



PATIENT

Star Lewien

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

33735

DATE

12/27/21

PRESENTING CLINICAL SIGNS

Hematuria with blood clots and pink urine today. Recurrent signs of urinary tract infection treated with clavamox and simplicef at referring hospital. Having accidents in the house for some weeks now and getting worse.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 5/5. Worn teeth. Small meibomian adenomas on upper eyelids and small lipoma on skin. Full labs pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi, the largest of which measured approximately 1.5 cm. A minimal amount of urine was present at the time of the sonogram. Uniform bladder wall thickening was present. No obvious masses. However, some of the bladder wall was obscured by shadowing calculi. The pelvic urethra was free of evident pathology.

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. The left kidney measured 8.28 cm. The right kidney measured 6.77 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 left adrenal gland measured 3.16 cm x 0.63 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.56 cm x 0.53 cm at the caudal pole and 0.78 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 were noted.

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.

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

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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.

SPECIES

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ULTRASONOGRAPHIC FINDINGS

- Multiple bladder calculi, mild chronic cystitis pattern, no obvious evidence of masses
- Age related abdominal changes elsewhere

BREED

Golden Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis, bladder wall biopsy and stone culture all indicated. Given the chronic bladder wall changes, 4 week antibiotic protocol will likely be necessary post cystotomy.

SEX

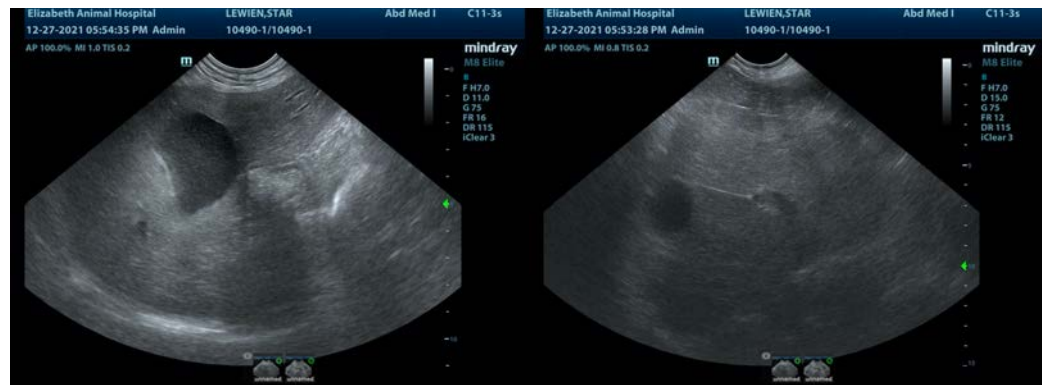
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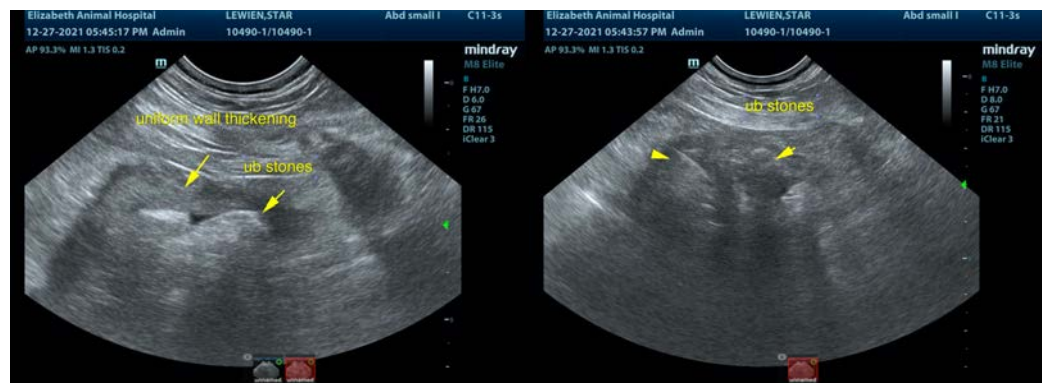
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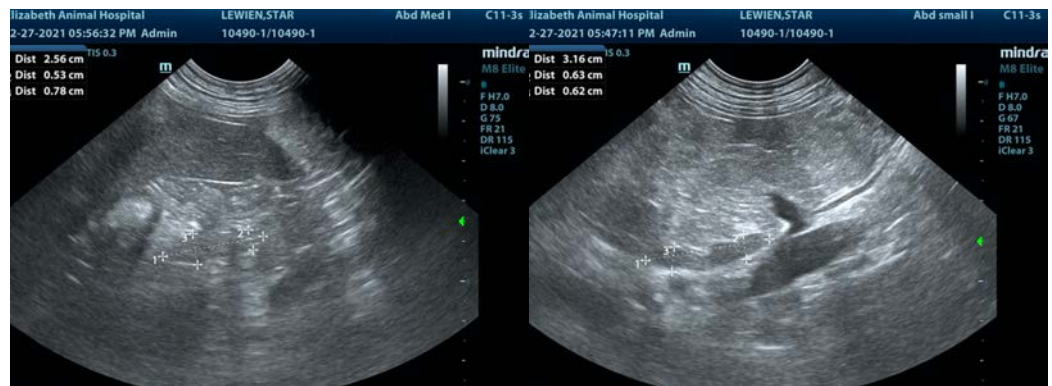
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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