



**PATIENT**

Spyce Stevenson

**PRESENTING CLINICAL SIGNS**

History: Presents for urinary concerns. Had blood in urine but no crystals, rechecking today. Not dramatically improved. Bloodwork showed elevated SDMA but no other abnormalities.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Boxer

The **urinary bladder** presented ventral apical bladder polyps and wall thickness with concurrent bladder sand and small calculi. Sand and small calculi as a grouping measured up to 1.0 cm.

**SEX**

Spayed female

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. Both kidneys measured 6.0 cm.

**AGE**

6 years

**Adrenal Glands**

The left **adrenal gland** was 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 0.4 cm. The right adrenal gland was not visualized.

**WEIGHT**

66 lbs

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**IMAGING PERFORMED BY**

Dr. Ryan

**HOSPITAL NAME**

City Vets Uptown

**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.

**REFERRING VET**

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**INVOICE**

42786

**Gastrointestinal**

**DATE**

11/29/22

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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large intestine demonstrated normal luminal chyme and stool consistency respectively. Excessive gas was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

**BREED**

Boxer

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Bladder calculi and cystitis pattern.

**AGE**

6 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy, stone analysis and ventral bladder wall biopsy and/or resection of the ventral apical wall would be ideal. There is a minor potential for carcinoma, likely polypoid hyperplasia. Assessment of the vaginal vestibule for urine pooling and recessed vulva as predisposing issues to UTI is recommended. Medical management can be considered with urine culture and sensitivity. Cytospin of the free catch urine can be considered to assess for abnormal transitional cells. If medical management is selected instead of cystotomy then a recheck sonogram is recommended after 4-6 weeks of therapy and coverage for UTI as well as possible diet change.

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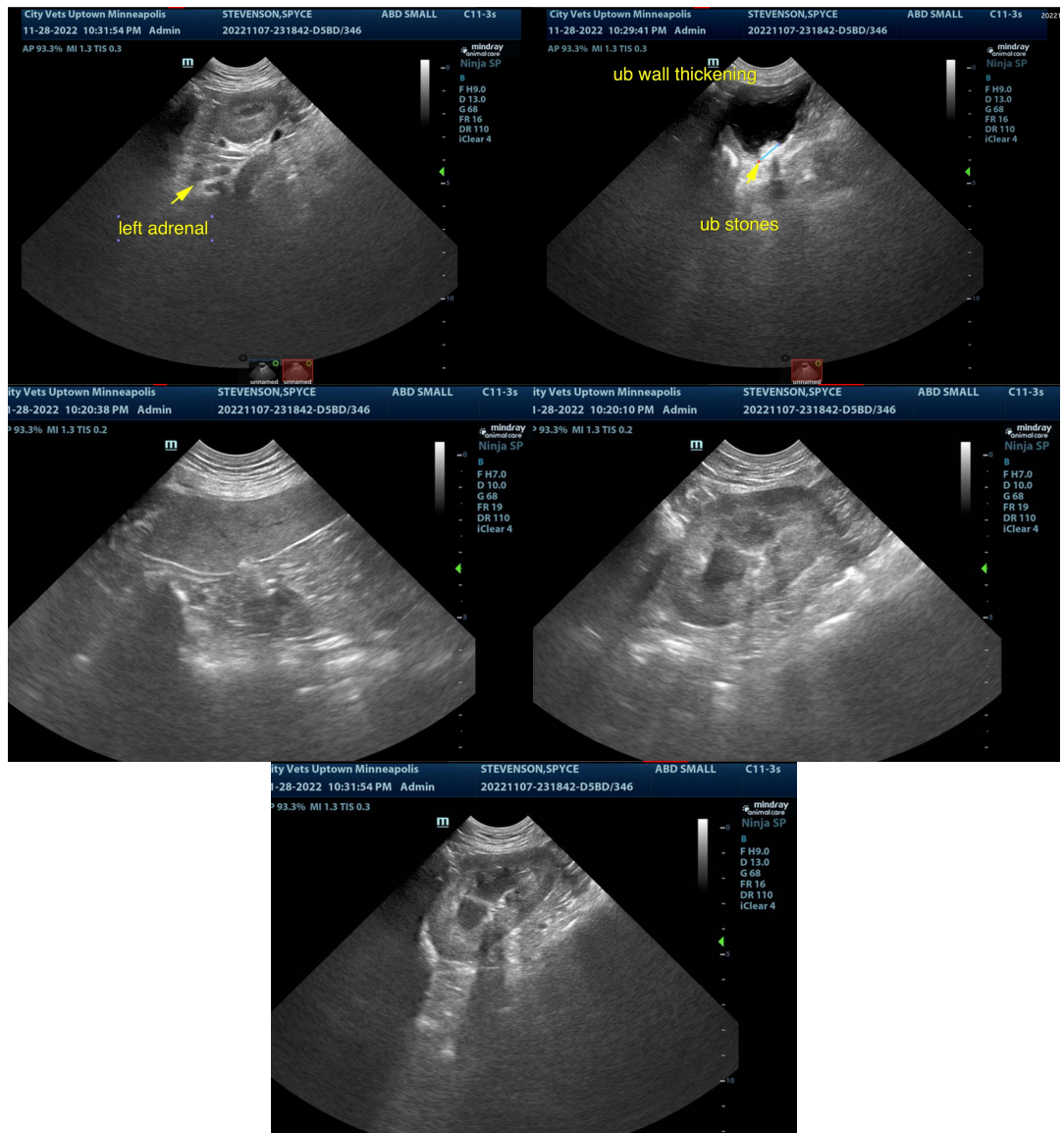
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Spyce Stevenson

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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