



PATIENT	PRESENTING CLINICAL SIGNS
Star Stenkamp	Hematuria, ER scan discovered abnormal looking bladder wall. Urinary tract infection (UTI) Irregular Bladder Wall Heart Murmur (historical) Gingival Hyperplasia (historical)
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: Skin Tag: Right lateral Proximal Tibia Scars: proximal caudal right antebrachium, 1cm pink flesh proximal right metatarsal and proximal digital area of both front feet: small Severe Gingival Hyperplasia (stick out front of mouth), cant see much of teeth. Cardiac Murmur: II/VI, mid-systolic, left heart base, squeaky sound Urinalysis was ran today, (9-22-22) and the results were normal.
Canine	
BREED	
Boxer	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	Urinary System
AGE	Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.7-0.8 cm), but is not fully distended, so some of the wall thickening could be artifact due to a non-fully distended bladder. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
4 Years 6 Months	The right kidney is normal in size (7.94 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 linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
WEIGHT	The left kidney is normal in size (7.49 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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
59.2 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (2.9 cm long x 0.61 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (2.0 cm long x 0.55 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.
Dr. Leon Anderson	
HOSPITAL NAME	Spleen
Elizabeth AH	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.
REFERRING VET	Liver
Dr. Leon Anderson	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	
41555	
DATE	
9/22/22	



PATIENT

Star Stenkamp

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

SPECIES

Canine

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Boxer

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.

SEX

Spayed Female

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

AGE

4 Years 6 Months

Pancreas

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.

WEIGHT

59.2 Pounds

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Non-obstructive dystrophic mineralization in the kidneys bilaterally

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's urinalysis was reported normal, so if the hematuria has resolved, then no additional follow-up is recommended. However, if hematuria is still present, a urine culture is recommended to rule out an occult urinary tract infection.

REFERRING VET

Dr. Leon Anderson

The bladder wall changes trend towards the benign. However, if clinical signs persist and cultures are negative, reexamination of a fully possibly even overdistended bladder is recommended for more thorough evaluation of the currently mildly thickened wall.

INVOICE

41555

In the meantime, due to the noted debris, a transition to urinary bladder health/potentially stone prevention diet could be considered to address any possible crystalluria.

DATE

9/22/22



PATIENT

Star Stenkamp

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

59.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

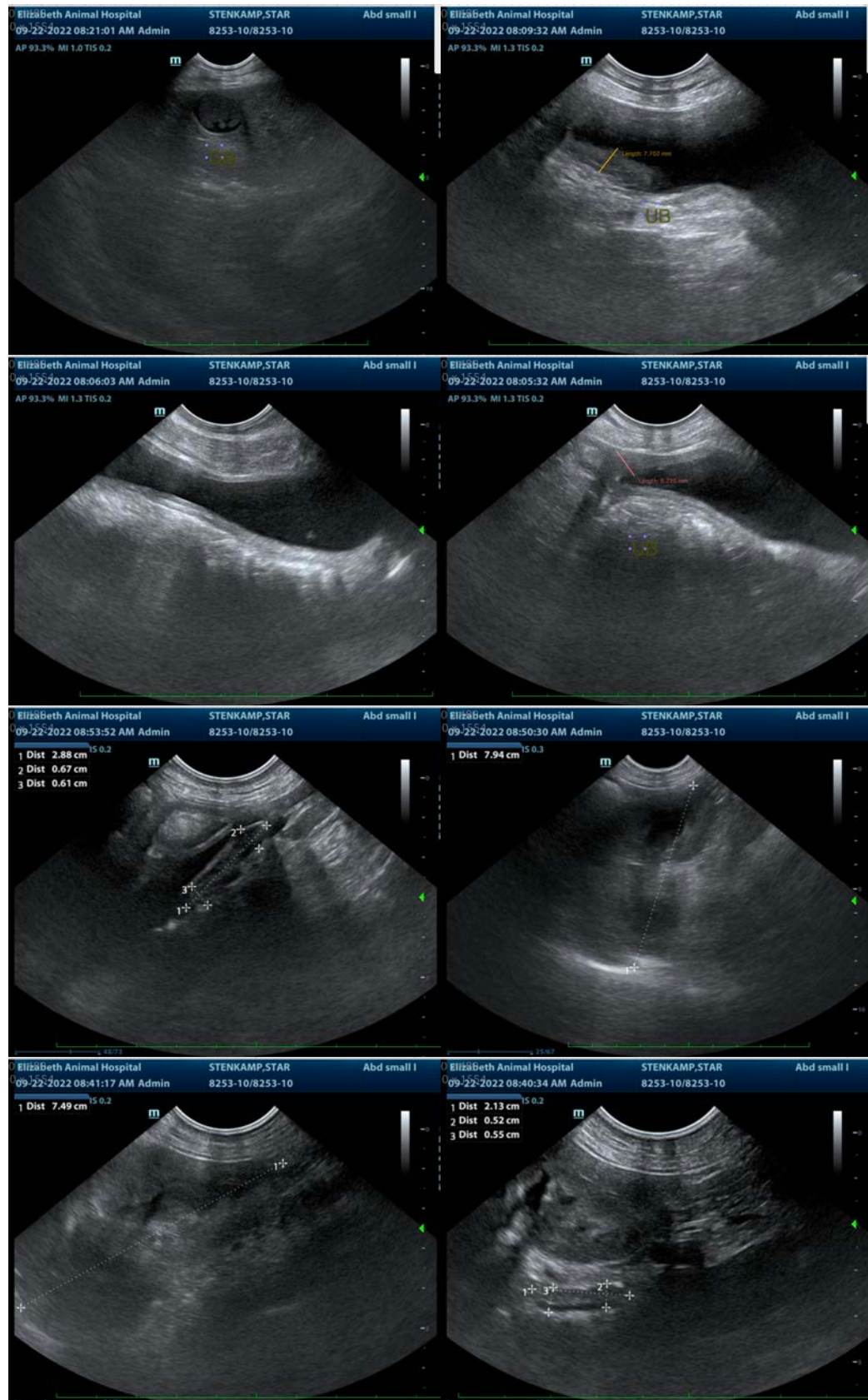
Dr. Leon Anderson

INVOICE

41555

DATE

9/22/22





PATIENT

Star Stenkamp

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.

SPECIES

Canine

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.

BREED

Boxer

Beth Johnson, DVM, DACVIM

Beth.Johnson@sonopath.com

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

59.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

41555

DATE

9/22/22