



PATIENT PRESENTING CLINICAL SIGNS

Daisy Weir Since spay surgery she has been having hematuria and has been treated with multiple courses of antibiotics without significant improvement. No meds currently. No bladder stones seen on radiograph. Rule out PSS vs other?

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: T protein 51(55-75) Globulin 21(24-40)Cholesterol 2.6(3.4-8.9)Creatine Kinase 279(10-220) Retics 201(10-110) U/A cysto - Sp grav 1.041, pH 5.0,WBCs2-5/hpf, RBCs 0-2/hpf, Crystals Ammonium biurate 1-5/hpf, Culture - no growth. Bile acids normal.

BREED

Boston Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The **urinary bladder** revealed a minor amount of dependent and suspended debris, non-obstructive. No overt calculi present. However, a large amount of debris was evident. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

1.5 Years

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 4.83 cm. The left kidney measured 4.52 cm.

WEIGHT

9 kg

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 1.34 cm x 0.48 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 1.7 cm x 0.82 cm at the cranial pole and 0.43 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Downtown AH

Liver

The **liver** was mildly subnormal in size, parenchyma was uniform. The gallbladder and common bile duct were unremarkable. Portal vein to vena cava ratio was 1:1. Branching of the portal vein appeared to be normal. The portal vein and vena cava measured 6.0 mm each. Intrahepatic vascularity appeared to be normal in contour and volume. No evidence of intrahepatic shunting.

REFERRING VET

Dr. Ahn

INVOICE

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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.

DATE

1/6/23



PATIENT *Pancreas*

Daisy Weir 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.

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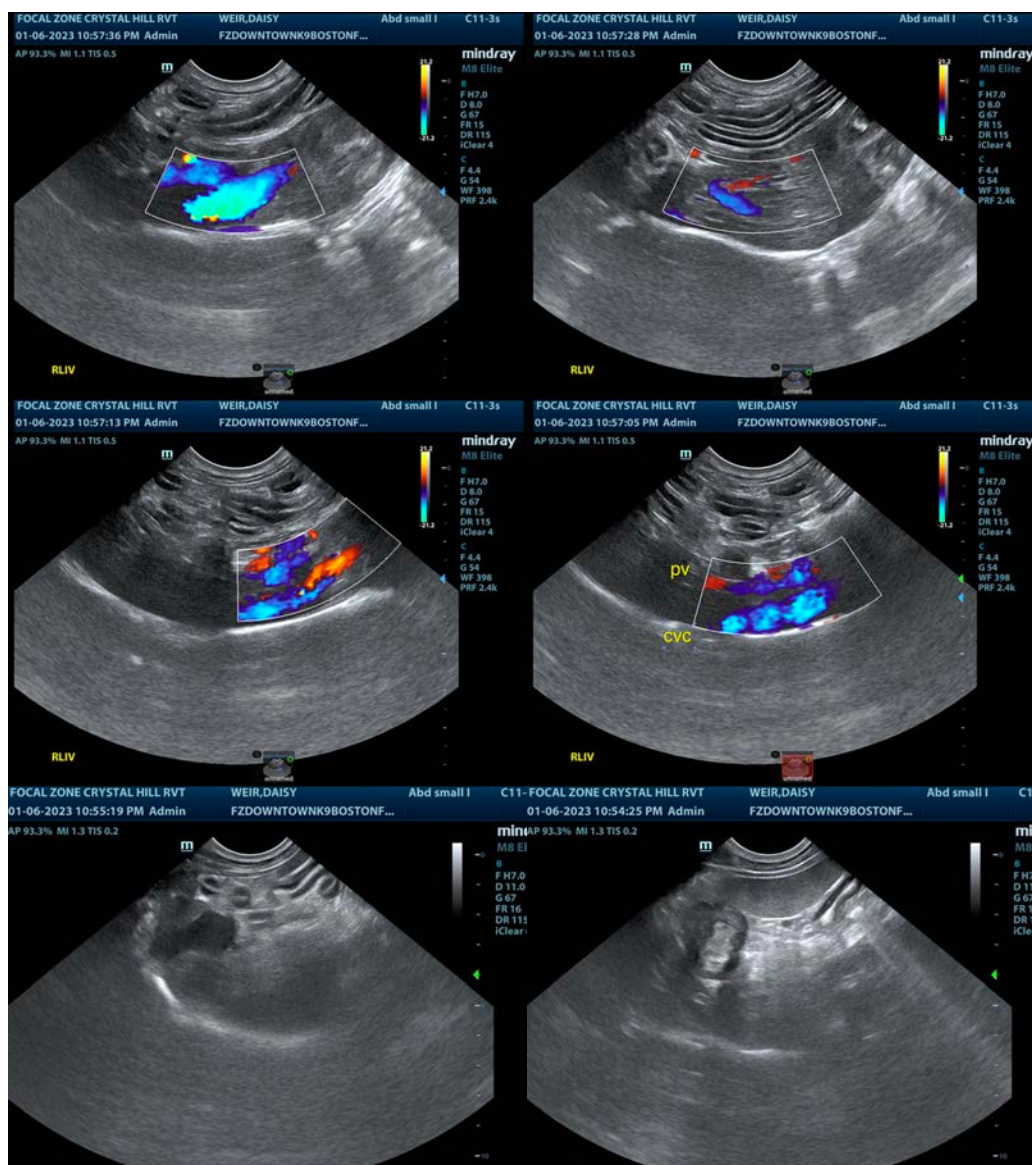
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ULTRASONOGRAPHIC FINDINGS

- Bladder debris
- Minor microhepatica, likely normal variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of portosystemic shunting. Treatment for UTI indicated.





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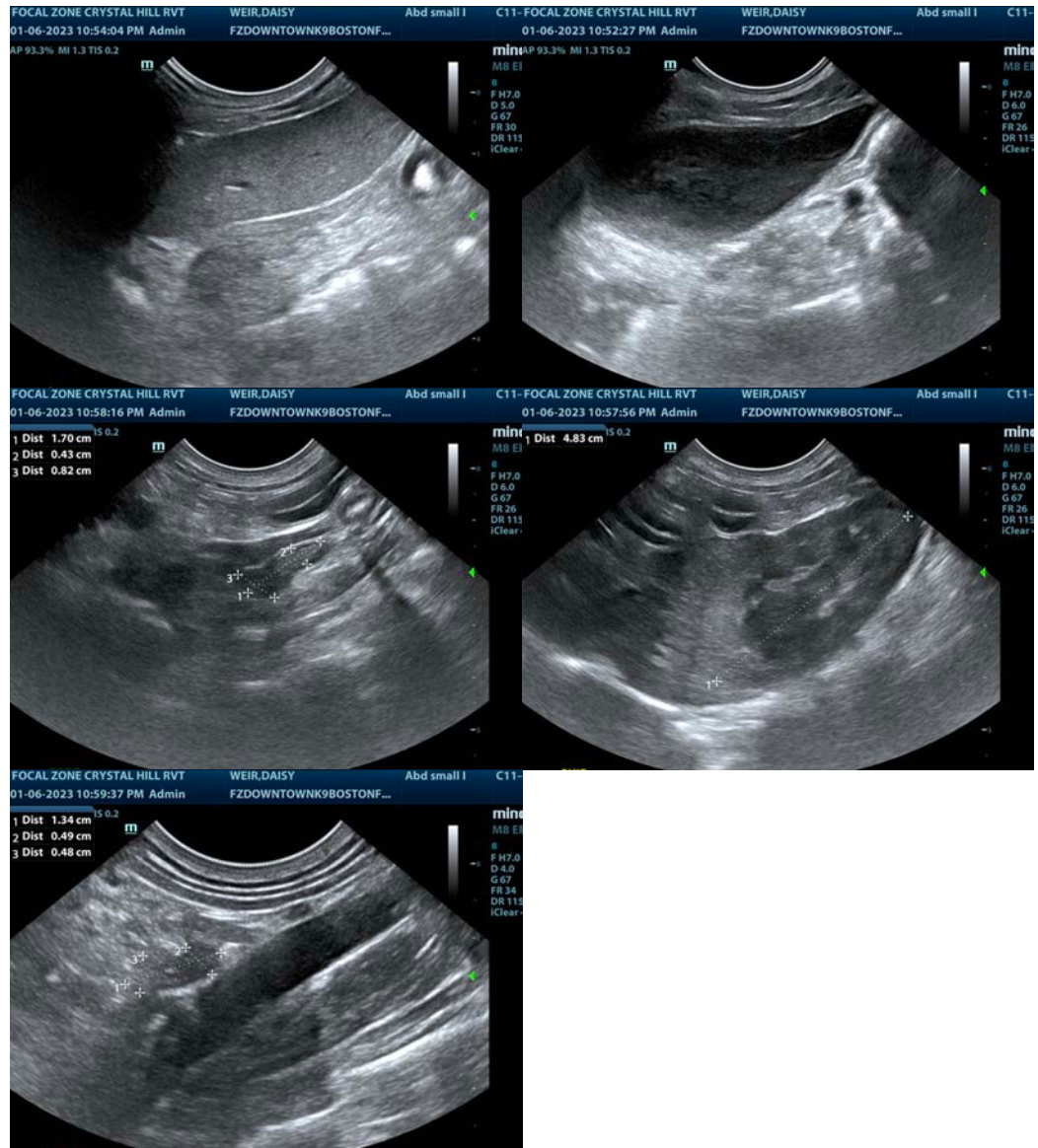
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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