



**PATIENT**

Smokey Vanzile

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

30.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

North Haledon VC

**REFERRING VET**

Dr. Mansfield

**INVOICE**

43450

**DATE**

3/22/23

**PRESENTING CLINICAL SIGNS**

History: PU/PD Hematuria - chronic Current meds: enrofloxacin, previously on ciprofloxacin  
Abnormal PE/Chem/CBC/UA Results: SAP = 388, Low dose dex 8 hr aust = 0.6 UA: pH 5.5, 3+ blood, 3+ protein, SG 1.022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a ventral apical mass. This appears resectable. The mass measured 3.3 x 1.6 cm. The remainder of the bladder wall appeared unremarkable. There was no evidence of metastatic disease in the pelvic urethra or prostate. Chronic cystitis is possible, yet carcinoma is more likely.

The residual prostate was uniform and measured 1.16 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 6.38 cm. The left kidney measured 6.37 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 2.03 x 0.53 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 0.9 x 0.46 cm at the cranial pole and 0.56 cm at the caudal pole.

**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. Hyperechoic lipogranulomatous changes were noted. 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of 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 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.

**ULTRASONOGRAPHIC FINDINGS**

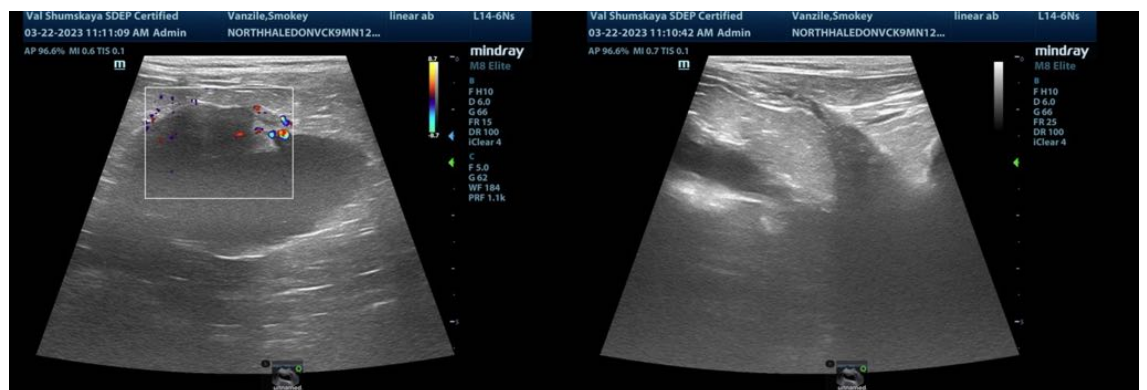
Ventral apical bladder mass, appears resectable. No obvious evidence of metastatic disease.

Full stomach.

Otherwise, age related abdominal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

BRAF testing and/or cytospin of a free catch urine sample is recommended to assess for carcinoma cells. Resection of approximately 5-6 cm of the ventral apical bladder wall is indicated. Transit of chyme into the small intestine appeared to be occurring normal, yet shadowing material in the stomach may represent foreign matter.





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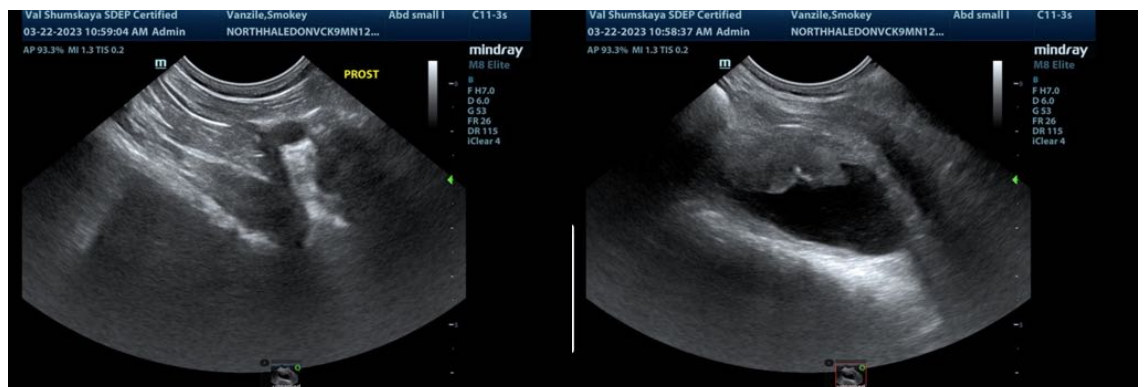
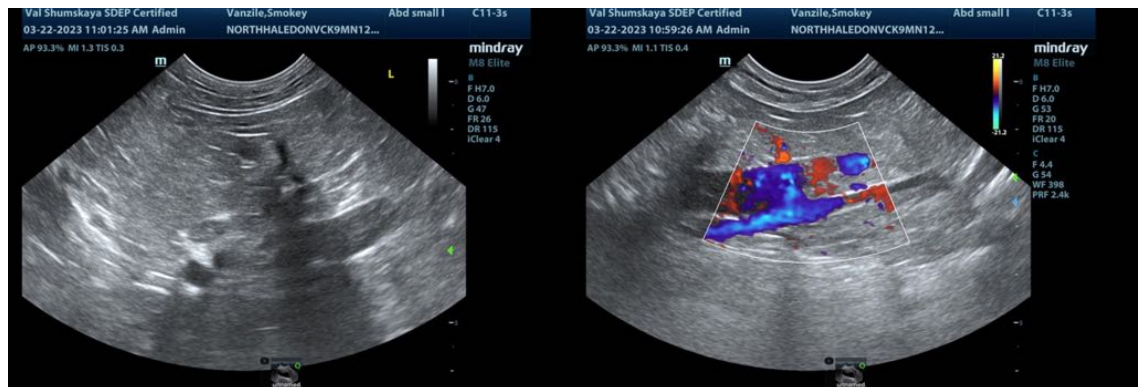
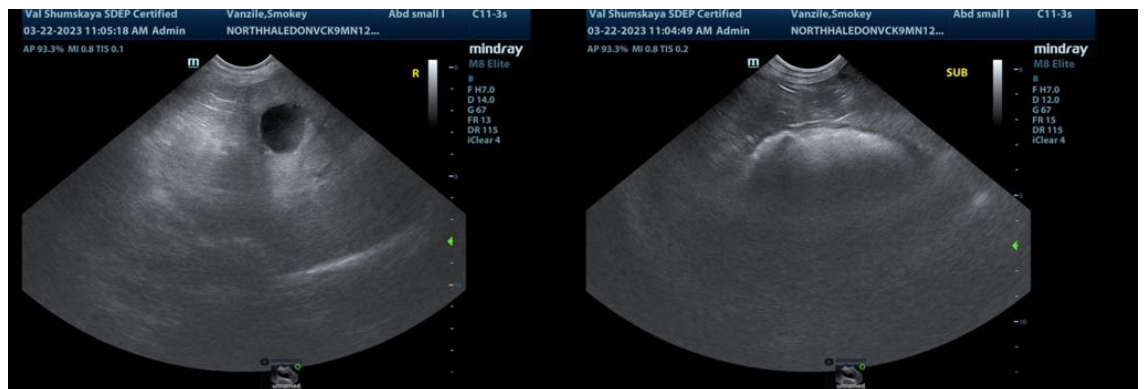
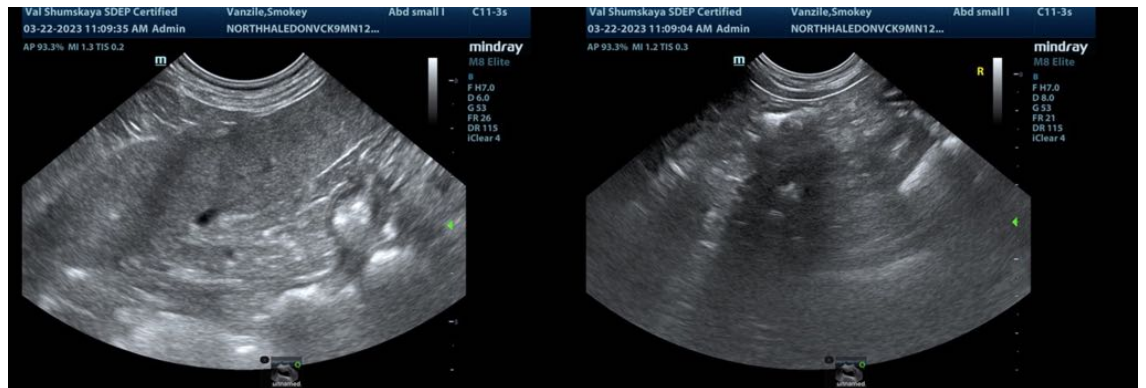
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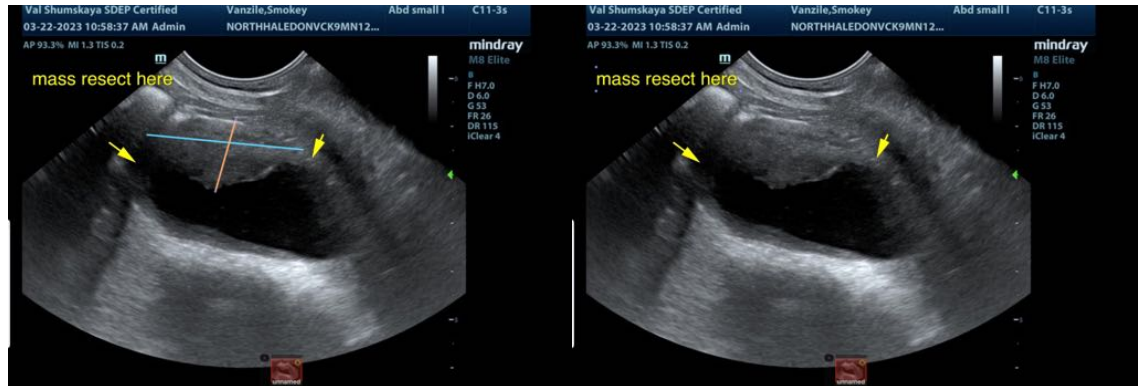
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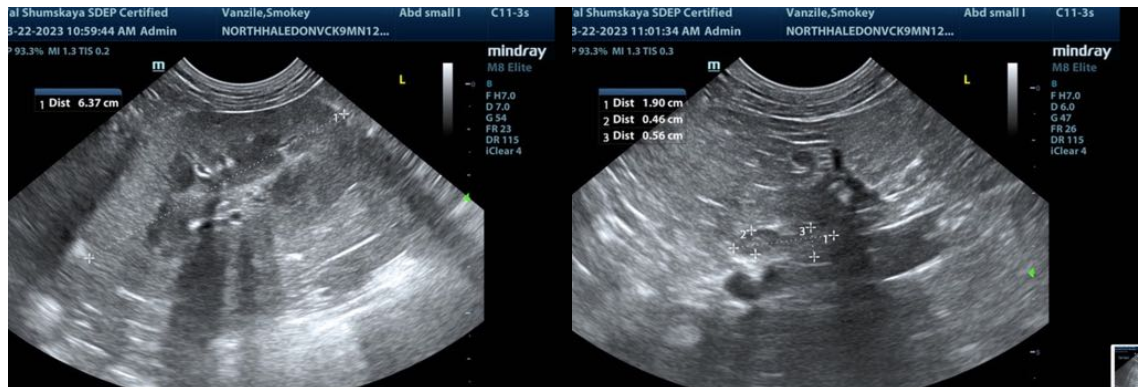
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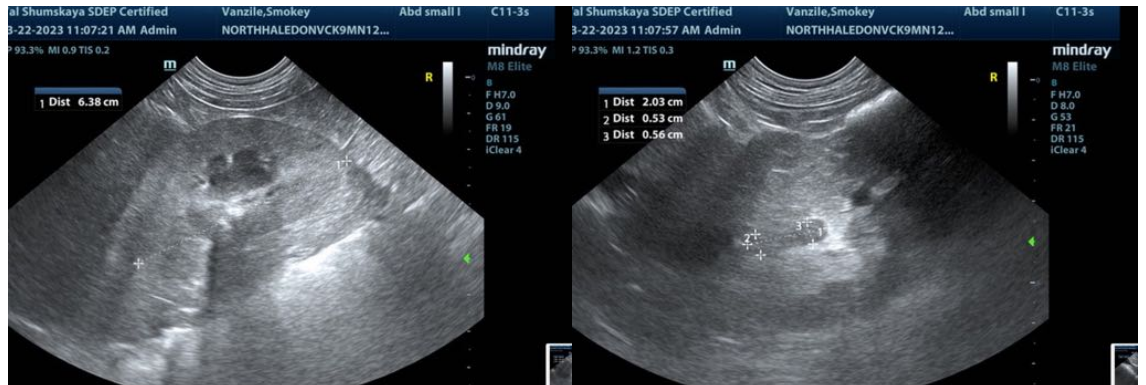
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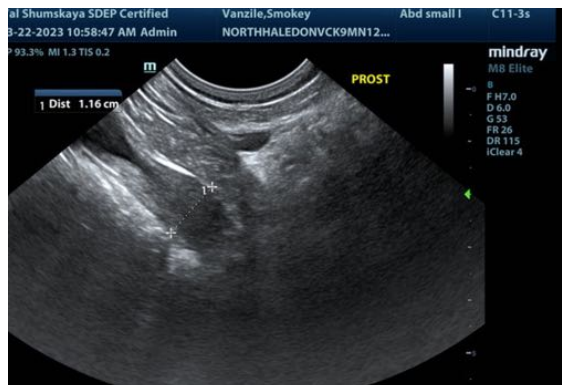
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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