



PATIENT

Kendra Kuitems

SPECIES

Canine

BREED

Wheaton

SEX

Spayed female

AGE

8 years

WEIGHT

35.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Isabel Plourde

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Rowan

INVOICE

43126

DATE

12/15/22

PRESENTING CLINICAL SIGNS

History: Kendra is an 8yo SF soft coated wheaten terrier who presented on 12/12 for acute hematuria. PE WNL except for blood clots noted in hair surrounding vulva. Urine culture is pending, preliminary results show e coli growth. Focal bladder ultrasound revealed severe thickening of the bladder wall at the apex with rounded polyp-like masses filled with fluid. CBC run day of was WNL. Patient was started on simplicef and owner reports hematuria has since resolved. Relevant history: IBD, gallbladder ruptured and removed 6/2021, numerous drug reactions since gallbladder removal. Abnormal PE/Chem/CBC/UA Results: Hematuria severely thickened apex of bladder with likely blood clots as those are now gone preliminary culture shows E. coli.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 5.1 cm with slight pinpoint mineralization.

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 0.55 cm. The right adrenal gland measured 0.6 cm at the cranial pole and measured 0.4 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 was noted.

Liver

The **liver** revealed lobar biliary calculi. The largest of which measured 1.0 cm in the right medial liver and was non-obstructive at the time of the sonogram. The gallbladder presented acceptably thin walls



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with primarily anechoic content. A separate calculus was noted in the common bile duct and was non-obstructive. The common bile duct was at the upper limits of normal and measured 0.46 cm. The calculus measured 0.6 cm.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Lobar biliary and common bile duct biliary calculi, non-obstructive at the time of the sonogram. Future obstruction may occur.

Minor renal mineralization.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Minor bladder thickening, no overt calculi noted at the time of the sonogram.

IMAGING PERFORMED BY

Isabel Plourde

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management with Ursodiol may prove effective, yet is highly variable from patient to patient. The patient may be passing small calculi periodically. The hematuria is likely owing to passing calculi; however, underlying UTI may be playing a role. A recheck sonogram is recommended after 8 weeks of Ursodiol therapy to assess any resolution in the biliary calculi.

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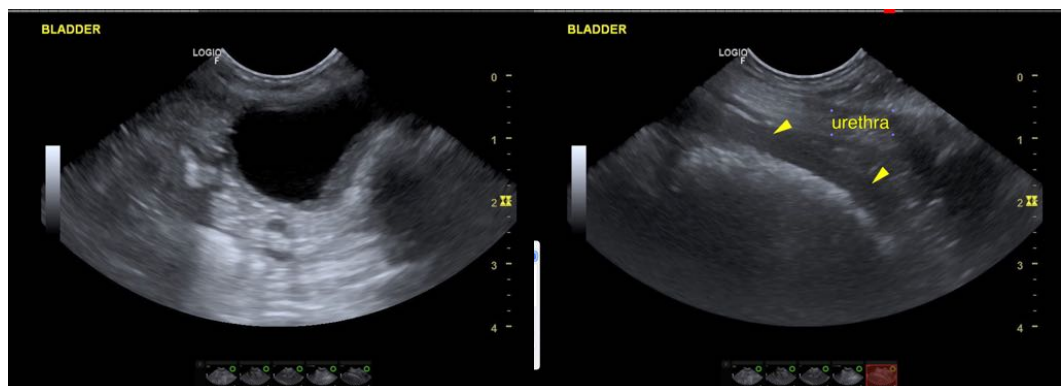
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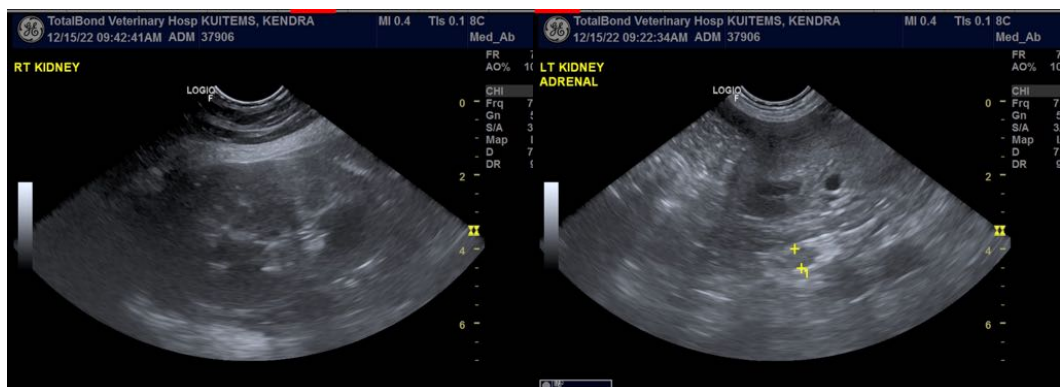
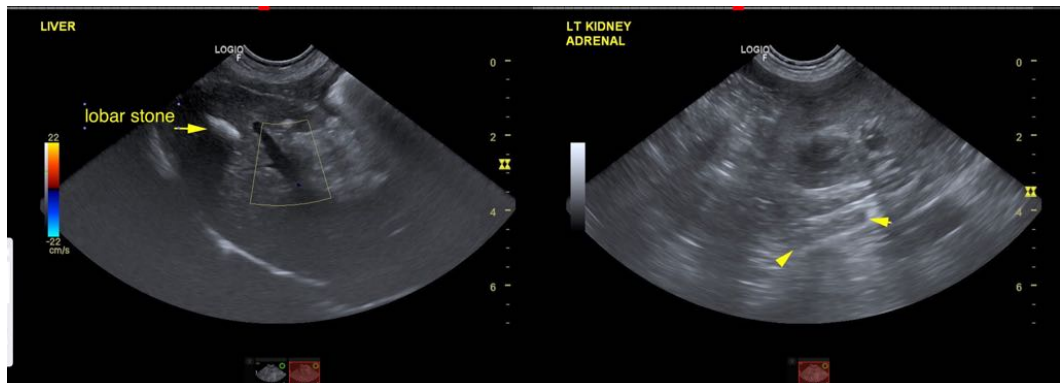
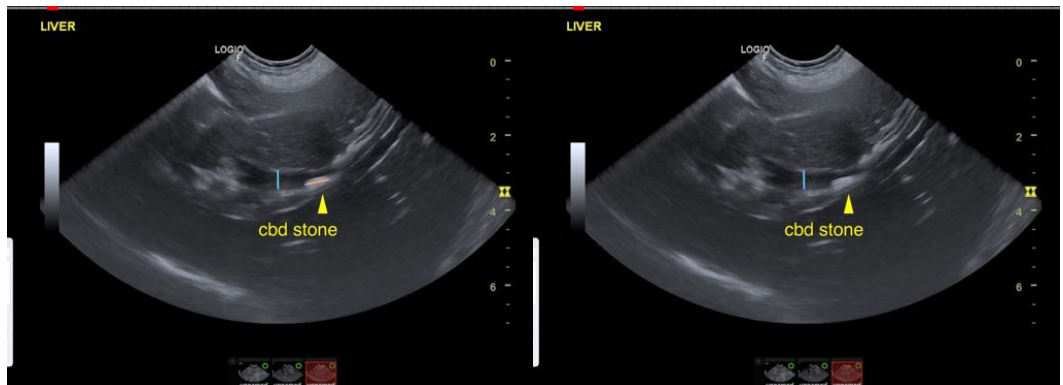
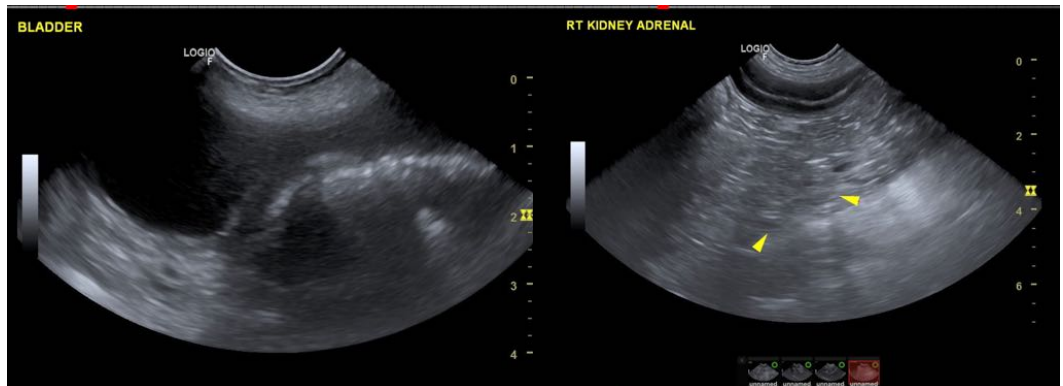
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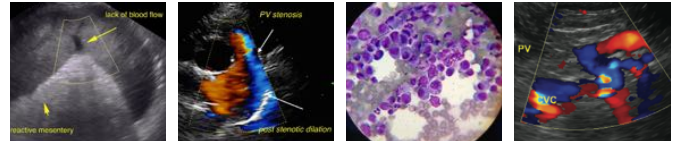
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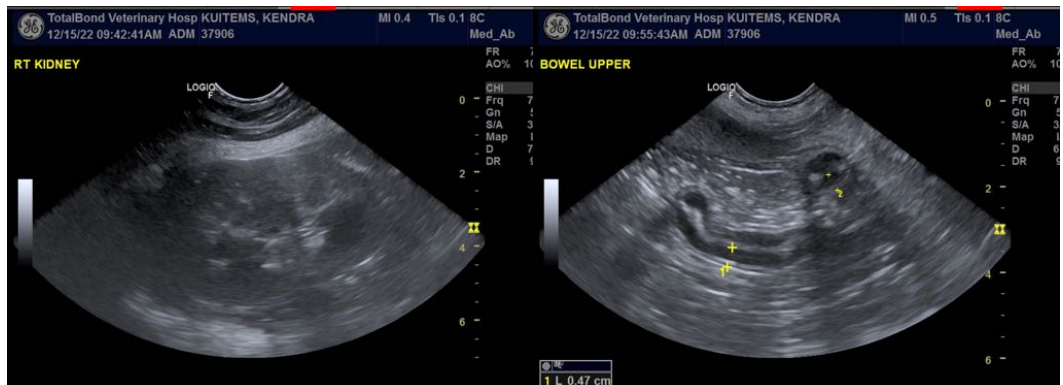
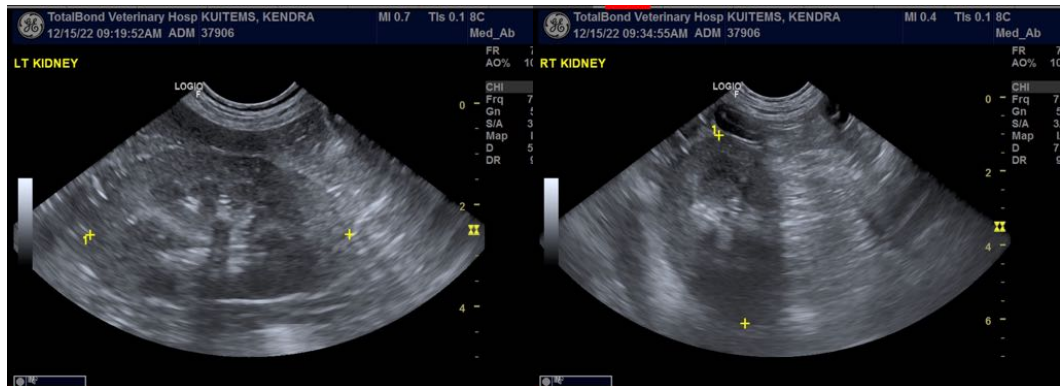
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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