



**PATIENT PRESENTING CLINICAL SIGNS**

Gus Grotti suddenly growling/agitated at random things

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

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.

**BREED**

Lab

The **kidneys** presented mild moderate degenerative changes with pyelectasia and irregular renal pelvises. The left kidney measured 7.06 cm. The right kidney measured 7.0 cm. Blood flow to the kidneys appeared to be adequate.

**SEX**

Neutered Male

**Adrenal Glands**

**AGE**

3 Years

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 2.43 cm x 1.4 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 2.11 cm x 0.51 cm at the caudal pole and 0.71 cm at the cranial pole.

**WEIGHT**

81.5 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Liver**

**IMAGING PERFORMED BY**

Jenn

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

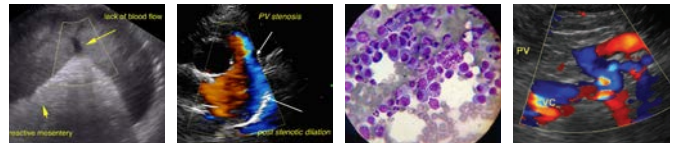
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**Pancreas**

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.

**DATE**

11/2/22



**PATIENT**

Gus Grotti

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific bilateral renal pyelectasia and slight disorganized architecture – mild form of renal dysplasia possible. Underlying infection also a potential.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup warranted if not already performed. Unremarkable abdomen otherwise. No evidence of pathology directly related to the clinical history.

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Lab

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**AGE**

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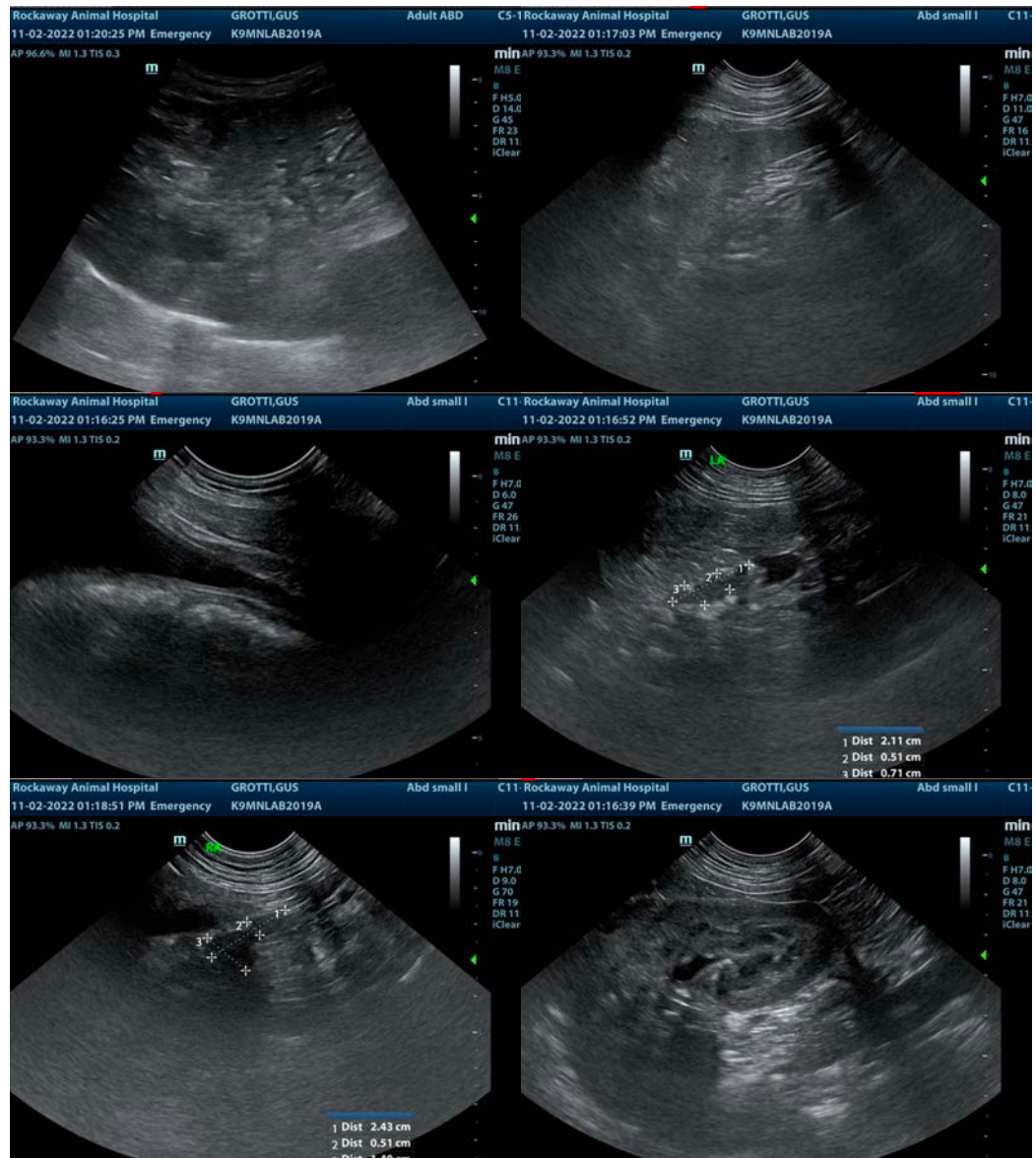
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**PATIENT**

Gus Grotti

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.

**SPECIES**

Canine

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)

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Lab

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