



**PATIENT**

Keira Ballard

**SPECIES**

Canine

**BREED**

Brussels Griffon

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

7.68 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Reese

**INVOICE**

94993

**DATE**

1/4/22

**PRESENTING CLINICAL SIGNS**

Several month history of recurrent diarrhea. Initially responsive to courses of metronidazole. Currently on Tylan powder BID, Purina HA, Visbiome with diarrhea persisting, but slightly improved. Abnormal PE/Chem/CBC/UA Results: Bloodwork in September 2021 prior to dental cleaning unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

A polyp was noted at the **urinary bladder** was noted in the region of the ureteral papillae and cystourethral junction measuring 0.5 cm in width. Minor, proximal urethral thickening was noted and expanded 1.0 cm into the pelvic urethra.

The **right kidney** was imaged from the right and left approaches and was normal in 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 capsule was acceptably uniform without significant irregularities. The right kidney measured 3.6 cm. The left kidney is not visualized.

**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 1.79 x 0.58 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 1.5 x 0.6 cm.

**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 was 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.



**PATIENT**

**Gastrointestinal**

Keira Ballard

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor fluid filled gastric lumen is present. 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.

**SPECIES**

Canine

**BREED**

**Pancreas**

Brussels Griffon

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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 years

Urethral and cystourethral junction bladder polyp. Polypoid hyperplasia versus emerging carcinoma.

Structurally unremarkable GI tract other than minor gastric fluid.

**WEIGHT**

7.68 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. If straining to urinate is an issue then cystoscopy is indicated. Free catch urine sample with cytospin is recommended to assess for any normal transitional cells.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

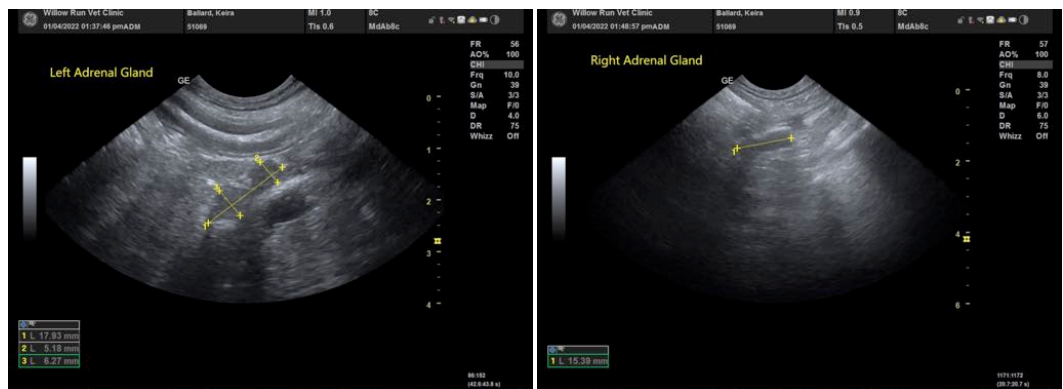
Dr. Reese

**INVOICE**

94993

**DATE**

1/4/22





**PATIENT**

Keira Ballard

**SPECIES**

Canine

**BREED**

Brussels Griffon

**SEX**

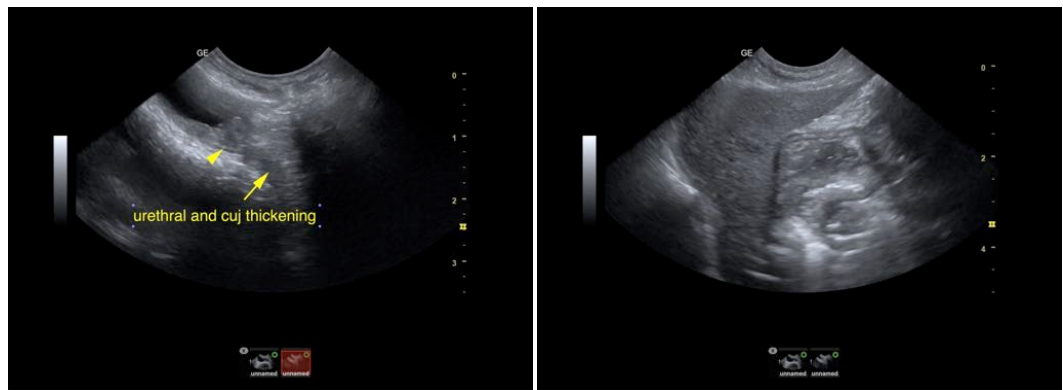
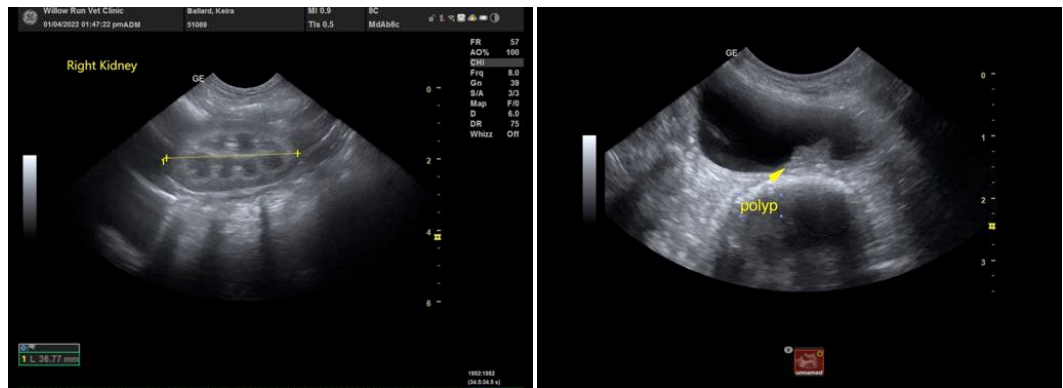
Spayed Female

**AGE**

12 years

**WEIGHT**

7.68 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Reese

**INVOICE**

94993

**DATE**

1/4/22

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.

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