



**PATIENT**

Rocco Rispoli

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

-

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING PERFORMED BY**

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DABVP, Cert. IVUSS,  
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**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Price

**INVOICE**

69418

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

Recheck

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** in this patient has newly developed an intramural dorsal wall lesion measuring 1.14 x 0.9 cm. This is a transmural lesion that was encompassed by the mucosal and serosal and serosal layers. The submucosa and muscularis layers are not detectable within the lesion; however, the remainder of the bladder and proximal urethra were all unremarkable. This is strongly concerning for undifferentiated sarcoma. Given the patient's history surgical resection of this lesion is recommended.

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. Slight pyelectasia was noted in the left kidney at 0.57 cm. Calculus was noted in the corticomedullary junction measuring 0.28 cm. The left kidney measured 4.74 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 2.08 x 0.46 cm. The right adrenal gland measured 2.29 x 0.83 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was 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 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.



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**Gastrointestinal**

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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.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**Free Abdomen**

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The herniated tissue noted on the prior sonogram has regressed; however, the hernia is persistent and appears to be just left caudal to the subxiphoid process as a hypoechoic tubular type tissue embedded within it is likely subcutaneous fat. The width of the hernia was 0.38 cm. The tissue width is 0.4 cm with a length of 1.2 cm. This appears stable and does not appear mobile and does not appear reducible. This is likely a benign surgical remnant if this was the rare area of prior surgical intervention.

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**ULTRASONOGRAPHIC FINDINGS**

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- Stable and reduced subxiphoid hernia.
- Dorsal bladder lesion, strong concern for undifferentiated sarcoma, possibly deriving from the muscularis layer.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bladder lesion appears resectable and is the size of a marble.

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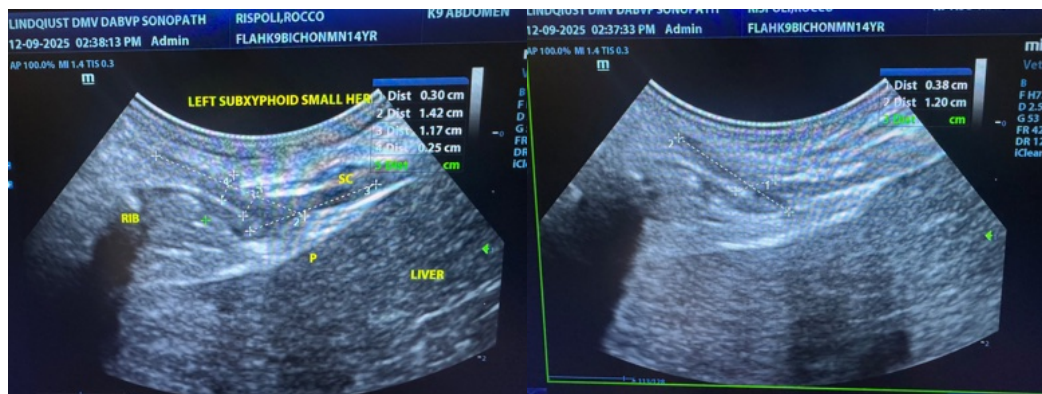
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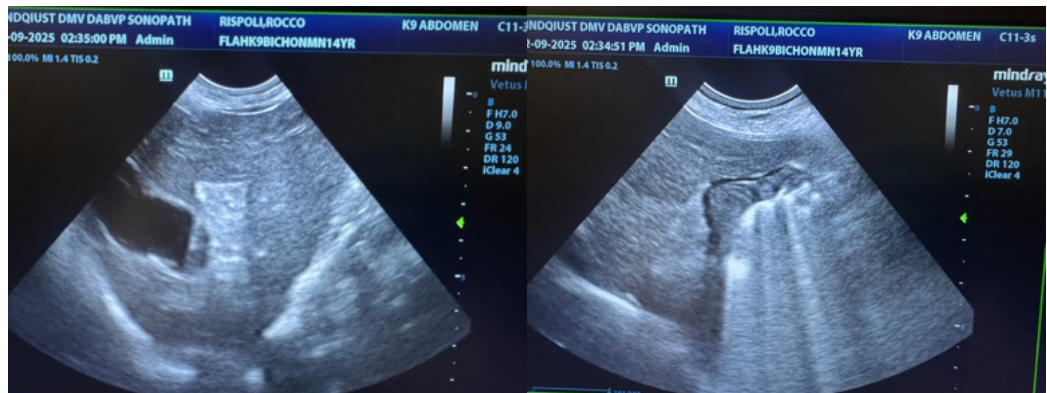
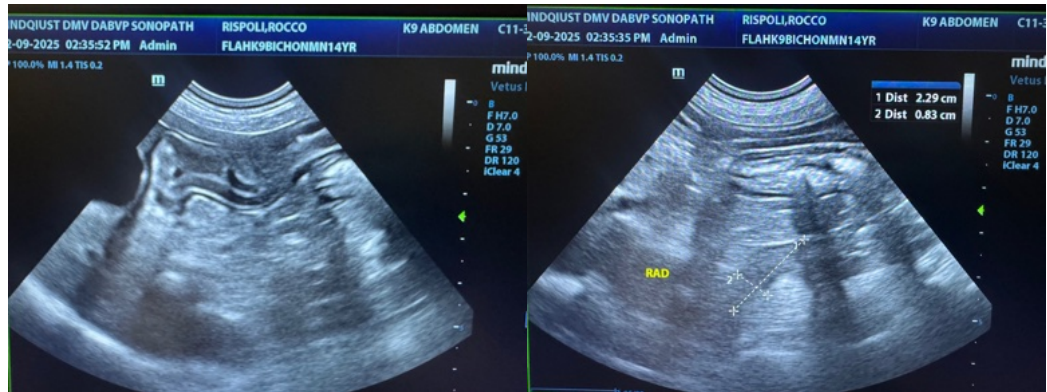
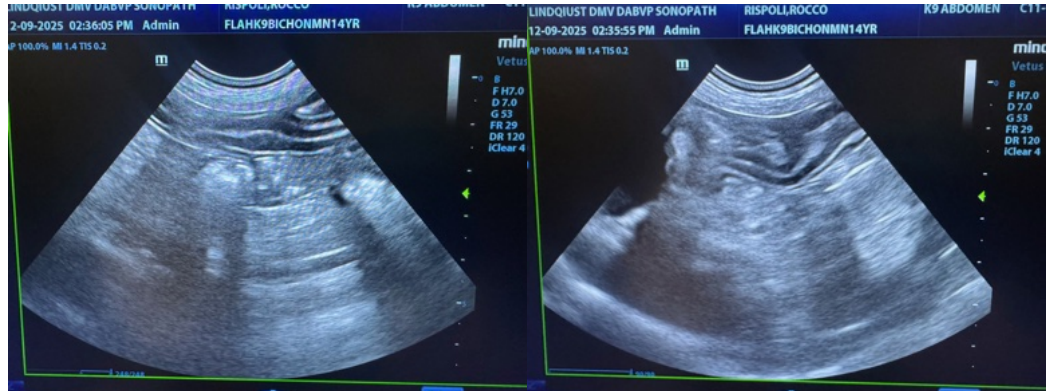
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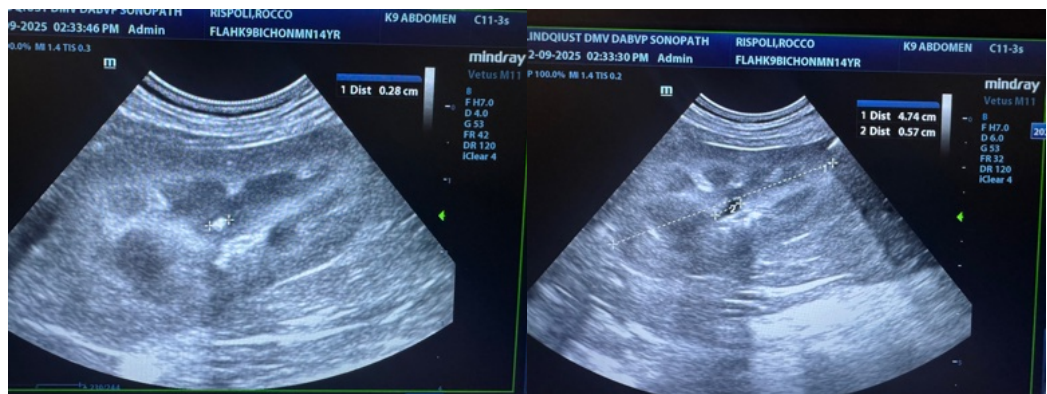
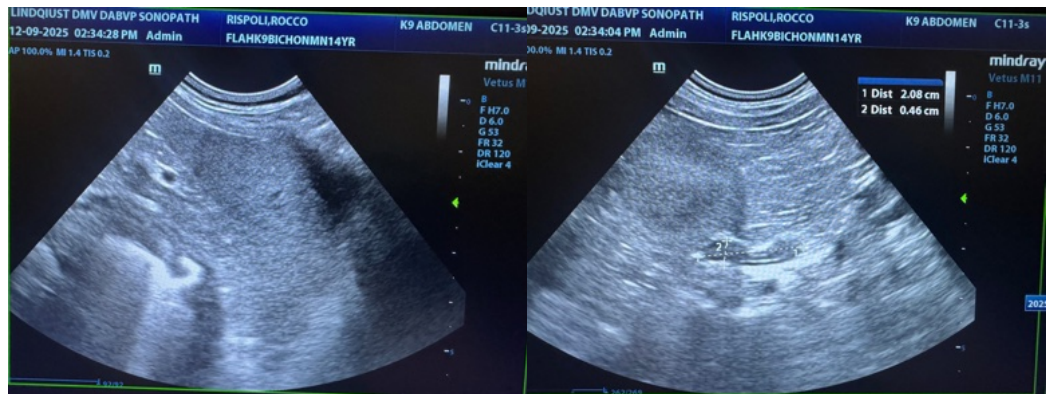
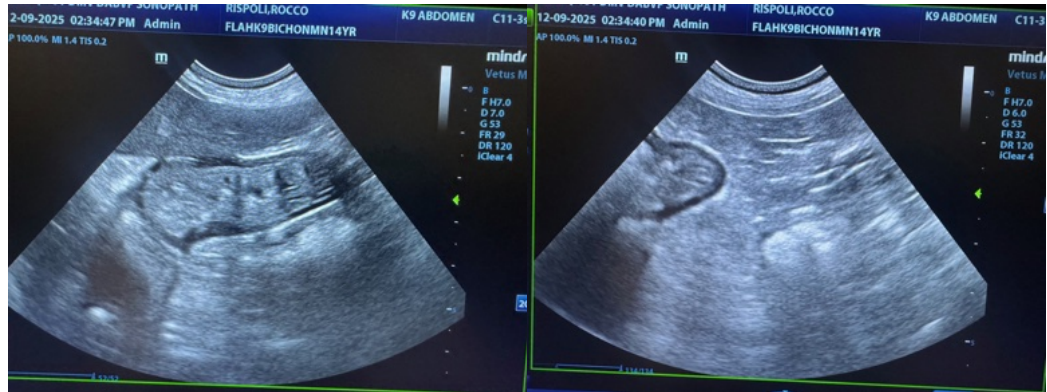
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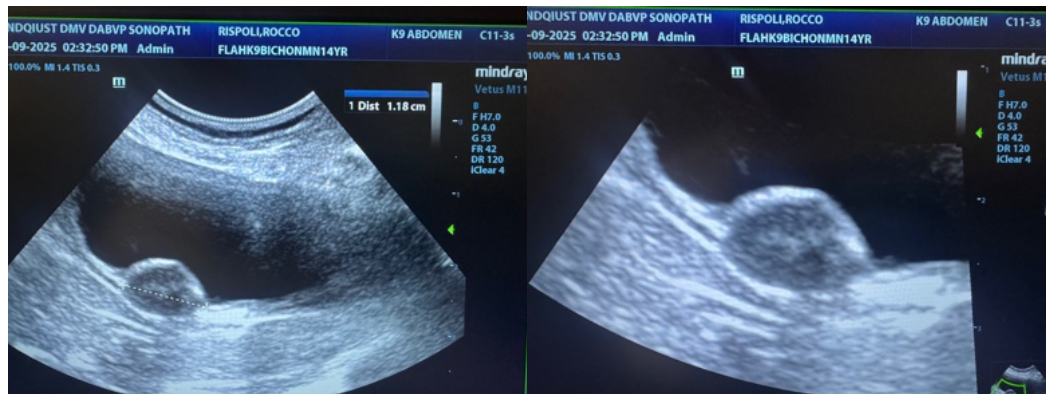
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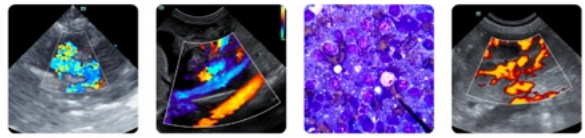
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Info@SonoPath.com

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