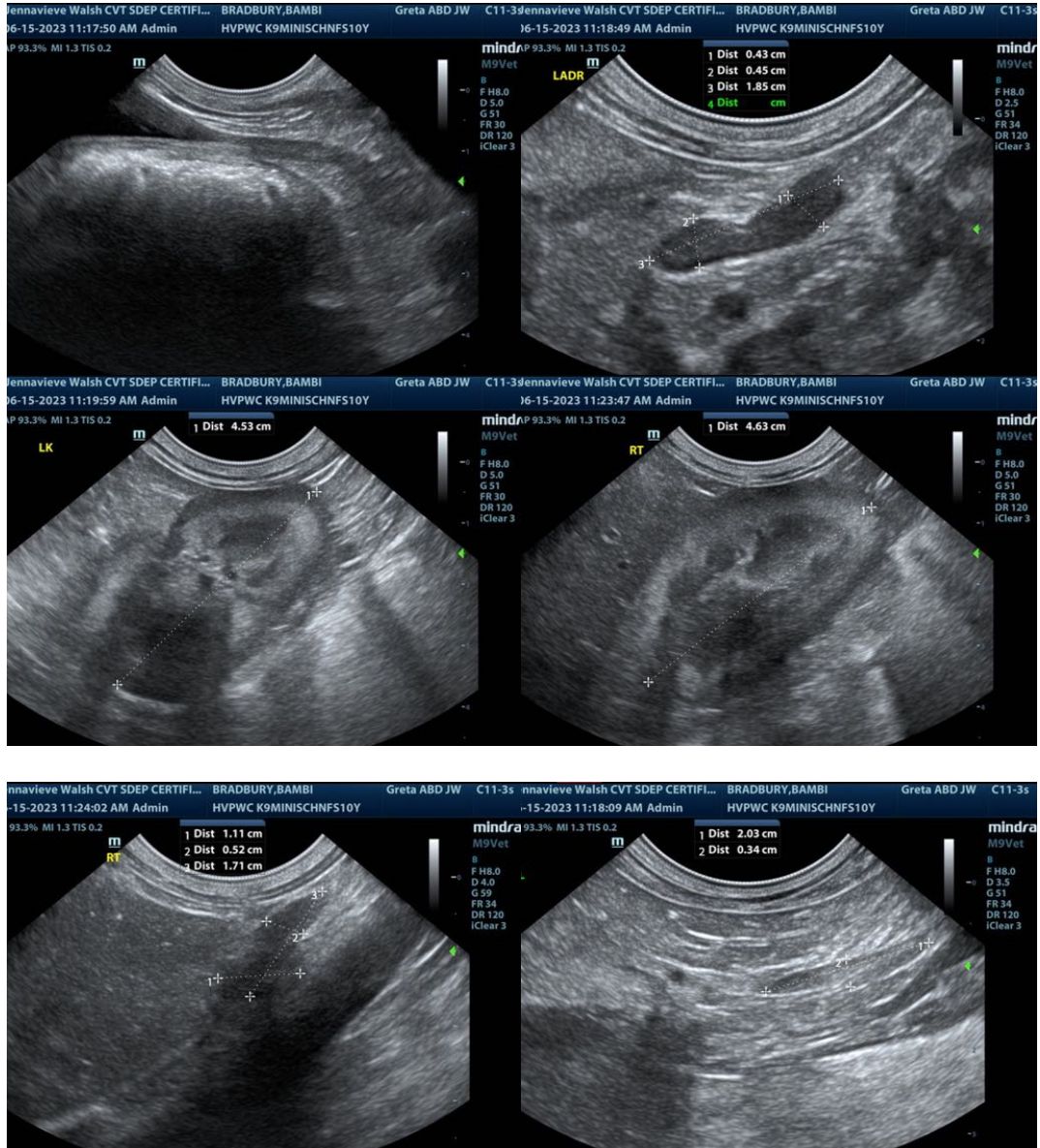
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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