



PATIENT

Rusty Grossman

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered male

AGE

5 years

WEIGHT

43 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Khodari

INVOICE

94284

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Patient with history of Leishmaniasis (dog from Spain), and PLN (resolved), presents for slow urination. Current meds: Allopurinol, B12, and fish oils. Concern for possible formation of Xanthine stones vs. other.

Abnormal PE/Chem/CBC/UA Results: U/A: WNL. UPUC 0.1, USG. 1.041.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 1.9 cm grouping of sand and calculi. The bladder wall was mildly thickened at the apical ventral wall. There was no evidence of obstructive disease noted. The proximal and medial post prostatic urethra was unremarkable. However, the distal urethra prior to the os penis revealed multiple calculi. This may necessitate urethrotomy for removal. The residual prostate measured 0.85 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Multi-focal, mineralization was noted and non-obstructive. The right kidney measured 4.86 cm. The left kidney measured 5.13 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 1.76 x 0.68 cm at the caudal pole and 0.92 cm at the cranial pole. The left adrenal gland measured 1.72 x 0.67 cm at the caudal pole and 0.6 cm at the cranial 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** 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.



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Gastrointestinal

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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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Neutered male

ULTRASONOGRAPHIC FINDINGS

Distal urethral calculi, bladder calculi.

AGE

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Mild renal calculi non-obstructive.

WEIGHT

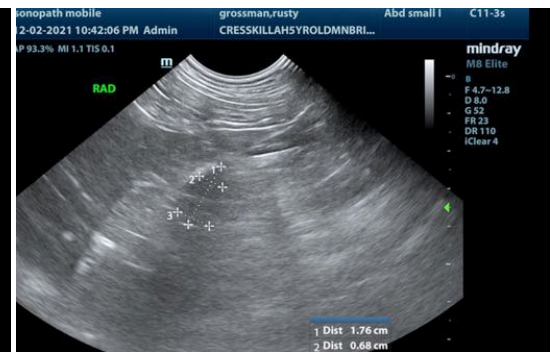
43 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy and catheterization is recommended. Urethrotomy may be necessary for removal of the urethral calculi.

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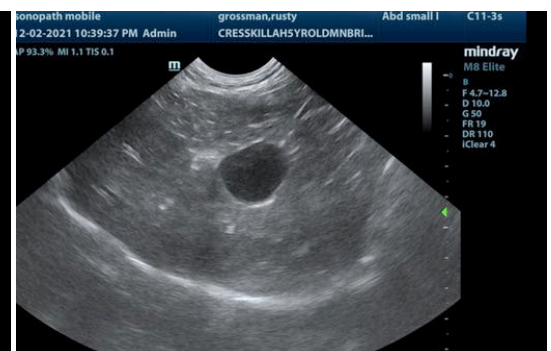


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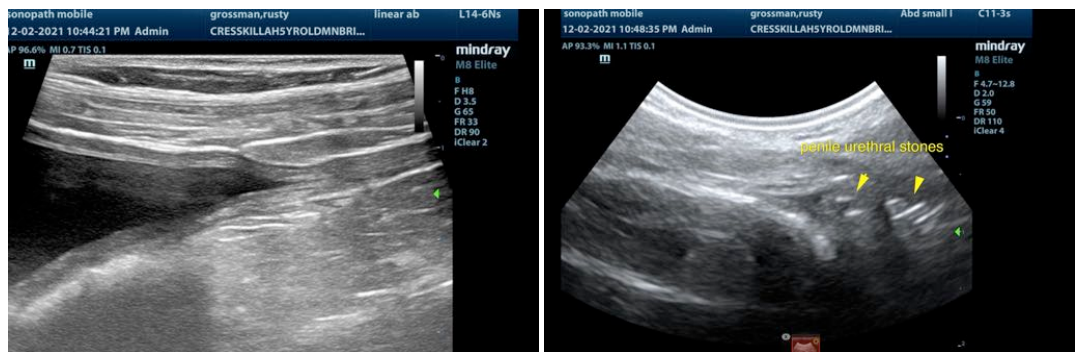
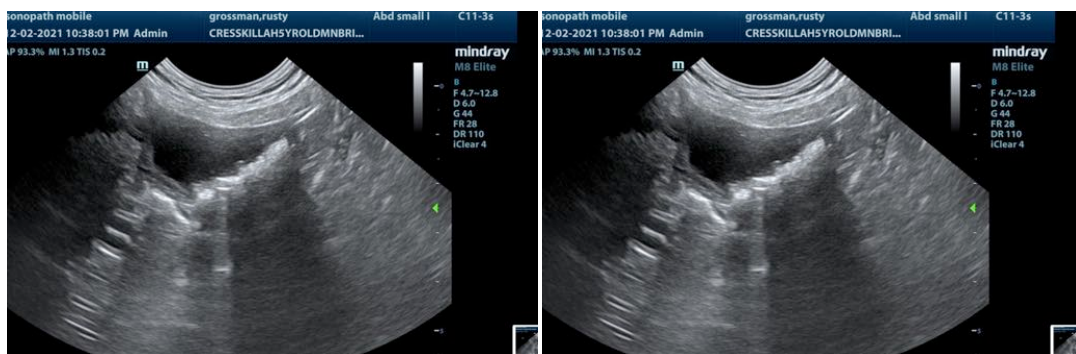
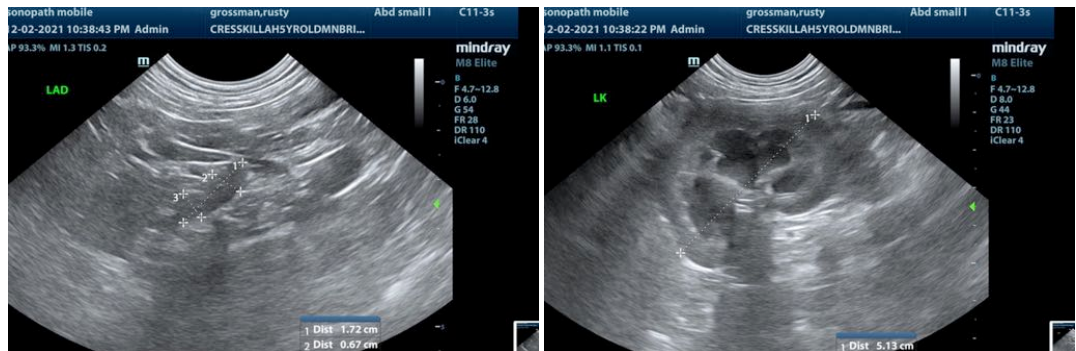
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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