



**PATIENT**

Yura Hartman

**PRESENTING CLINICAL SIGNS**

Presented 2 weeks ago for hematuria. Ultrasound guided cystocentesis revealed cystic calculi. Hematuria improved with antibiotics.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Alaskan Malamute

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). Mineral sand/small calculi exhibiting distal acoustic shadowing are present along the gravity dependent inner wall of the lumen of the urinary bladder.

**SEX**

Female

Left kidney is normal in size (4.9 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.7 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**AGE**

12 weeks

**Adrenal Glands**

**WEIGHT**

25 lbs

Left adrenal gland is normal in size (1.63 cm long x 0.32 cm at cranial pole and 0.36 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.19 cm long x 0.25 cm at cranial pole and 0.25 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Dr. Nelson

**Liver**

**HOSPITAL NAME**

Valley VS

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. The portal vein branches more cranially than normal with the final termination not being present in these images. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**REFERRING VET**

Dr. Nelson

**Gastrointestinal**

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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

**DATE**

1/17/22

Colon is normal in wall thickness (< 0.2 cm) and layering.



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**Pancreas**

Yura Hartman

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**SPECIES**

Canine

**Free Abdomen**

Lymph nodes are normal with no observed enlargement. A scant amount of anechoic free fluid was noted.

**BREED**

Alaskan Malamute

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Female

Cystic calculi/bladder sand.

**AGE**

Scant amount of anechoic fluid that is physiologic/normal.

12 weeks

Portal vein branches more cranially than normal. The vena cava to aortic ratio was 1:1 and there is no obvious extrahepatic shunt noted. Portal vein, vena cava communication cranial to the diaphragm cannot be ruled out. Portal hypoplasia cannot be ruled out.

**WEIGHT**

25 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

I recommend lab work in the form of CBC, chemistry panel, electrolytes and urinalysis as well as urine culture if indicated based on the urinalysis. This should be followed by bile acids to help definitively rule in or out shunt. If bile acids are high then recommendations including abdominal CT scan with contrast followed by corrective surgery/liver biopsy if indicated based on CT scan. If bile acids are normal then recommendations include determining the make-up of the stones/bladder mineral to help determine other underlying causes and future treatment. Stones may be able to retrieved via voiding urohydropulsion. If they are struvite brought on by infections and infections become persistent or chronic then an abdominal CT scan may be considered to further assess for ectopic ureters that are not visibly present at this time.

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DACVIM

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Dr. Nelson

**HOSPITAL NAME**

Valley VS

**REFERRING VET**

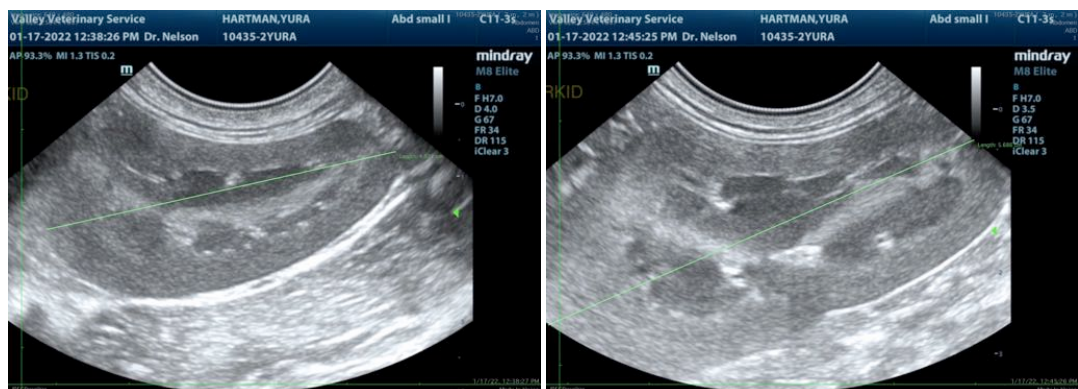
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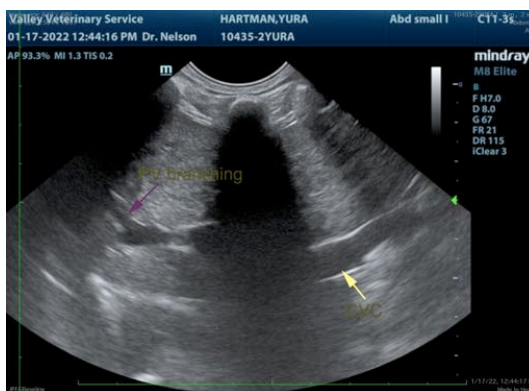
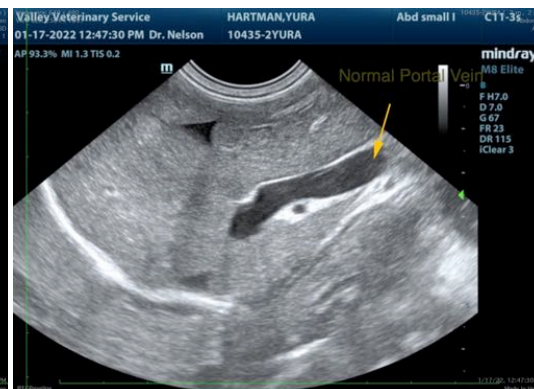
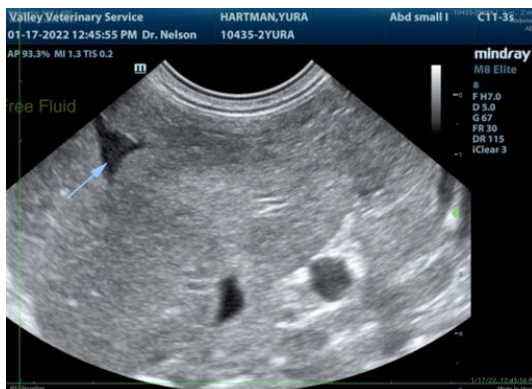
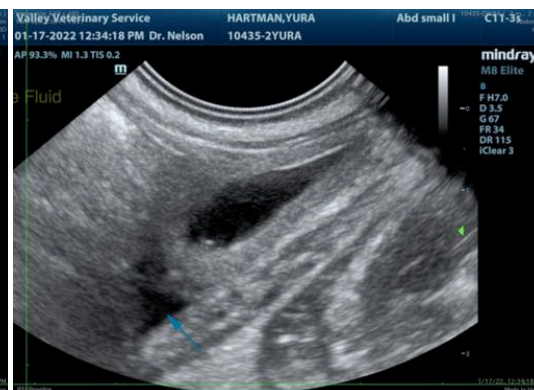
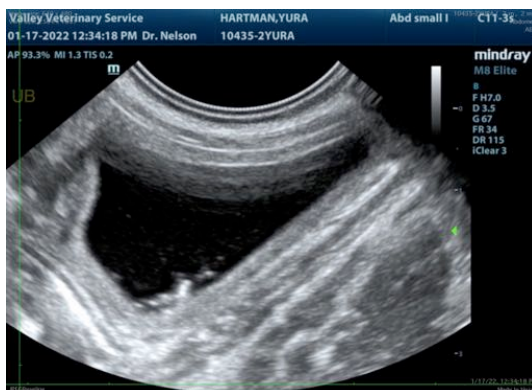
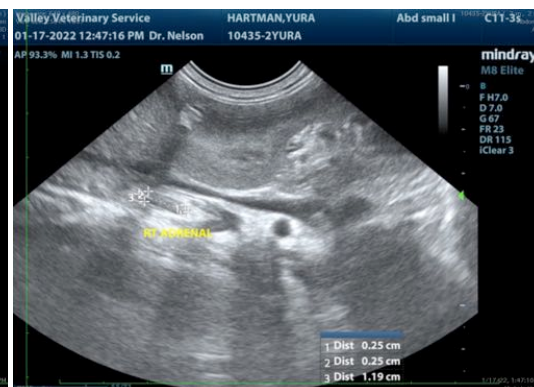
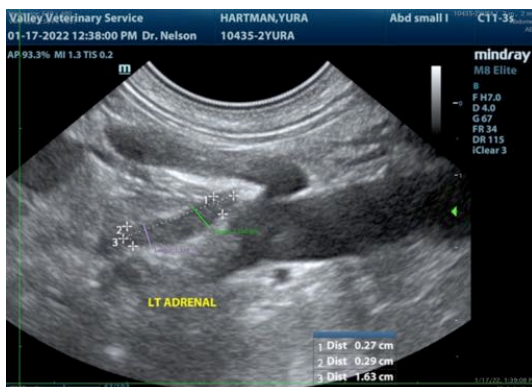
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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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.

**SPECIES**

Canine

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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Alaskan Malamute

**SEX**

Female

**AGE**

12 weeks

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