

**DATE PRESENTING CLINICAL SIGNS**

1/18/22

History: Has had urinary concerns over the past couple years. Has had previous US for bladder (had bladder stones). Still having urinary issues but also continued diarrhea concerns in the last couple months.

PATIENT

Luna Huber

Current Medications: Metronidazole(500mg)- 1 tab BID 10 days.

Lab Results: Lab work from October was wnl. UA in November was wnl.

Radiographs: Lateral abdominal radiograph in October showed enlargement of the liver displacing the spleen otherwise wnl

SPECIES

Canine

Date of Previous IntraPet Ultrasound: 3-15-2019.

Sedation: Sedation would be required to further evaluate right adrenal.

Stat Report: Not requested.

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Spayed Female

The **urinary bladder** was empty. Suspended and adhered mucus debris noted in the bladder. Concentric wall thickening noted up to 9.0 mm. Polypoid changes noted throughout the bladder wall.

AGE

1/3/10

The uterine stump was prominent with empty lumen, measuring 1.76 cm in width. Slight irregular tissue noted within the uterine stump as well.

WEIGHT

70 Pounds

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.45 cm. The left kidney measured 7.11 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 left adrenal gland measured 2.45 cm x 0.52 cm at the cranial pole and 0.69 cm at the caudal pole.

Andi Parkinson RDMS

Spleen**HOSPITAL NAME**

Animal Care Center

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Muedeking

Liver**INVOICE**

34339

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

Pancreas

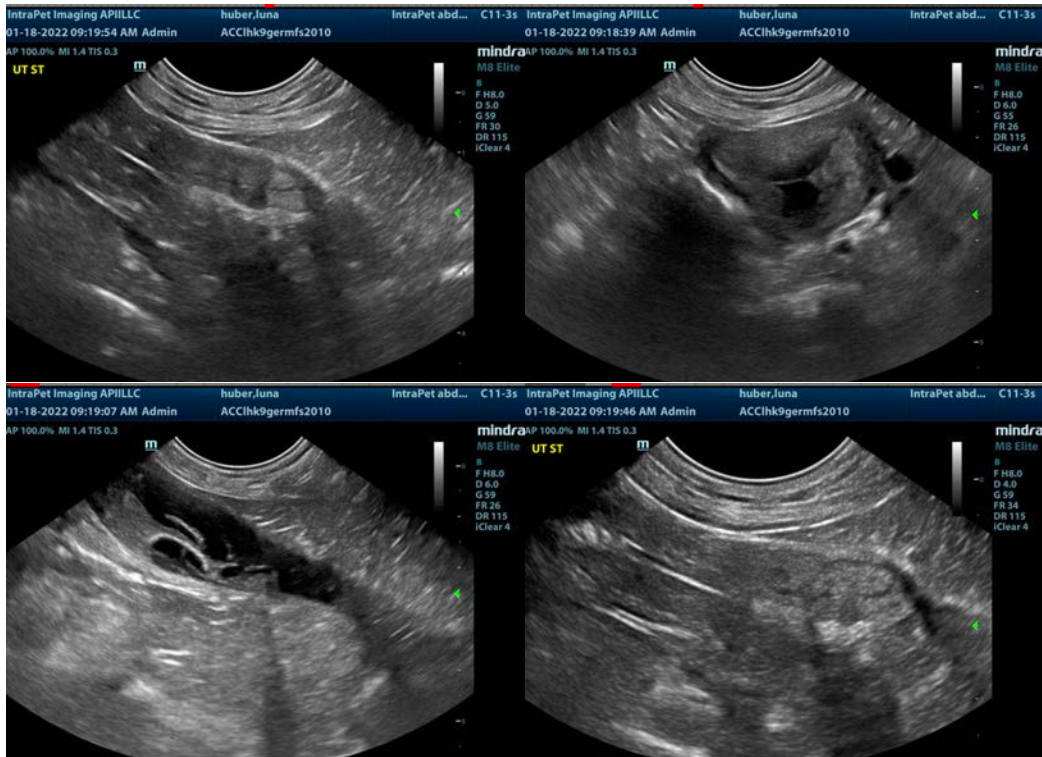
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

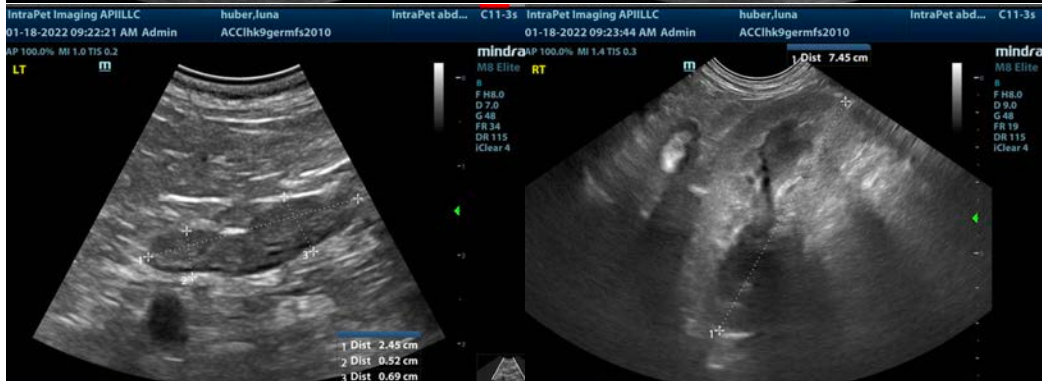
ULTRASONOGRAPHIC FINDINGS

- Polypoid cystitis with mucus debris
- Prominent uterine stump

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend examination of the vaginal vestibule for predisposing issues such as recessed vulva and urine pooling. It is possible that the residual uterine stump may be a source of recurrent infection, given that no overt stump pyometra is present. No evidence of calculi or suspicion of neoplasia.





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

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