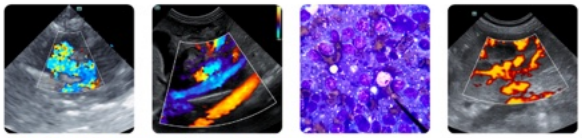

PATIENT

Sam Hensley

SPECIES

Canine

BREED

Aussie Mix

SEX

Neutered male

AGE

13 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Hackettstown AH

REFERRING VET

Dr. Thornton

INVOICE

68600

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Increased urination Leaking urine Straining to urinate Medications: Prone 50 mg bid, Carprovet 100 mg sid, Cosequin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric, multi-focal, polypoid mass that occupied the majority of the bladder and entered into the cystourethral junction. Areas of tissue mineralization were also noted. This is strongly consistent with carcinoma. The bladder mass appeared to impinge upon the ureteral papilla without overt ureteral obstruction at the time of the sonogram.

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 5.6 cm.

The **prostate** appears unremarkable and uniform measuring 1.0 cm. The pre and post prostatic urethra appeared unremarkable. The mass appears to enter into the cystourethral junction, yet the urethra does not appear to be overtly involved.

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 revealed an expansive nodule measuring 1.46 cm at the caudal pole, 0.5 cm at the cranial pole and 3.56 cm in length.

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

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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.

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. The upper duodenum was thickened and enveloped by the pancreatic pathology. 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

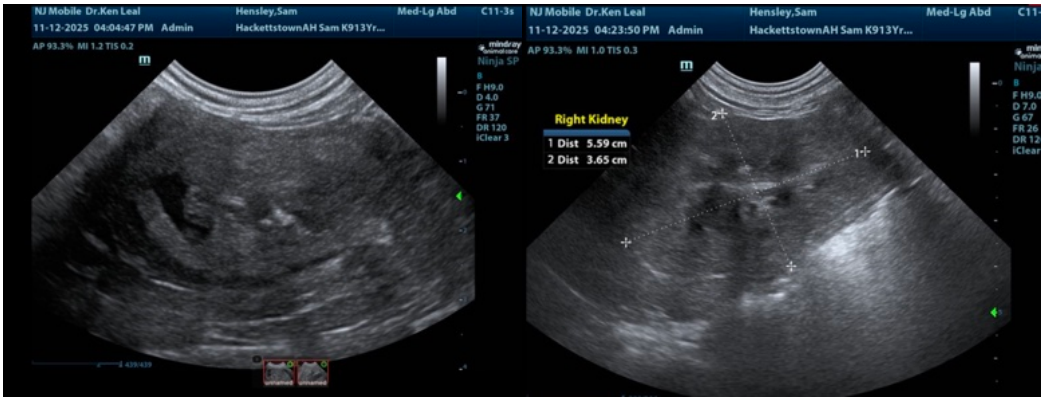
The right limb of the **pancreas** had a mixed, hypoechoic parenchymal changes with hyperechoic surrounding fat. This is suggestive for pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Bladder mass, likely carcinoma, does not appear overtly resectable.
- Concurrent pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Confirmation of the bladder mass is recommended with ultrasound-guided traumatic catheterization +/- BRAF testing and/or cytospin of a free catch urine sample is warranted.



New Jersey Mobile
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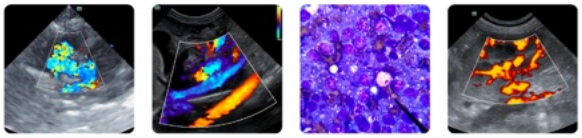

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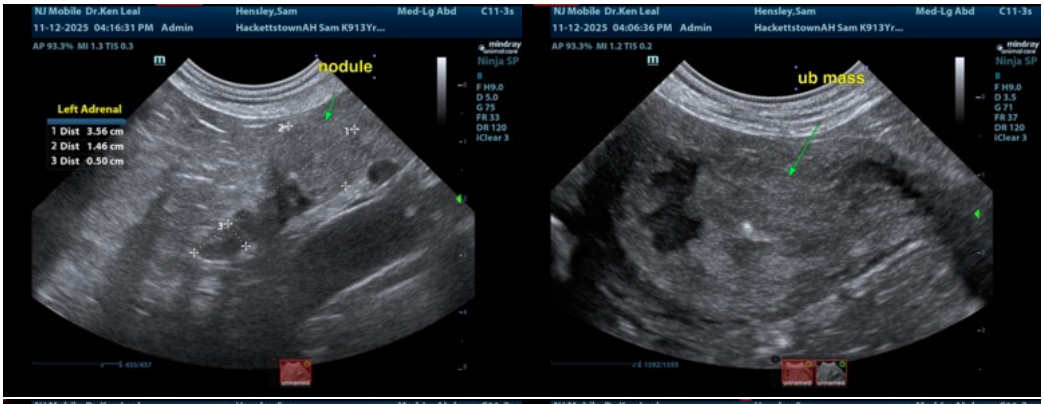

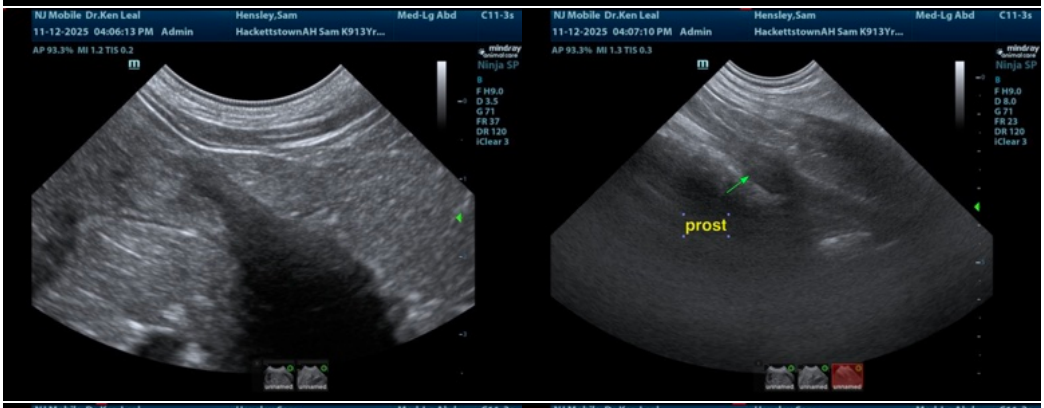

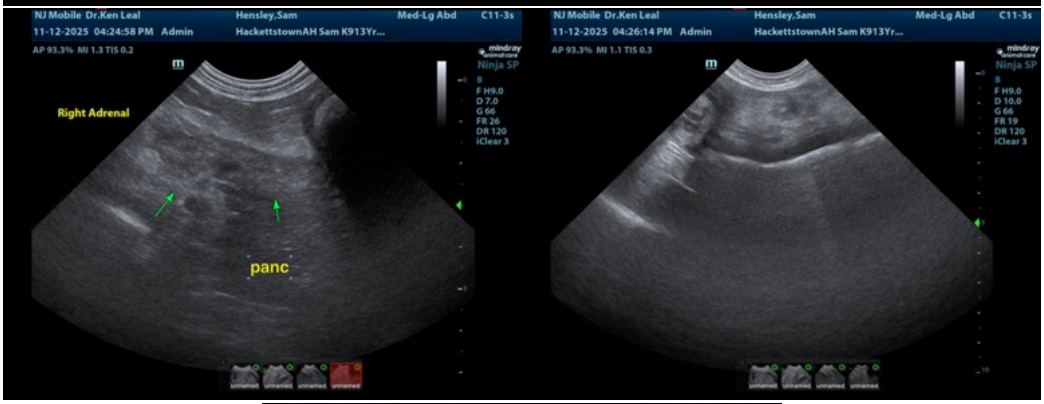

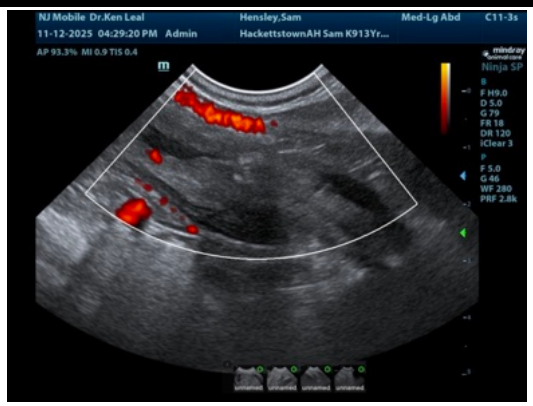

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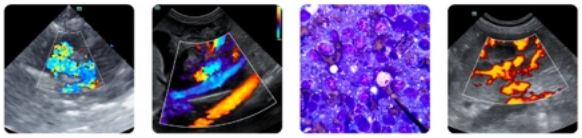

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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