



PATIENT

Simon Wenger

PRESENTING CLINICAL SIGNS

History: Patient presents for hematuria, improved on antibiotics but not resolving. Urine culture (neg).

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle Mix

The **urinary bladder** revealed a 1.9 x 1.0 cm apical ventral bladder mass. The mass appears to be transmural. Concurrent bladder calculus was noted and measured 0.2 cm. Dorsal apical polyps were noted. The cystourethral junction, urethra and ureteral papillae appear free of evident pathology.

The residual prostate was uniform and measured 0.8 cm.

SEX

Neutered male

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. The right kidney measured 4.44 cm. The left kidney measured 4.87 cm.

AGE

13 years

WEIGHT

22.34 lbs

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 1.8 x 0.8 cm at the caudal pole and 0.96 cm at the cranial pole. The left adrenal gland measured 1.73 x 0.63 cm at the caudal pole and 0.43 cm at the cranial pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

The **spleen** revealed a focal, hypoechoic nodule in the midbody expanding upon the capsule and measured 0.9 cm. The remainder of the spleen is unremarkable.

HOSPITAL NAME

Veterinary Wellness
Center

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 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.

REFERRING VET

Dr. Sepulveda

INVOICE

32502

Gastrointestinal

DATE

8/23/22

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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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.

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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.

BREED

Poodle Mix

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Ventral apical mass as well as dorsal apical polyps. Concurrent, non-obstructive bladder calculus.

Minor renal calculi.

AGE

13 years

Focal splenic nodule, likely incidental and unrelated to the bladder pathology.

WEIGHT

22.34 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Partial cystectomy with removal of the cranial half of the urinary bladder would be necessary to resect the pathology visible as well as removal of the bladder calculus. or medical management are the options of this patient. The bladder mass appears resectable. This is likely transitional cell carcinoma. Ultrasound-guided traumatic catheterization could be considered to confirm carcinoma prior to any surgical intervention.

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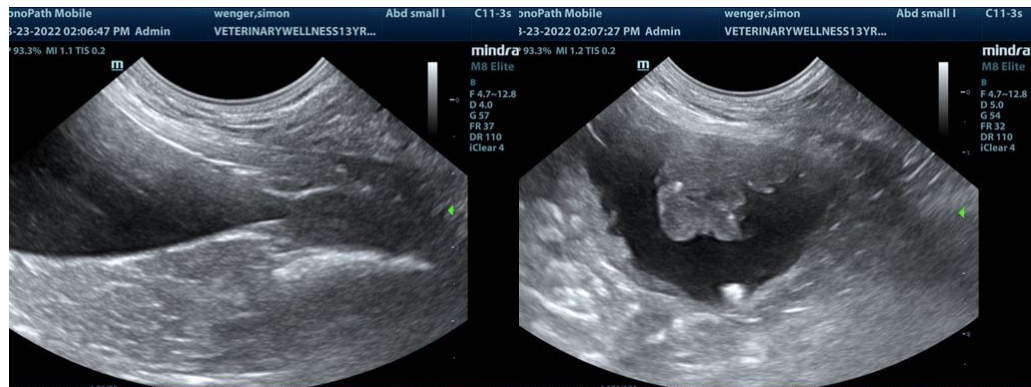
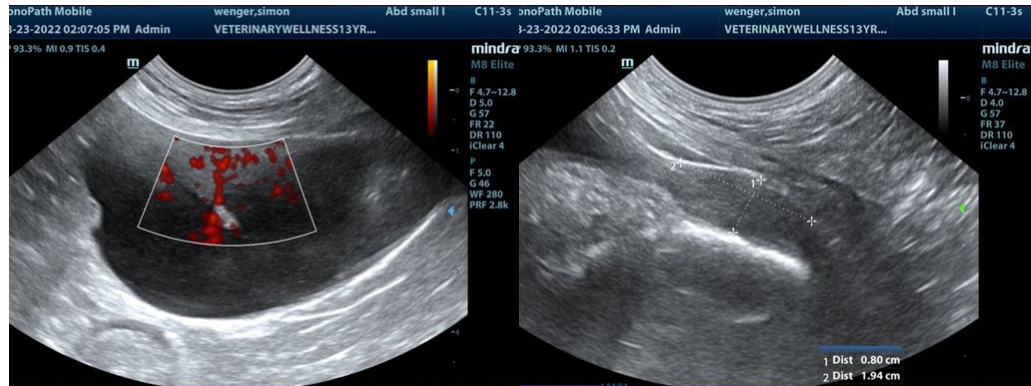
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PATIENT

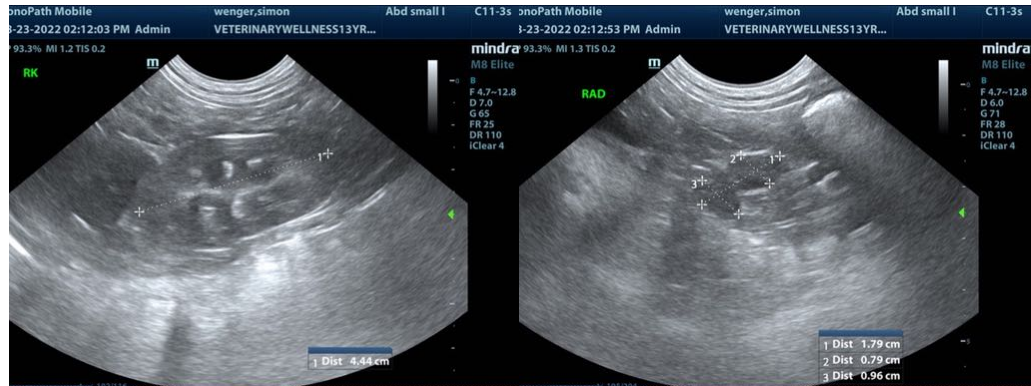
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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