



**PATIENT PRESENTING CLINICAL SIGNS**

Otis Carrozza

**SPECIES**

Canine

**BREED**

Irish Setter mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

66 lbs

History: cystotomy performed yesterday, removed calculi; this morning dribbling urine so performed retrograde flush; unable to pass 5 French catheter past trigone area into bladder. Concern about CUJ mass. obtained bladder wall sample for biopsy. On gabapentin, and tamsulosin  
Abnormal PE/Chem/CBC/UA Results: RBC 5.64 low, WBC 17.9 with neutrophilia 15.6, low eosinophils.05; platelets 123; UA: WBCs 20-30, RBCs 20-30, moderate cocci (40 per HPF), protein 1+, blood 3+, epithelia cells noted.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
*Urinary System*

The **urinary bladder** revealed multiple calculi as well as apical ventral polypoid changes. There was mild over distension of the bladder and suspended debris. The pelvic urethral calculus was liberated by catheterization. The deep pelvic urethra was unremarkable. I cannot rule out underlying carcinoma. However, this is likely embedded calculus owing to straining to urinate. Slight urethral sand was noted.

Prostatic mineralization was noted in this patient. The prostate measured 1.5 cm. The remainder of the prostate was mildly heterogenous and slightly irregular. There is a minimal potential for neoplasia.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.93 cm. The left kidney measured 7.53 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

*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 2.5 x 0.68 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.87 x 1.87 cm at the cranial pole and 0.79 cm at the caudal pole.

**HOSPITAL NAME**

Shohola VH

*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.

**REFERRING VET**

Dr. Demeo

**INVOICE**

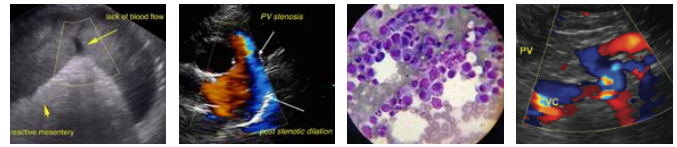
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*Liver*

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



**PATIENT**

Otis Carrozza

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**

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**

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.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

66 lbs

Bladder calculi.

Urethral and prostatic calculi.

Apical bladder polyps. Suspect polypoid hyperplasia and embedded calculus within the pelvic urethra.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy with apical ventral wall resection, normal and retrograde flushing is indicated to remove the calculi. Stone analysis and culture as well as bladder biopsies are all indicated. Polypoid hyperplasia versus carcinoma are the primary concern.

**IMAGING PERFORMED BY**

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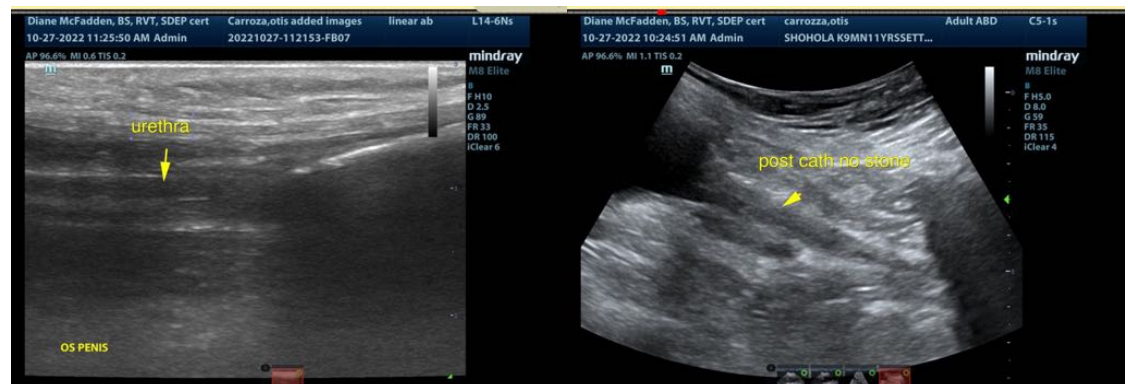
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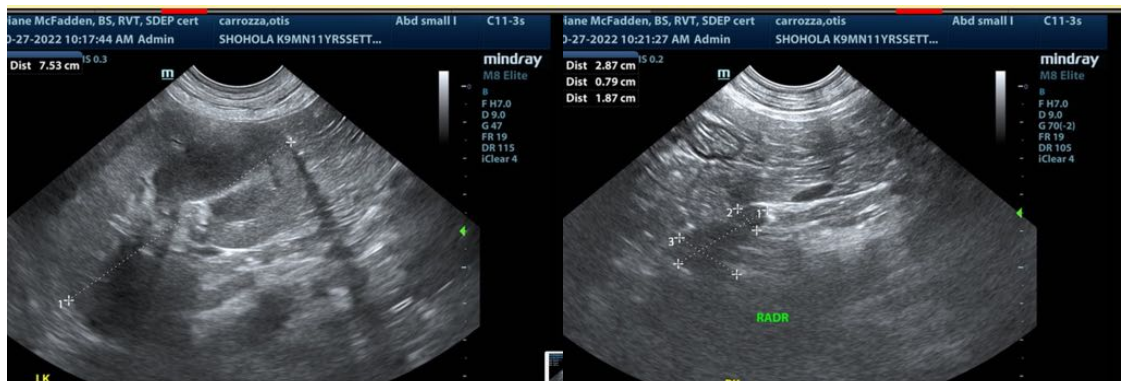
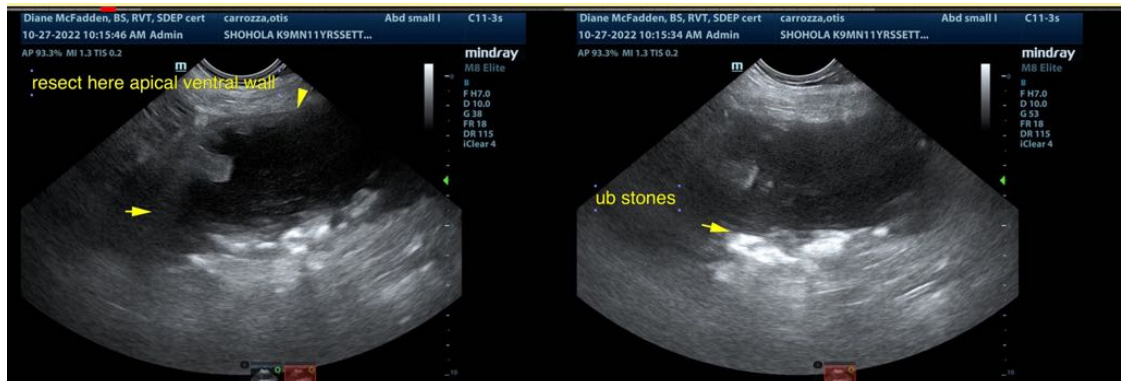
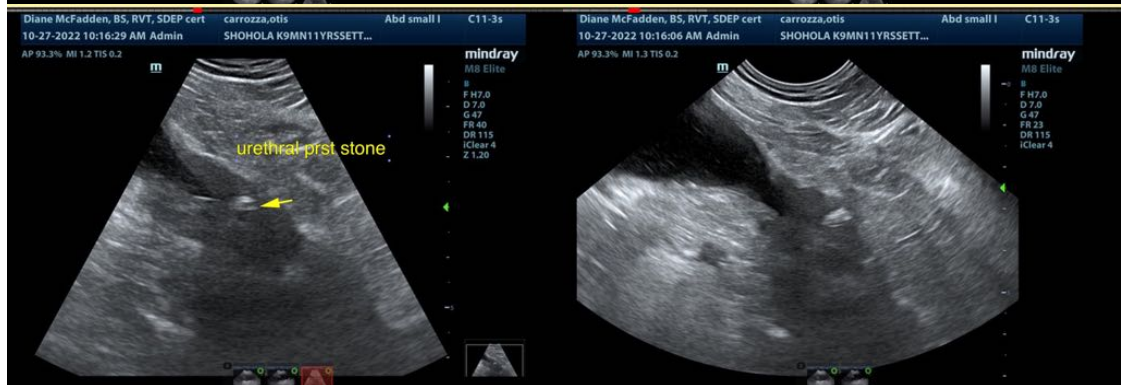
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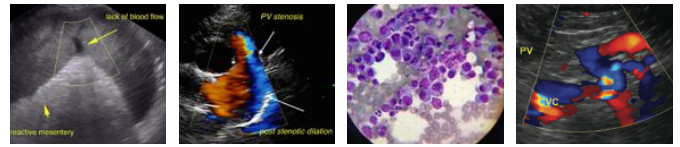
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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