

PATIENT

Lola Gomez

SPECIES

Canine

BREED

Poodle mix

SEX

Spayed female

AGE

15 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Ideal Pet VC

REFERRING VET

Dr. Kolta

INVOICE

42274

DATE

11/1/22

RESENTING CLINICAL SIGNS

History: Blood in urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of sand was noted. Grouping of which measured approximately 0.7 cm. The granules measured approximately 0.2 cm. A 1.65 cm dorsal bladder polyp was noted and appeared to be deriving from the mucosa. The muscularis was intact. The polypoid change measured 1.65 cm.

The **right kidney** revealed moderate degenerative changes with corticomedullary calculi and minor infarcts. Pyelectasia was noted in the right kidney and measured 0.82 x 0.2 cm. The right kidney measured 4.5 cm. The left kidney was severely dystrophic with pyelectasia and cortical collapse and moderate degenerative changes. The left kidney measured 3.78 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 1.48 x 0.47 cm at the caudal pole and 0.42 cm at the cranial pole. The left adrenal gland measured 0.6 cm at the caudal pole and 0.47 cm at the cranial pole and 1.75 cm in length.

Spleen

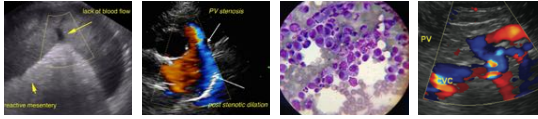
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The gallbladder revealed a minor amount of debris, yet was not pathological.

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.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

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Apical dorsal bladder polyp with a minor amount of sand, appears resectable.

Moderate degenerative renal changes with pyelectasia, non-obstructive calculi and infarcts. Subjectively the kidneys appear to be 50-60% compromised.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Cystoscopy would be ideal to obtain mucosal biopsies and potentially flush the bladder or surgical intervention with partial bladder cystectomy and bladder lavage. Culture and sensitivity is indicated. The patient has likely been passing calculi periodically with secondary periodic obstructive renal disease and secondary degenerative infarcts and fibrosis.

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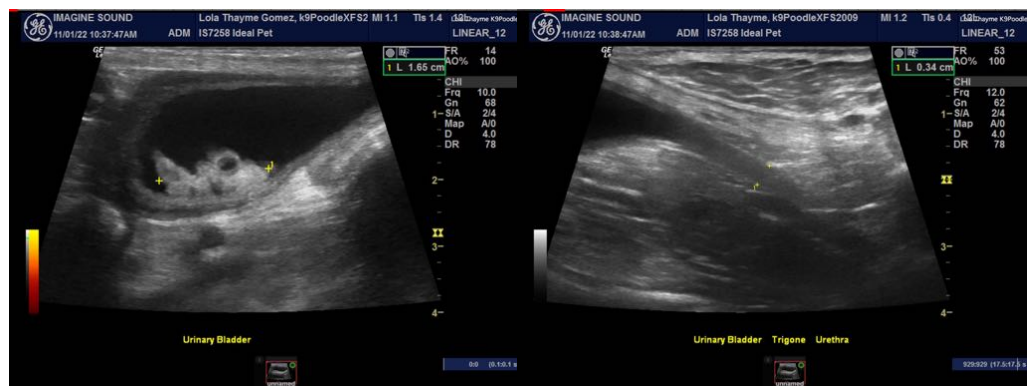
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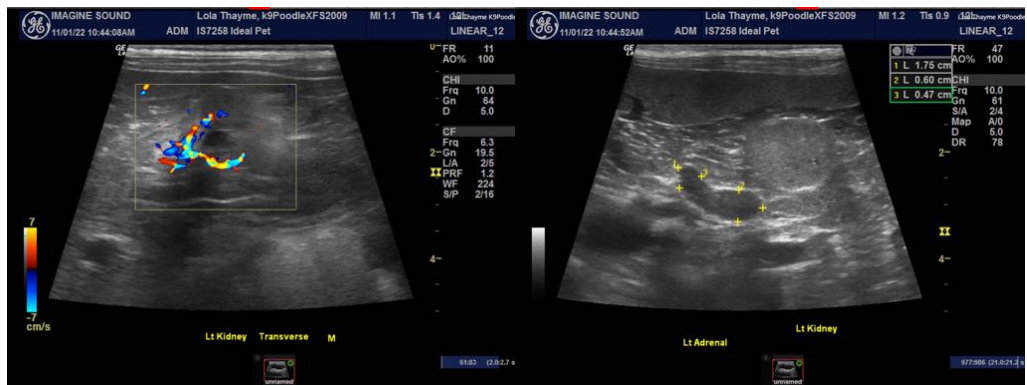
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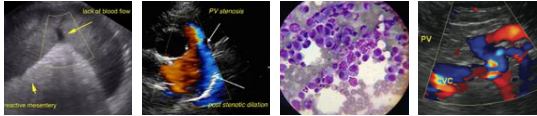
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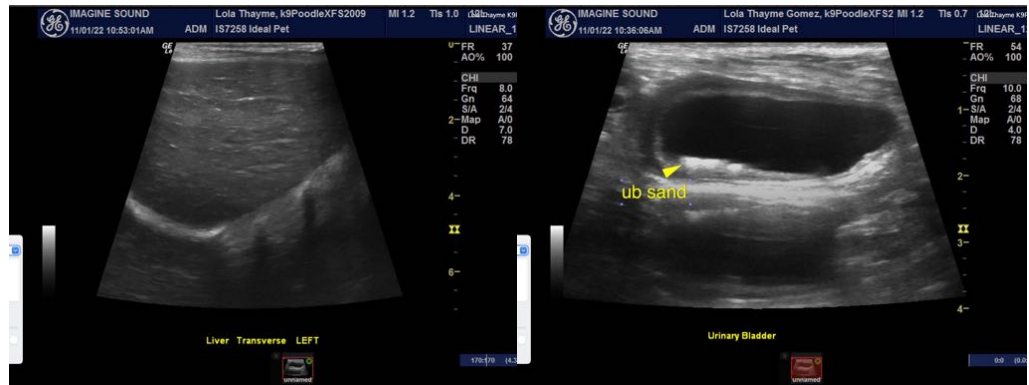
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com