

**DATE PRESENTING CLINICAL SIGNS**

11/16/21 History: Hematuria that won't clear. Radiographs negative for stones.

PATIENT Current Medications: Convenia 80 mg/mL - 0.45 mL sq

Betsy Russell Radiographs: Radiographs negative for stones.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

2008

WEIGHT

10.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

29844

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** presented cortical infarcts and cortical remodeling. The right kidney presented pyelectasia (0.55 cm) and ill-defined pelvic fat, suggestive for pyelonephritis. The left kidney presented pyelectasia of 0.40 cm. The left kidney measured 2.91 cm. The right kidney measured 4.06 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 left adrenal gland measured 1.79 cm x 0.62 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 1.64 cm x 0.74 cm at the cranial pole and 0.6 cm at the caudal 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 were noted.

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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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. A mesenteric lymph node was enlarged, rounded and hypoechoic, measuring 1.22 cm x 0.88 cm.

Pancreas

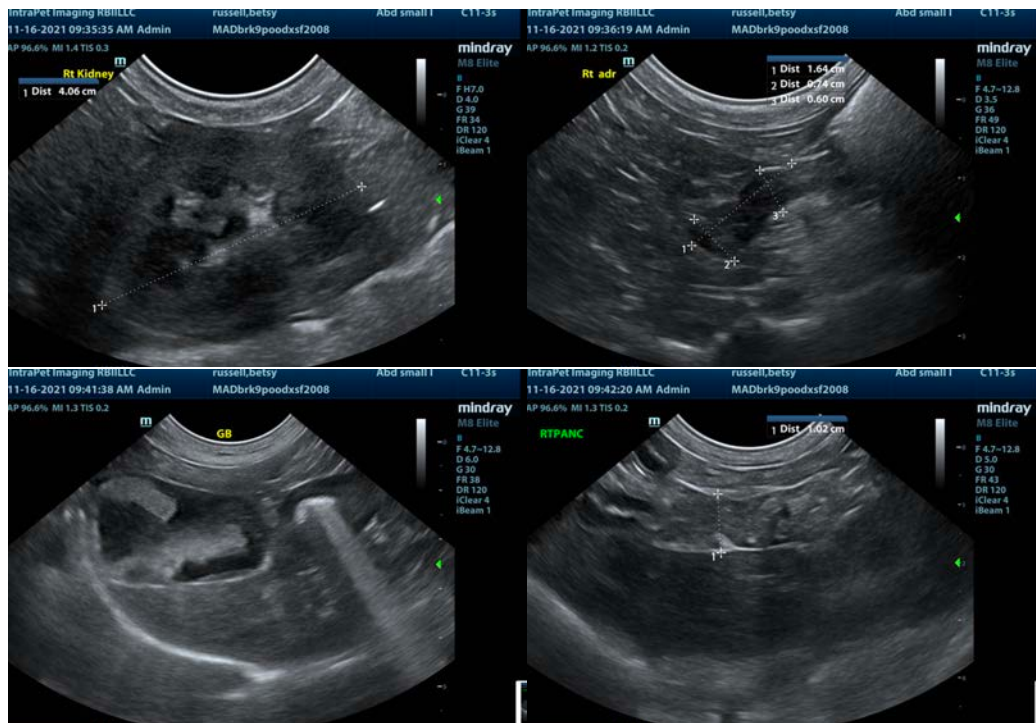
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

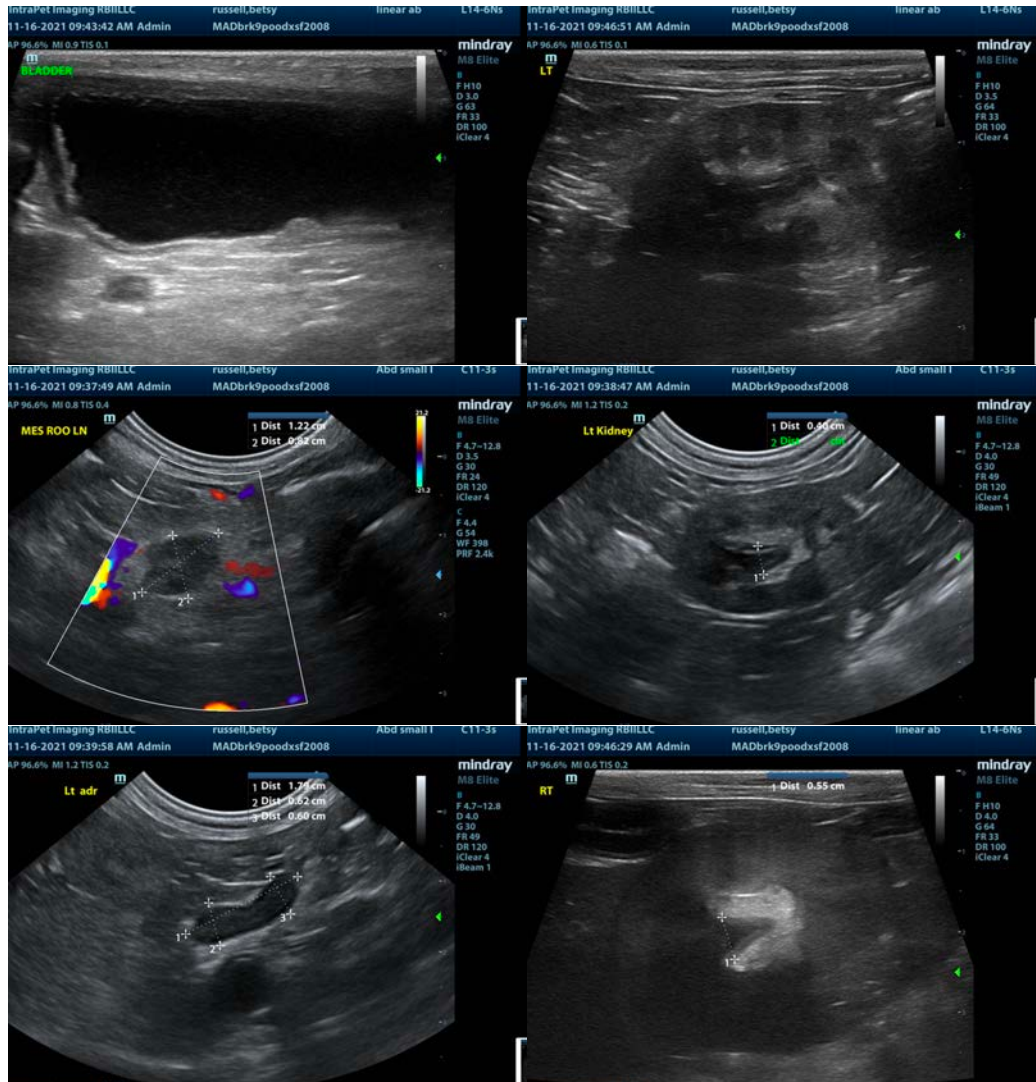
ULTRASONOGRAPHIC FINDINGS

- Chronic pyelonephritis renal pattern with infarcts and mineralization
- Cystitis bladder pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infection, infarcts, cystitis all possible causes of hematuria in this patient. Urine culture and sensitivity recommended. Enrofloxacin trial over a 4 week period could be considered. Ursodiol therapy warranted given the gallbladder presentation. No evidence of or suspicion of neoplasia.





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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