



**PATIENT**

Harry Welle

**PRESENTING CLINICAL SIGNS**

Hematuria. R/O Bladder tumor vs other  
Abnormal PE/Chem/CBC/UA Results: (blood work normal ) USG 1.014, Blood 3+

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Fox Terrier

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Neutered Male

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 measures 4.6 cm. The right kidney measures 4.74 cm.

**AGE**

14 Years

**Adrenal Glands**

**WEIGHT**

20 Pounds

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 1.9 cm x 1.45 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 1.99 cm x 0.64 cm at the cranial pole and 0.54 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented multifocal hypoechoic, mildly disruptive nodules measuring up to 8.0 mm. The spleen was folded upon itself caudally.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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.

**HOSPITAL NAME**

Newton Vet Hospital

**REFERRING VET**

Dr. Bladek

**Gastrointestinal**

The **stomach** was empty. Spastic small intestine noted. Curvilinear patterns maintained. No evidence of foreign body.

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**Pancreas**

The **pancreas** revealed minor heterogeneous changes in the right limb.

**DATE**

10/31/22

**Other**

Reactive iliac lymph nodes noted, measuring 1.8 cm x 0.62 cm.



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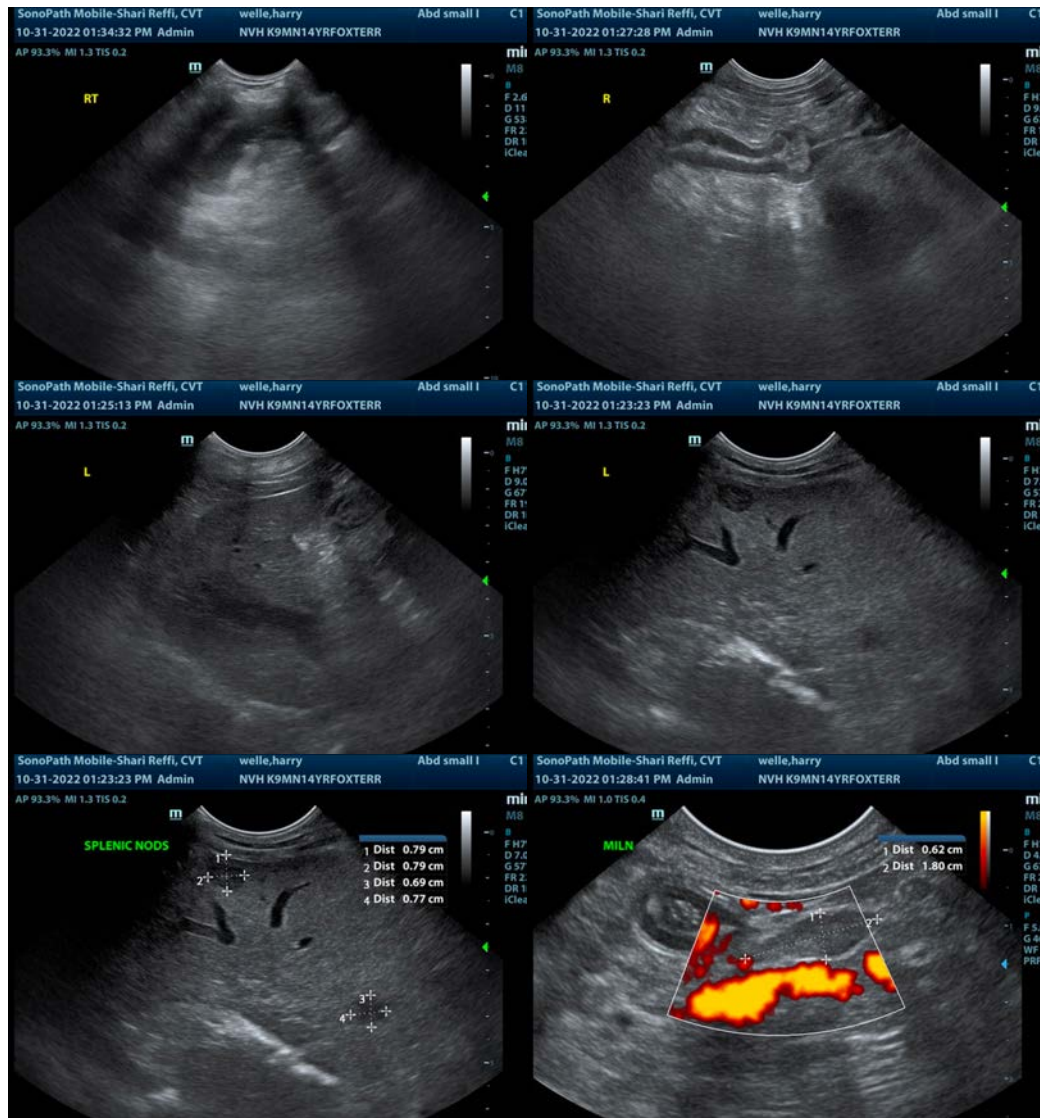
10/31/22

**ULTRASONOGRAPHIC FINDINGS**

- Spastic intestine – consistent with enteritis.
- Undefined splenic nodules
- Heterogeneous pancreas
- Reactive medial iliac lymph nodes
- Age related renal changes
- Age related hepatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the splenic nodules indicated. The cause of hematuria is unclear. History of calculus passage no longer present. Occult infection, coagulopathy, idiopathic causes all possible. Assessment for history of GI upset indicated. I recommend a fresh fecal smear and fecal floatation analysis.





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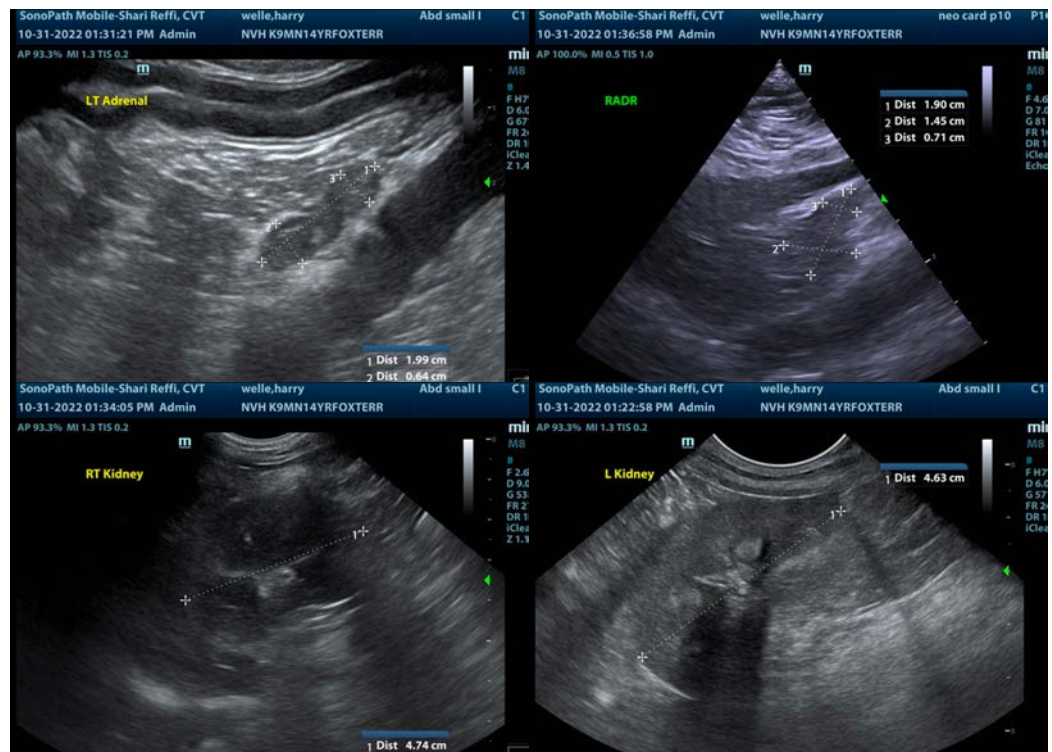
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)