



PATIENT

Abby Heilkirt

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

10 Years 1 Month

WEIGHT

90.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Verhalen

INVOICE

26274

DATE

10/14/21

PRESENTING CLINICAL SIGNS

Persistent UTI, frequent urination, hematuria. During attempt for cysto sample for urine culture last night an abdominal mass was noted. Current meds: Baytril
Abnormal PE/Chem/CBC/UA Results: USG 1.019, PH 8.5, Prot 2+, Bld 1+, wbc 21-50, struvite 11-20, cocci >100

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi with variable bladder wall thickening in the apex and ventral wall.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.02 cm. The right kidney measured 7.05 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 left adrenal gland measured 2.49 cm x 0.45 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 3.76 cm x 0.91 cm.

Spleen

The **spleen** revealed an expansive heterogeneous, mixed echogenic 5.6 cm mass. Areas of mineralization noted within the splenic mass.

Liver

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.



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Other

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Comet tail lung pattern noted, may be related to concurrent pulmonary disease in this patient. Rapid view of the heart revealed no evident pathology in the right atrium and auricle.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass and multiple bladder calculi, chronic cystitis bladder pattern – minor potential for transitional cell carcinoma
- Geriatric abdomen otherwise
- Comet tail lung pattern

BREED

Boxer X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

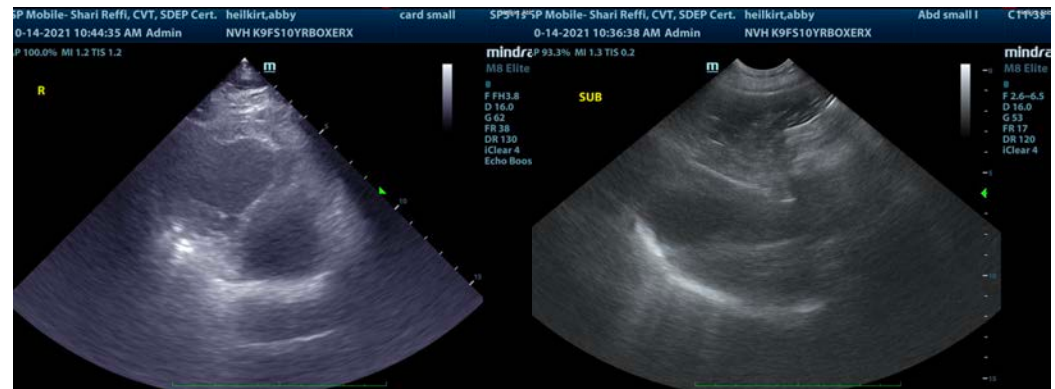
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Recommend splenectomy, cystotomy, bladder wall biopsy, stone analysis and culture. Splenic differentials include hemangiosarcoma, benign hyperplasia, round cell neoplasia, or stromal tumor. No evidence of metastatic disease. Liver inspection and biopsy warranted to assess for potential micrometastasis. Chest radiographs warranted to assess for metastatic disease.

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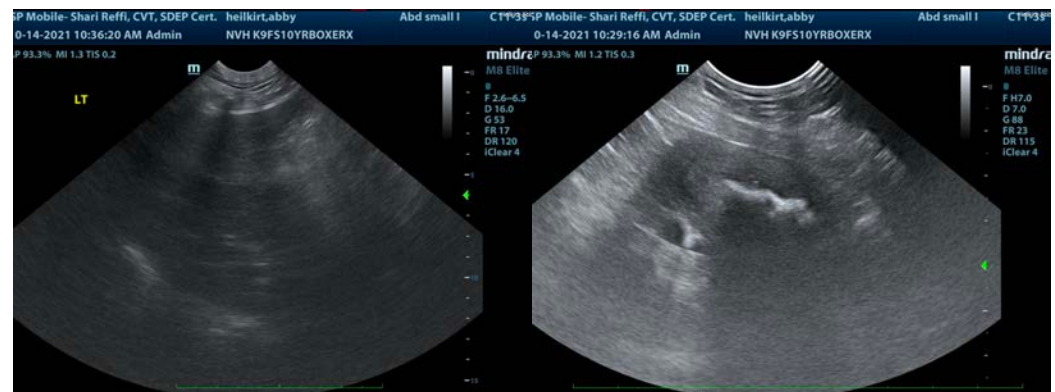
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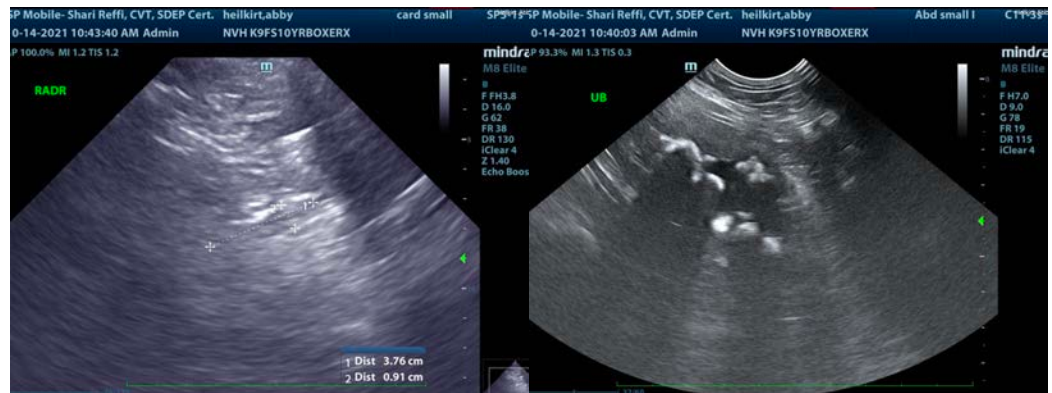
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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