



**PATIENT**

Calli Roggenkamp

**PRESENTING CLINICAL SIGNS**

Hematuria and stranguria for 1 month cts: pending No current meds

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. Mineral debris and cystoliths are noted, the largest cystoliths noted measured 0.65 cm. No masses observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**BREED**

Weimaraner

**SEX**

Spayed Female

The right kidney is normal in size (7.88 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

**AGE**

4 Years

The left kidney is normal in size (8.03 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

**WEIGHT**

63.4 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (3.0 cm long x 1.4 cm at the cranial pole and 0.88 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (3.2 cm long x 0.32 cm at the cranial pole and 0.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

Byram Animal Hospital

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Carlos Abdul-Chani

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

**DATE**

11/2/22

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**BREED**

Weimaraner

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Spayed Female

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**AGE**

4 Years

**ULTRASONOGRAPHIC FINDINGS**

- Mineral urinary bladder debris with at least one 0.65 cm cystoliths
- Non-obstructive nephrolithiasis bilaterally in the kidneys

**WEIGHT**

63.4 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine culture (as is reportedly pending) is recommended. If this patient has a urinary tract infection and/or the cystoliths are believed to be infection induced struvite stones, then treatment of the urinary tract infection along with a dissolution diet is recommended with monitoring of the stones for dissolution. However, if based on urinalysis results and/or a lack of an infection, etc. the mineral is not believed to be dissolvable, then a urinary bladder flush/urohydropropulsion could be considered, given that this is a large female dog, and/or a cystotomy may be necessary. Regardless, when the stones are retrieved, submission is recommended for stone analysis to help guide future medical management/prevention of recurrence.

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If not recently evaluated, an overall metabolic health screen in the form of a CBC/Chem panel and electrolytes is also recommended.

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**REFERRING VET**

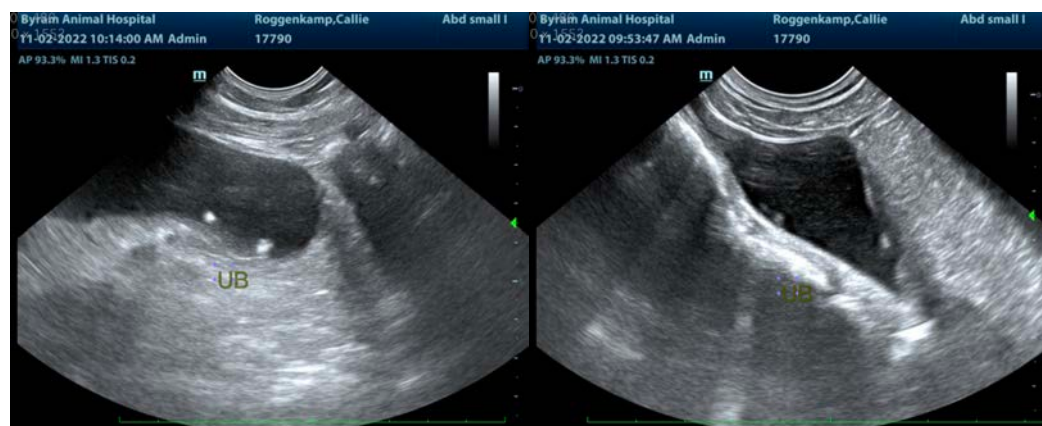
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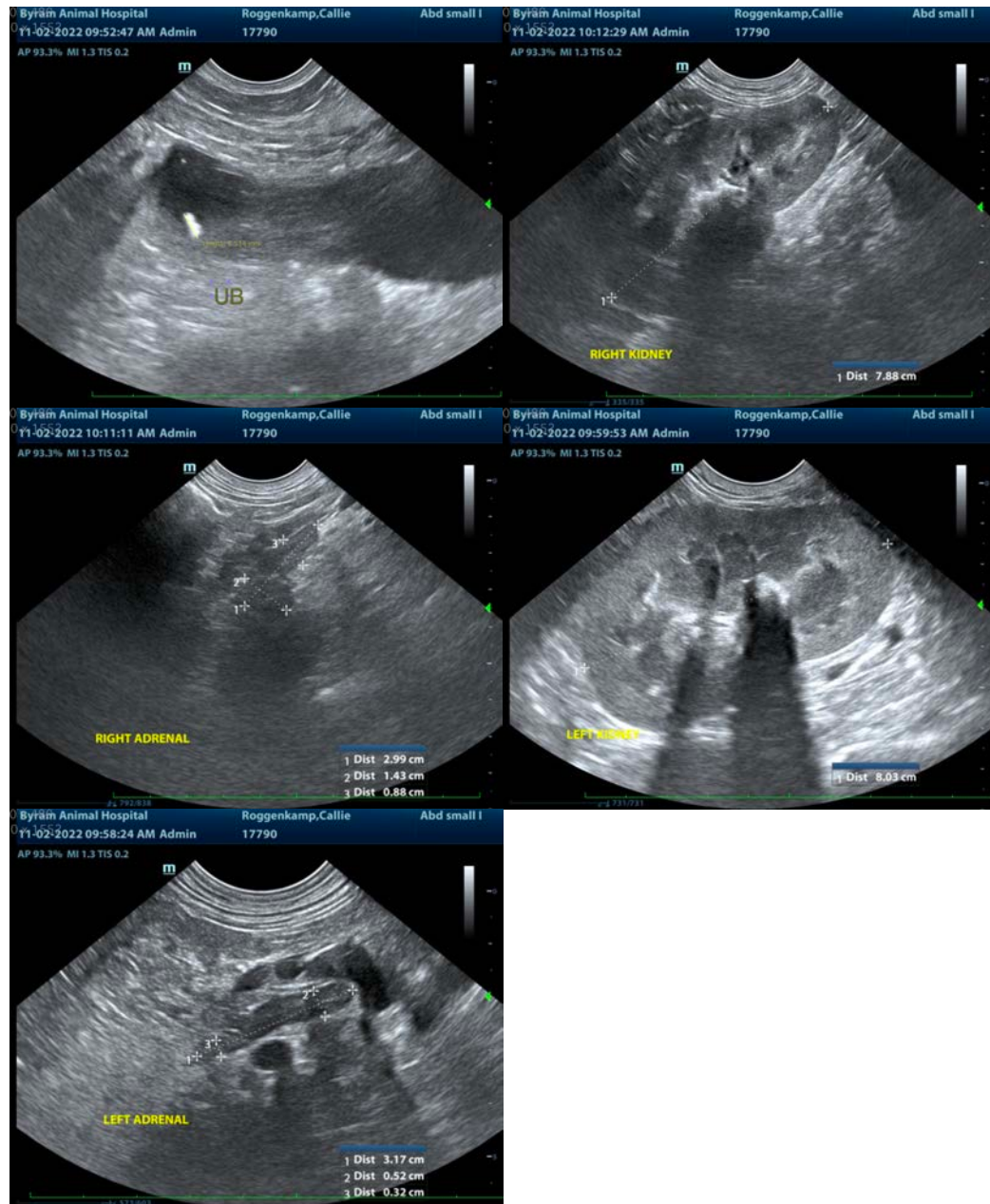
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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