



PATIENT PRESENTING CLINICAL SIGNS

Thor Curto Continuous blood in urine.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Boxer

SEX The area of the prostate is examined without evident prostatic pathology.

Neutered Male

The right kidney is normal in size (8.53 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, mineral or infarcts observed.

AGE

11 Years

The left kidney is normal in size (7.0 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, mineral or infarcts observed.

WEIGHT

43 kg

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (2.97 cm long x 2.31 cm at the cranial pole and 1.13 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.83 cm long x 1.12 cm at the cranial pole and 1.0 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

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). A 4.0 cm x 5.0 cm mildly heterogeneous hypo- to anechoic nodule/mass resulting in a capsular bulge is noted off the head of the spleen. Splenic vasculature appears normal.

HOSPITAL NAME

BPH Ancaster

Liver

REFERRING VET

Dr. Davis

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.

INVOICE

46820

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.

DATE

4/20/23

Gastrointestinal

The stomach is unable to be fully visualized in these images.

There are no distinct gastrointestinal abnormalities noted, but full evaluation of bowel is difficult in these images.



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

Thor Curto

Pancreas

SPECIES

Canine

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.

BREED

Boxer

Free Abdomen

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

SEX

There is no apparent lymphadenopathy noted in these images.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Heterogeneous, hypo- to anechoic splenic nodules/mass – This may represent a benign lesion such as a cyst, hematoma, nodular hyperplasia, or extramedullary hematopoiesis, etc. However, infiltrative neoplasia can mimic benign lesions and is considered less likely but cannot be definitively ruled out. (This nodule appears attached to the spleen. However, given image limitation below, definitive splenic attachment can't be guaranteed.)

WEIGHT

43 kg

- Otherwise, this is an unremarkable/normal abdomen without an ultrasonographically evident reason for this patient's hematuria. Having said that, image quality is negatively affected by poor penetration due to reported patient conformation. Subtle pathology could have been missed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended, beginning with CBC/Chem panel, electrolytes, +/- coagulation panel.

IMAGING PERFORMED BY

Kelly Reschny

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

HOSPITAL NAME

BPH Ancaster

Given the concern for a splenic nodule, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

REFERRING VET

Dr. Davis

While the splenic nodule is likely incidental and not related to this patient's reported presenting complaint, a fine needle aspirate could also be considered if patient's coagulation status is appropriate.

INVOICE

46820

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as urinary parasitic disease can result in hematuria occasionally.

DATE

4/20/23



PATIENT

Thor Curto

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

11 Years

WEIGHT

43 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

BPH Ancaster

REFERRING VET

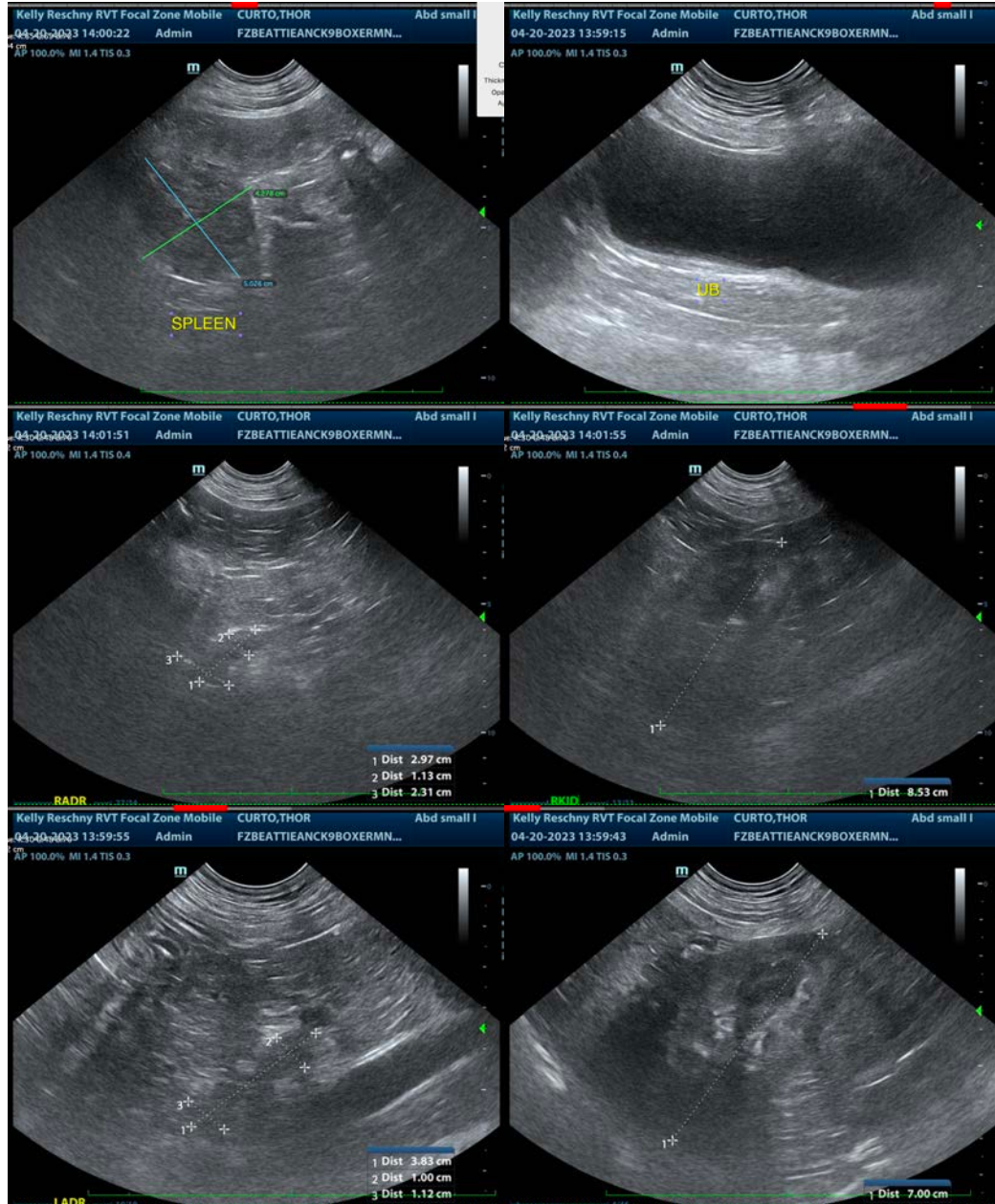
Dr. Davis

INVOICE

46820

DATE

4/20/23



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
Beth.Johnson@sonopath.com