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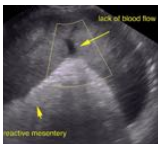
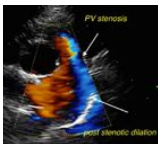
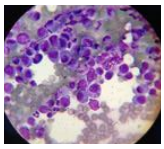
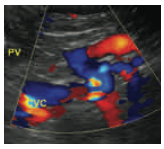

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Copley Petrocelli

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered male

AGE

4 years

WEIGHT

62 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Glenkirck AH

REFERRING VET

Dr. Jarrett

INVOICE

92215

DATE

10/6/21

PRESENTING CLINICAL SIGNS

History: Had cystotomy surgery about one month ago to remove multiple bladder stones that were Ammonium Acid urate. R/O whether these were from a liver shunt vs breed defect in purine metabolism (as seen with English bulldogs). No other symptoms reported.
CBC - WNL Chem- WNL T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multi-focal, minor wall thickening. A trace amount of sand was noted in the bladder. Otherwise, anechoic urine was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 1.22 cm.

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 5.49 cm. The left kidney measured 5.8 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 right adrenal gland measured 2.21 x 1.16 cm at the cranial pole and 1.15 cm at the caudal pole. The left adrenal gland measured 2.36 x 0.57 cm at the caudal pole and 0.57 cm at the cranial pole.

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 was noted.

Liver

The **liver** revealed slightly increased portal markings with subnormal size. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein to vena cava ratio was 1:1. The gallbladder and common bile duct were unremarkable.

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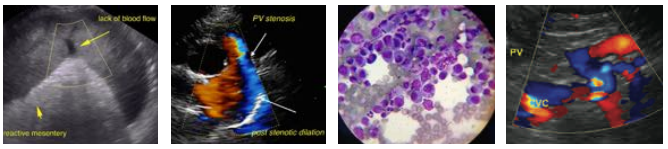

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Gastrointestinal

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.

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

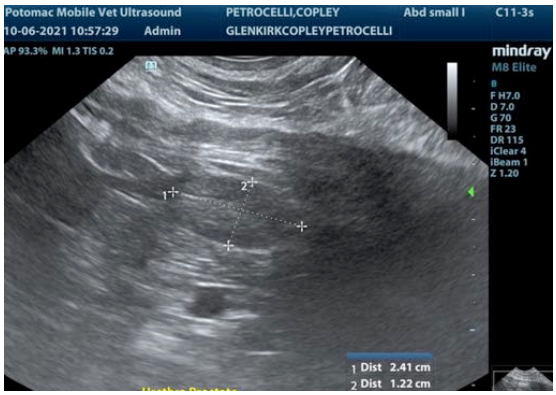
Microhepatica.

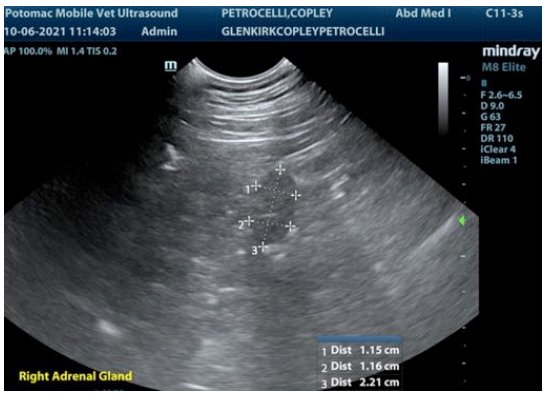
Mild hepatic remodeling.

Minor bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no obvious portosystemic shunts. Full bile acid profile +/- core liver biopsy is appropriate. The patient may be moving sand granules periodically from the kidneys to the bladder.





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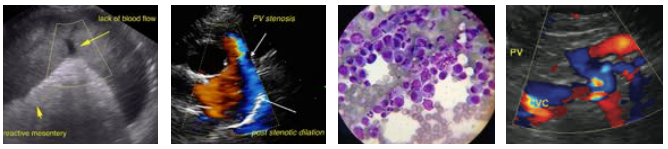

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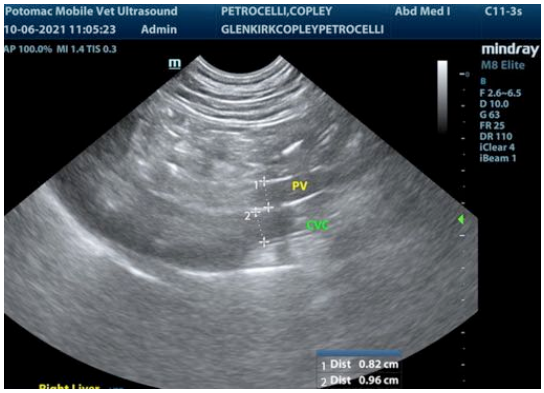

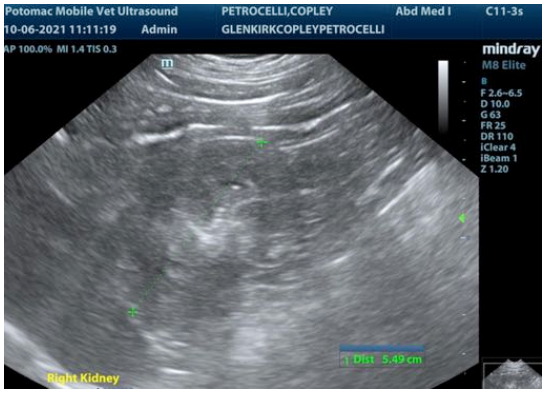

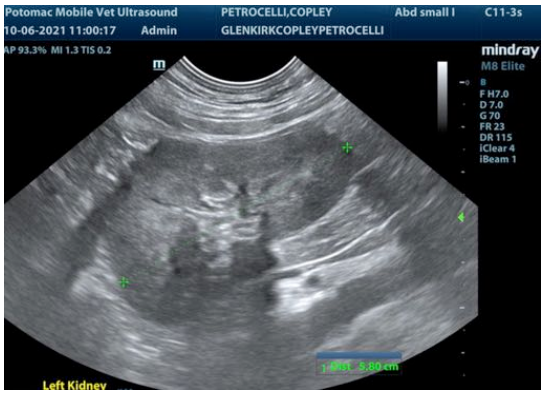

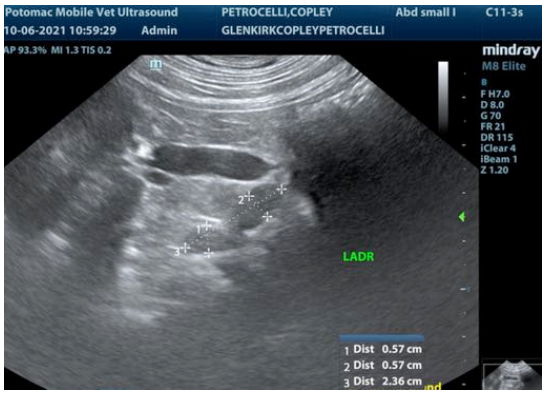

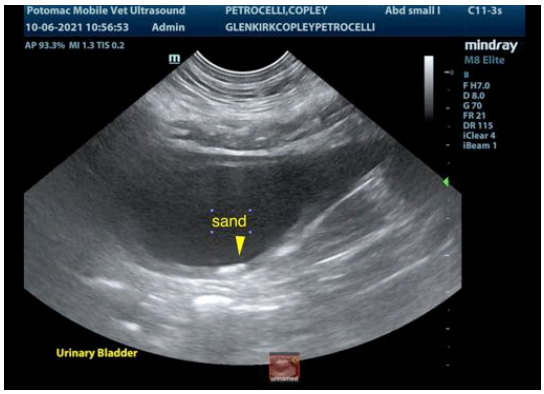

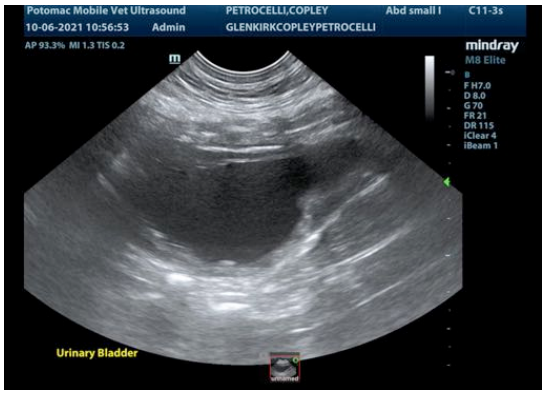

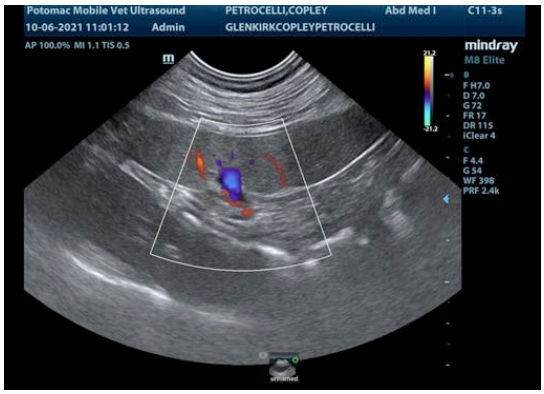

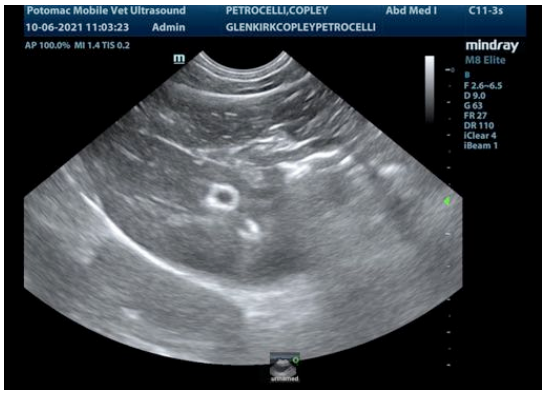

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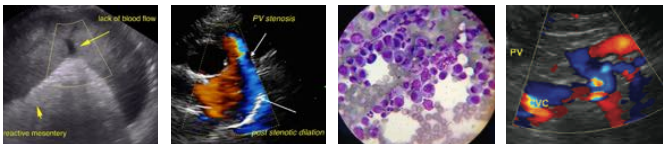

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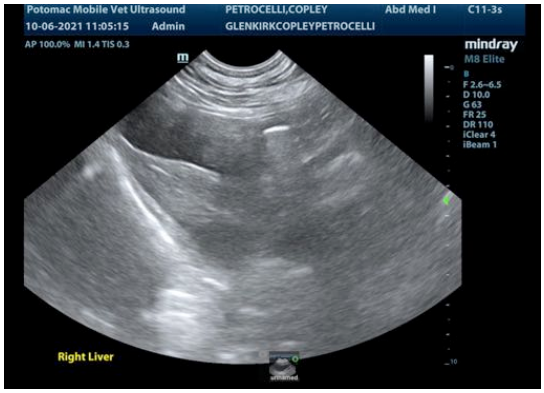

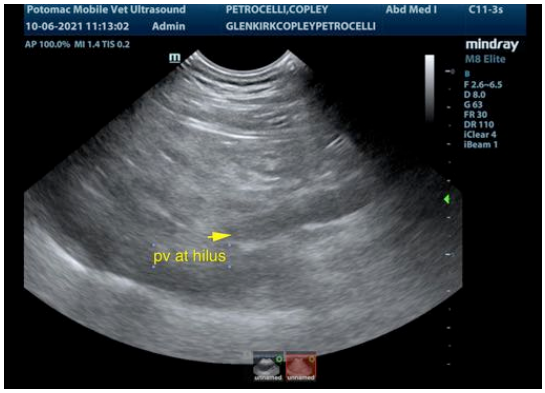

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com