

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Apple Knight  
History: - blood in urine - no sign of infection on U/A - no improvement with Zeniquin - no improvement on Clavaseptin given for an infected mass elsewhere. Metronidazole 250mg - 1/2 tab BID x 7 days & Fortiflora for soft stool

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached blood values and Radiographs. Urinalysis - 4+ blood, 3+ protein, negative leukocytes, specific gravity 1.033 Radiographs 11/03/21 - one view looks like possible urolith, but others do not support.

**BREED**

JRT

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

The **urinary bladder** revealed mineralized polypoid lesion measuring 2.0 x 2.5 cm with transmural pattern in the apical wall. Enhanced surrounding mesentery was noted. The cystourethral junction and urethra appeared unremarkable. The ureters appear free of evident pathology.

**AGE**

14.5 years

The **kidneys** presented moderate degenerative changes with cortical cysts and loss of corticomedullary definition with minor pyelectasia. The left kidney measured 4.61 cm. The right kidney measured 4.95 cm.

**WEIGHT**

9.3 kg

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The left **adrenal gland** was enlarged and measured 2.36 x 0.93 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland was enlarged and nodular measuring 2.44 x 1.22 cm at the cranial pole and 1.01 cm at the caudal pole.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

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

**HOSPITAL NAME**

Simcoe AH

**Liver**

**REFERRING VET**

Dr. Kennedy

The **liver** images from right and left intercostal as well as subcostal views revealed an enlarged liver; however, the liver contour and structure were normal. 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 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.

**INVOICE**

**DATE**

11/29/21



**PATIENT**

**Gastrointestinal**

Apple Knight

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.

**SPECIES**

Canine

**BREED**

JRT

**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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14.5 years

- Bilateral adrenal hypertrophy with nodular hyperplasia. PDH versus hyperplasia.
- Apical bladder thickening with mineralization. Strong concern for carcinoma. It appears resectable.
- Moderate chronic degenerative renal changes with cortical cysts and renal mineralization.
- Enlarged liver.
- Spleen folded upon itself.

**WEIGHT**

9.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given that the urine specific gravity is well concentrated apical bladder resection can be considered. Even if this is a non-neoplastic development resection should be curative if any underlying infection is present. However, the bladder pattern would suggest carcinoma. This appears to be resectable. Cystoscopy could be considered as an option with mucosal biopsies and further investigation of the deep pelvic urethra.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

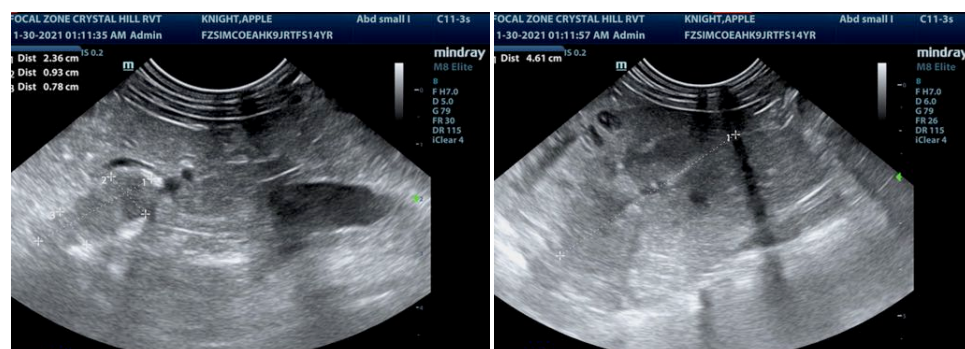
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**PATIENT**

Apple Knight

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Canine

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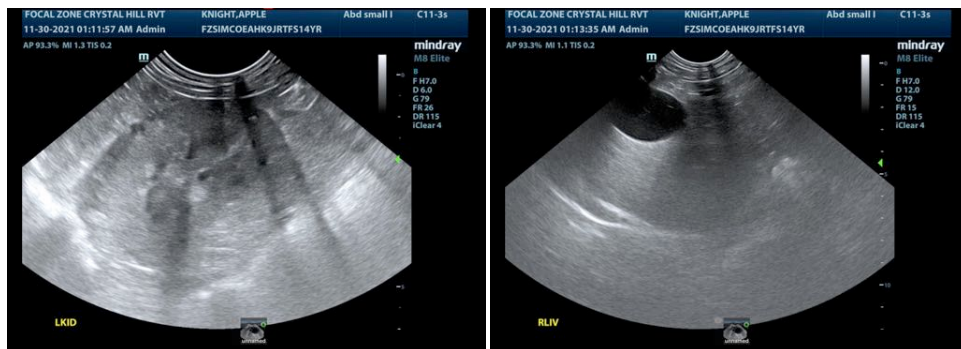
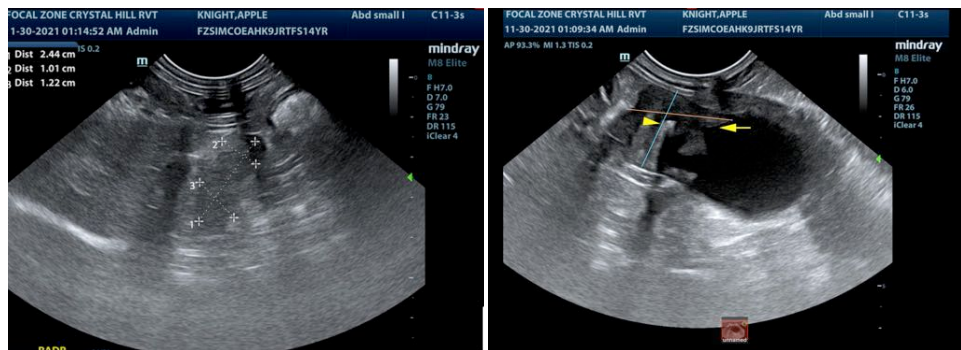
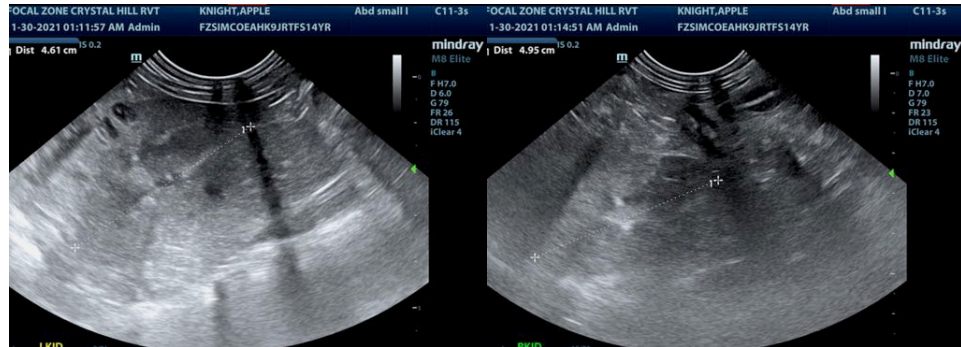
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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