



PATIENT

Slate Ferrantelli

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

8 Years

WEIGHT

46 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

American AH

REFERRING VET

Dr. Pascucci

INVOICE

35004

DATE

1/21/22

PRESENTING CLINICAL SIGNS

Recheck u/s for irregularity noted on LK 3wks ago. Had blood on free catch urine. Just finished course of Cefpodoxime.

Abnormal PE/Chem/CBC/UA Results: Cbc/Chem unremarkable. USG 1.046, Bld 3+, Bili 2+, Prot 3+, RBC >50

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented subtle minor apical polypoid changes. No evidence of significant disease. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 8.0 mm.

The irregularity at the cranial pole of the **left kidney** has resolved in this patient. The left kidney measured 6.33 cm. No further evidence of concern for tissue pathology. The **right kidney** was unremarkable. The right kidney measured 5.93 cm.

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 right adrenal gland measured 2.89 cm x 0.89 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.88 cm x 0.42 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.



PATIENT *Heart*

Slate Ferrantelli Rapid view of the heart revealed no evident pathology in the right auricle.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Canine • Structurally unremarkable urinary tract and abdomen

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pit Bull If coagulopathy has not been evaluated, then full coagulation panel indicated. Idiopathic hematuria is a potential. Minor potential for idiopathic cystitis, yet no evidence of significant urinary tract disease noted at this time other than very subtle minor apical bladder polypoid changes, largely common in this patient. Catheter passage and cytology and culture of urethral sampling may prove effective.

SEX To assess where the hematuria is coming from, comparison of a free catch urinary sample with a clean cystocentesis sample could be considered. If the cystocentesis sample is free of hemorrhage assuming that no sampling artifact occurs, and the free catch urine is demonstrating hematuria, then urethral pathology is likely. In that case, traumatic catheterization of variable portions of the urethra and prostate could be considered, although structurally and sonographically this region appears unremarkable. Benign renal hematuria may also be an underlying issue in this patient.

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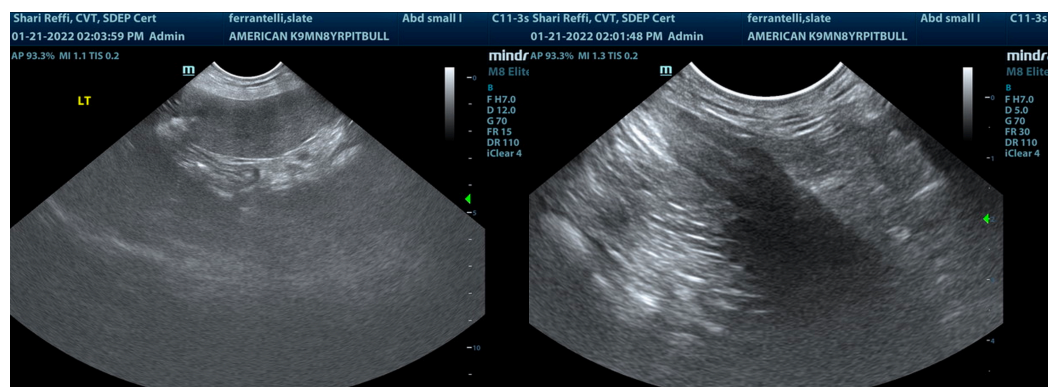
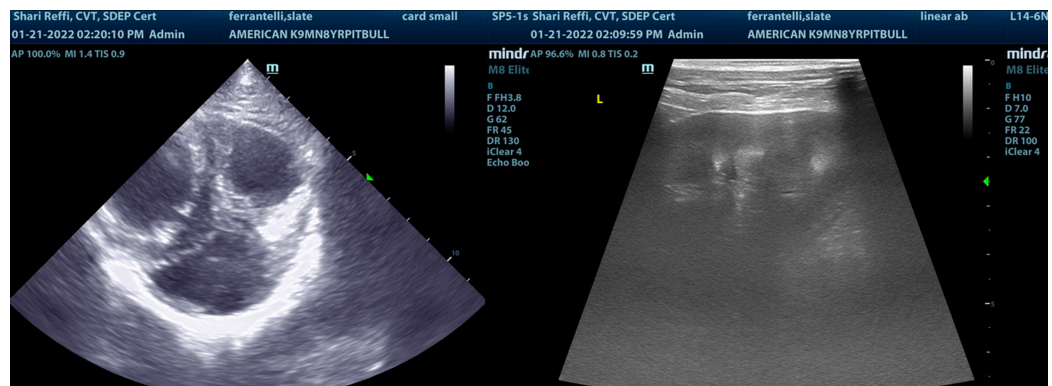
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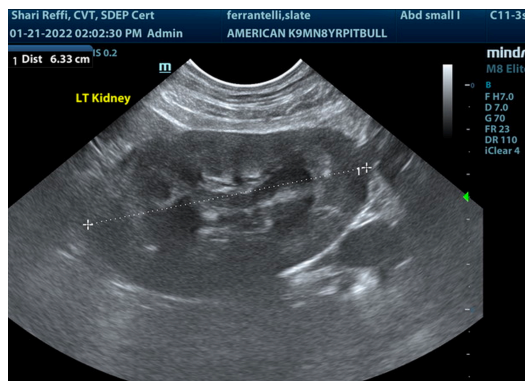
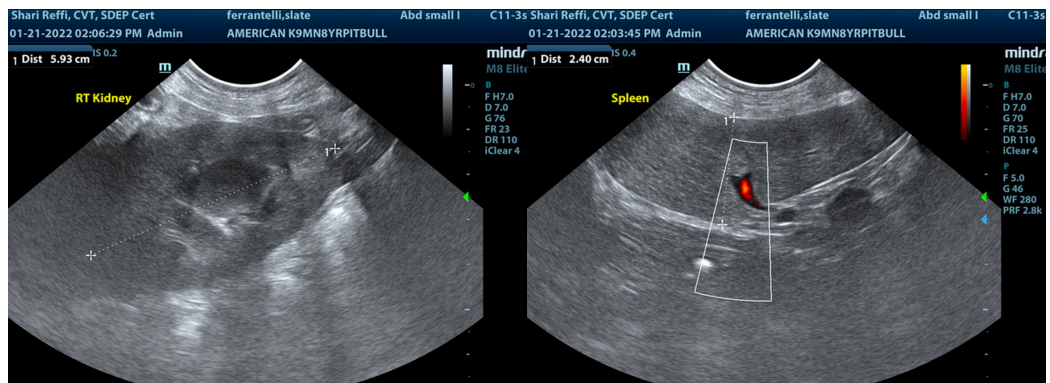
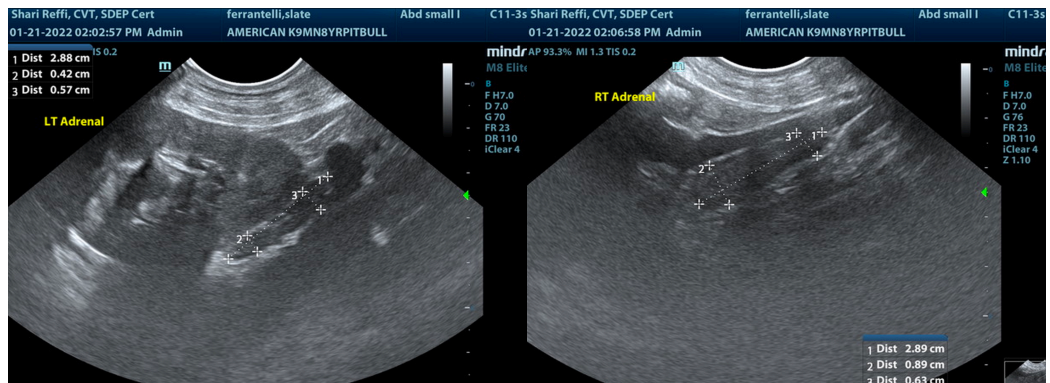
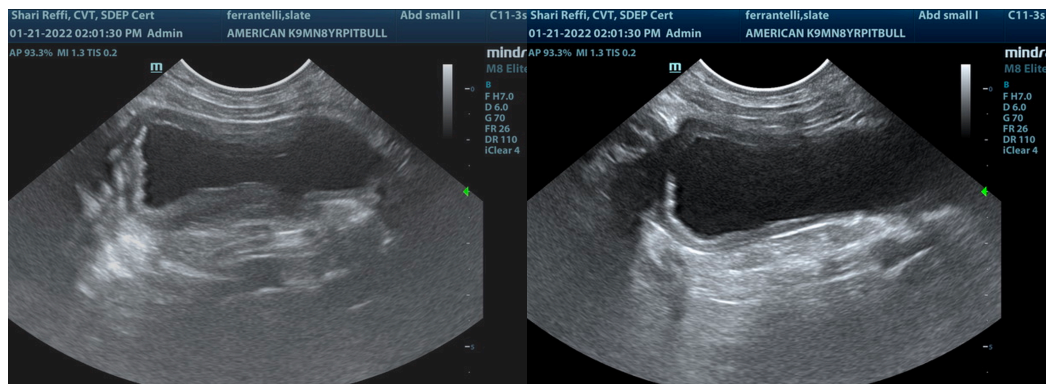
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The information and recommendations provided are based on the images presented by the



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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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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