



PATIENT

Bell Williams

PRESENTING CLINICAL SIGNS

11-21-21 hematuria- treated with Enrofloxacin. sent out UA, rods/WBC/RBC in urine cleared up. 12-17-21 hematuria again, RBC, WBC, no bacteria. urine culture still pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bulldog Mix

The **urinary bladder** revealed an apical ventral wall thickening at moderate repletion. The bladder wall measured up to 1.0 cm with mural remodeling. The urinary bladder revealed normal cystourethral junction, urethra and minor amount of dependent debris.

SEX

Spayed Female

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. The right kidney measured 6.05 cm.

AGE

7 years

WEIGHT

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV
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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The splenic vasculature revealed an isoechoic luminal occupation of approximately 1.0 cm at the splenic hilus. This may represent splenic thrombosis. Power Doppler assessment of this region is recommended. Other hypoechoic nodular changes were noted in the spleen. One nodule presented target type appearance that measured 1.0 cm.

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville AH

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

Dr. Luttrell

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Gastrointestinal

DATE

12/20/21

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



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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.

BREED

Bulldog Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Splenic nodule and possible splenic thrombus.

Chronic cystitis bladder pattern.

Otherwise, age related abdominal changes.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging and FNA of the splenic nodule is recommended. If splenic thrombosis is confirmed on power Doppler assessment full coagulation panel is warranted. However, this is only assessed in the still image and may be artifactual. Urine culture and sensitivity is also recommended. The potential of bladder neoplasia is minimal. Splenic nodular hyperplasia, round cell neoplasia and emerging hemangiosarcoma are all possible.

WEIGHT

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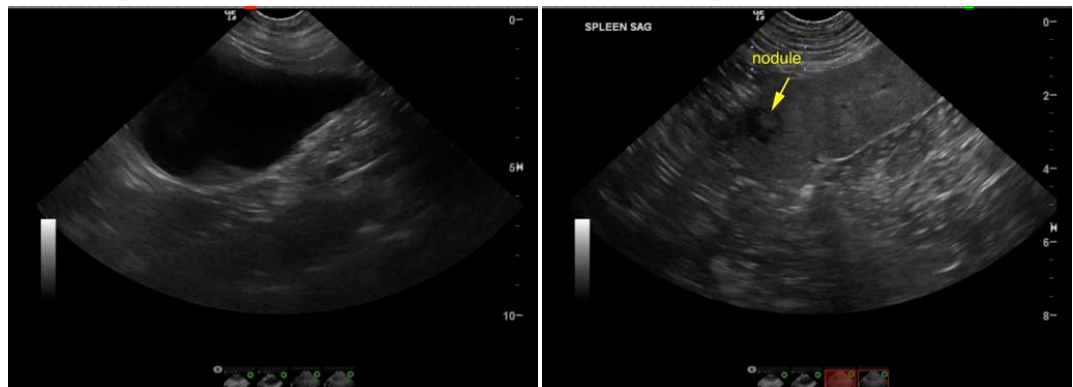
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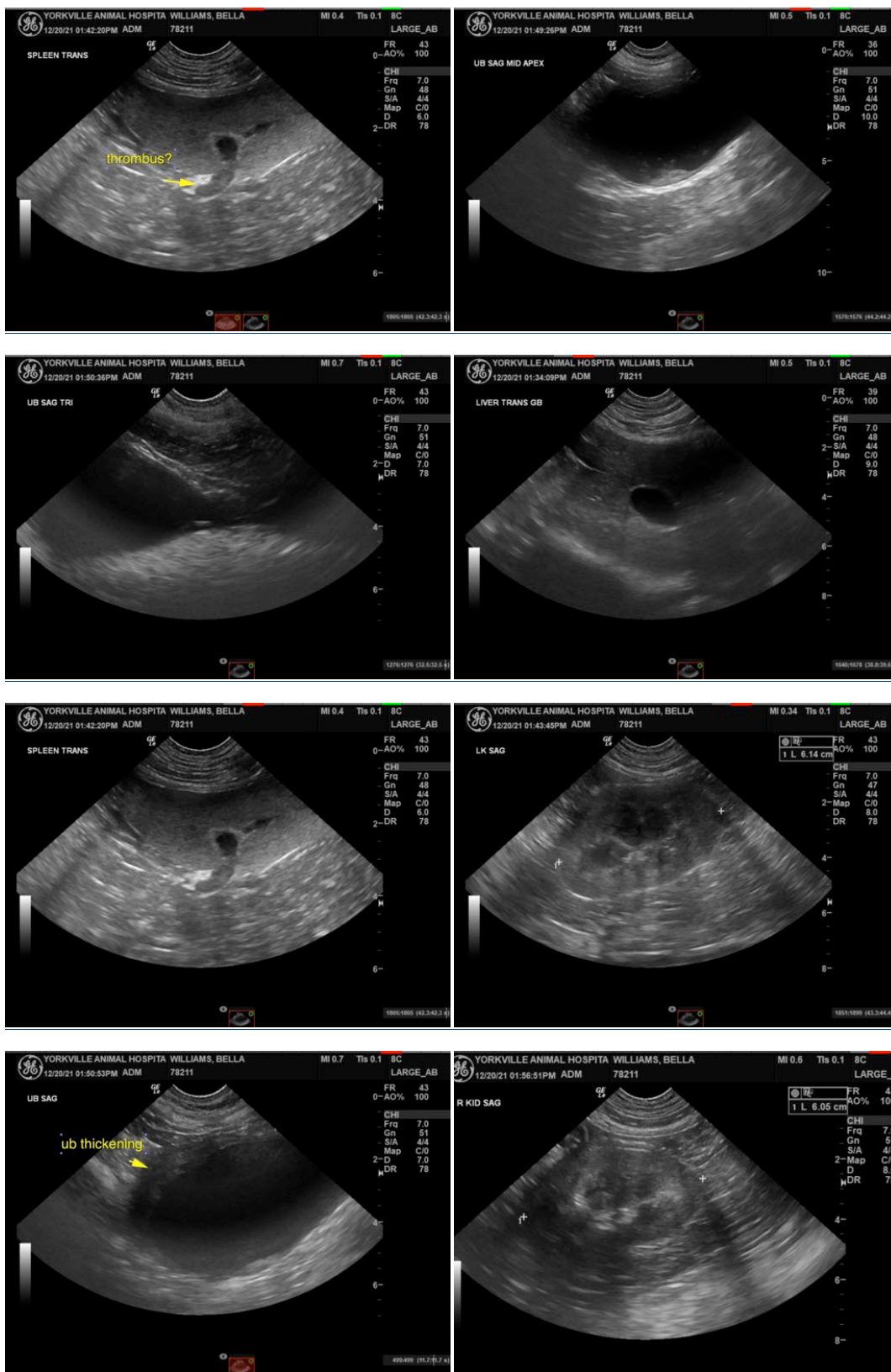
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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