



PATIENT

Gilligan Balcom

SPECIES

Canine

BREED

Labrador X

SEX

Male

AGE

9 Years

WEIGHT

60.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith Animal Clinic

REFERRING VET

Dr. Faith

INVOICE

42415

DATE

10/31/22

PRESENTING CLINICAL SIGNS

Patient was treated for a UTI several weeks ago and that seemed to clear. Now for the past few weeks he has been dribbling urine uncontrollably. Owner reports that when he goes outside he will squat several times and only pass small amounts of urine. He is also leaking urine while he is sleeping. Owner reports that he is still eating and drinking but has been more lethargic lately. A 7# weight loss has been noted in the last few months. He does have a history of elevated calcium for the past year that we have been unable to find the cause of. Today radiographs were taken and there seemed to be some thickening around the urethra and we were unable to express the bladder or pass a catheter.

Abnormal PE/Chem/CBC/UA Results: Attached is the most recent UA results and the radiograph that was taken today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended with suspended debris. Deep pelvic mineralizations were lodged approximately 1-3 cm distal from the cystourethral junction. These appear to be luminal as opposed to dystrophic mural mineralization. However, distally urethral neoplasia cannot be completely ruled out. The iliac trifurcation was unremarkable.

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. Mineralization noted in both kidneys, non-obstructive. The left kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was mildly heterogeneous yet uniform. The left adrenal gland measured 0.60 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially and caudally, not pathological. 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

Minimal **liver** visualized.

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. A large amount of upper GI gas was noted. 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.



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Pancreas

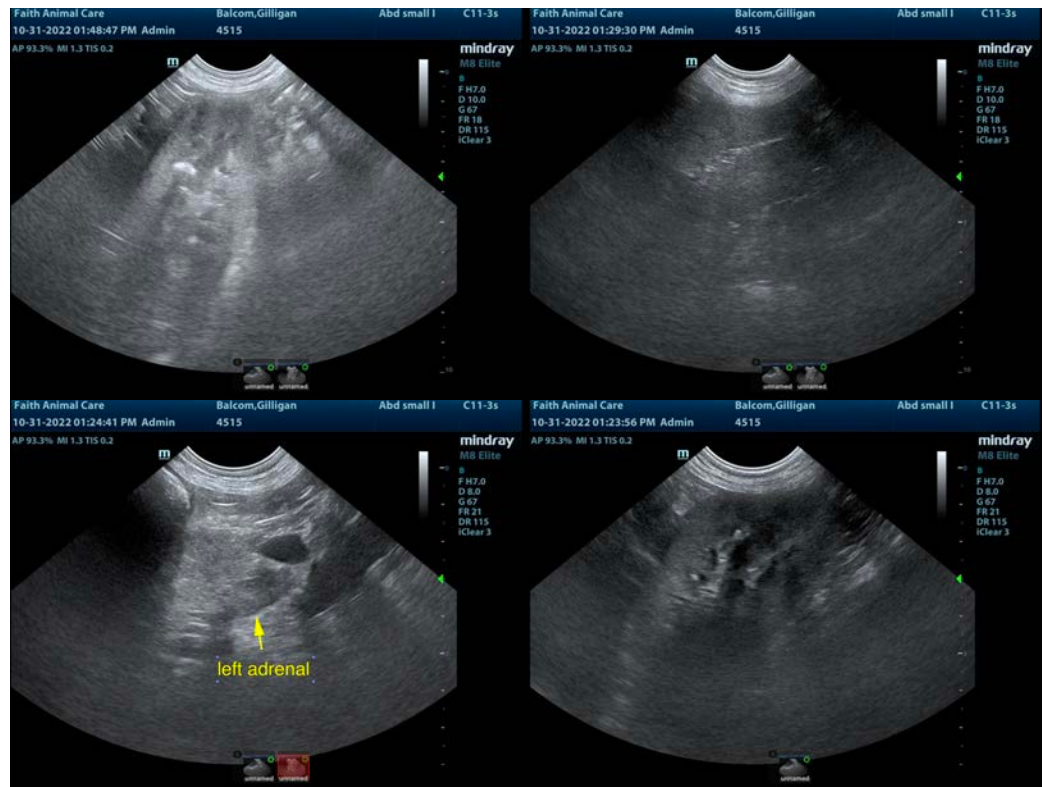
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Partially obstructed bladder/urethra owing to calculi
- Concurrent non-obstructive nephrolithiasis
- Mildly heterogeneous left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Catheter passage recommended. If obstructed with distal calculi, then retropulsion into the bladder would be warranted followed by cystotomy.





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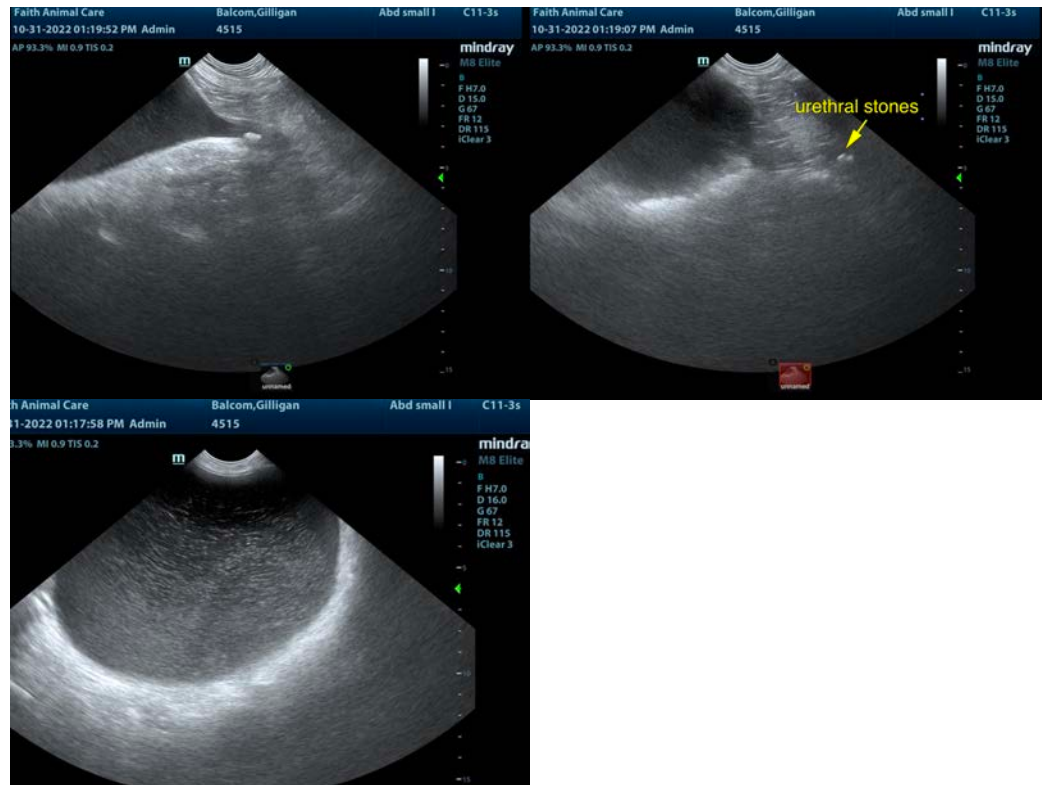
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com