



**PATIENT PRESENTING CLINICAL SIGNS**

Opie Corsi History: Routine bloodwork. Urinates several times as if unable to empty bladder the first urination  
Abnormal PE/Chem/CBC/UA Results: ALK 283. USG WNL

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

The **urinary bladder** revealed minor apical dorsal wall thickening with micropolypoid changes. There was no evidence of calculi.

Great Dane

**SEX**

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 left kidney measured 8.01 cm. The right kidney measured 6.79 cm.

Neutered male

**AGE**

5 years

**Adrenal Glands**

**WEIGHT**

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 3.83 x 0.74 cm. The left adrenal gland measured 2.63 x 0.77 cm.

113 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**IMAGING PERFORMED BY**

Dr. Rodriguez

**Liver**

**HOSPITAL NAME**

Foxfield VS

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.

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

**Gastrointestinal**

92519

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**

10/20/21



**PATIENT**

**Pancreas**

Opie Corsi

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Thickened apical dorsal bladder wall thickening with micropolypoid changes.

Great Dane

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

This may be an orthopedic or neurogenic issue in this patient. However, treatment for urinary tract infection would be warranted if any inflammatory sediment is present.

Neutered male

**AGE**

5 years

**WEIGHT**

113 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

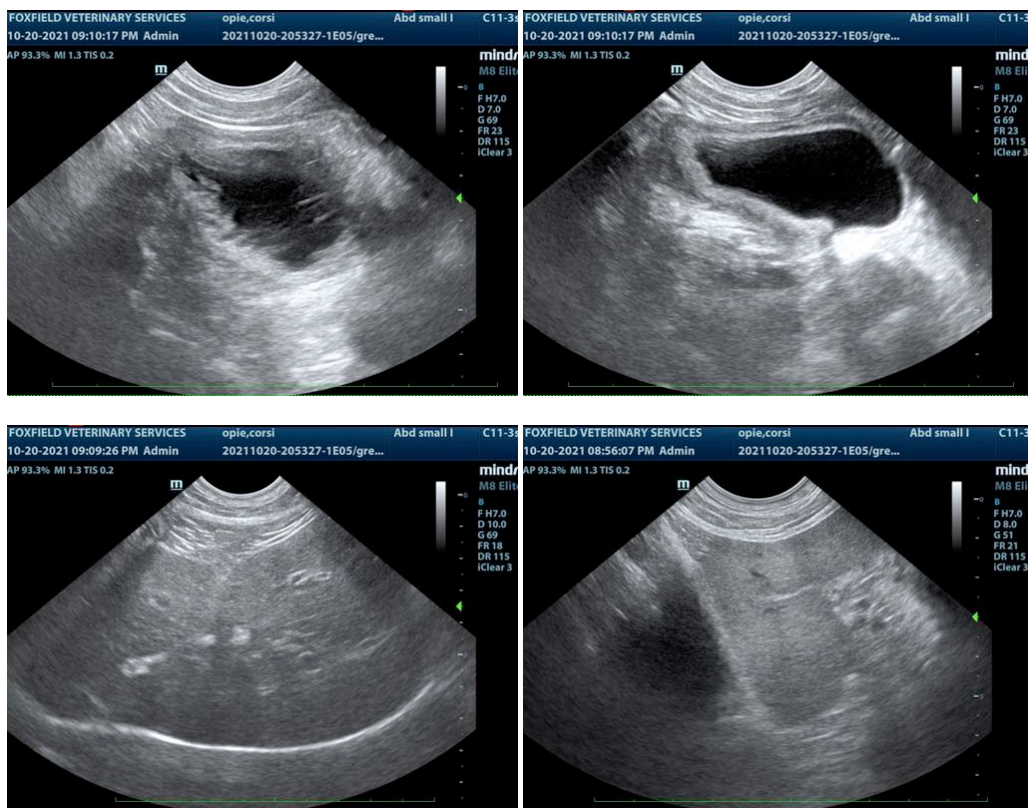
Dr. Rodriguez

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**PATIENT**

Opie Corsi

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

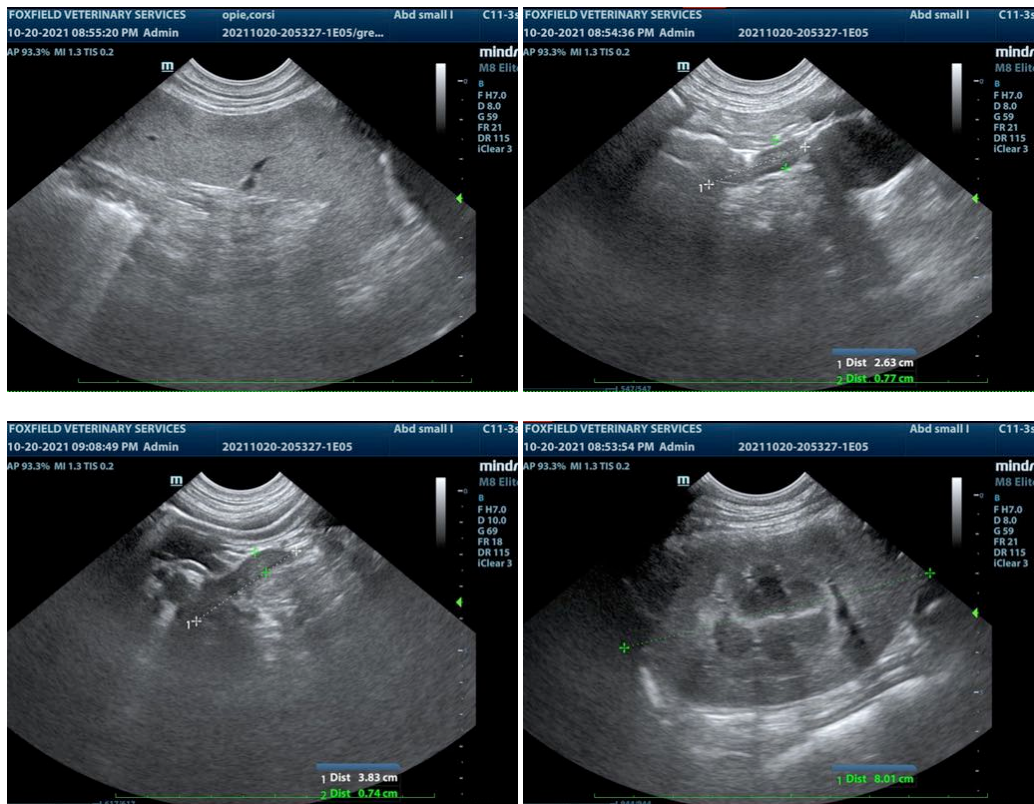
Neutered male

**AGE**

5 years

**WEIGHT**

113 lbs



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Foxfield VS

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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.

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