

**DATE**

12/28/21

PRESENTING CLINICAL SIGNS

History: Gastritis, urinary tract infection at emergency hospital 12/11/21

History of allergy - eating select protein diet, has been on Apoquel and steroids (Medrol or Temaril-P) in the past. Emergency vet noted a large amount of sediment in the urine.

PATIENT

Camden McCausland

Current Medications: Cefpodoxime 50mg Q24 hrs x 14 days, Gabapentin, Cerenia, Famotidine, Buprenorphine, Cytopoint 12/2/21.

SPECIES

Lab Results: 12/11/21 UA Sg 1.050, Prt 7.0, WBC < 1 per hpf, RBC < 1 per hpf. cocci suspected; Urine culture - no growth; Chemistry normal - Alb 2.7; CBC stress leukogram.

Canine

Radiographs: no bladder stones apparent.

BREED

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Bichon Frise

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Stat Requested.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/2/16

Urinary System

The **urinary bladder** and pelvic urethra revealed sand accumulation, non-obstructive. No large calculi noted. Sand accumulation measured approximately 2 cm in the bladder as well as 2 cm in length in the urethra. Floating debris/"ghosts" were also present. The bladder wall itself was unremarkable.

WEIGHT

11 Lbs.

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 3.96 cm. The right kidney measured 3.98 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 2.11 cm x 0.34 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 1.58 cm x 0.39 cm at the caudal pole and 0.58 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.

HOSPITAL NAME

Jacksonville VC

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

REFERRING VET

Dr. Burk

INVOICE

13191

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Pancreas

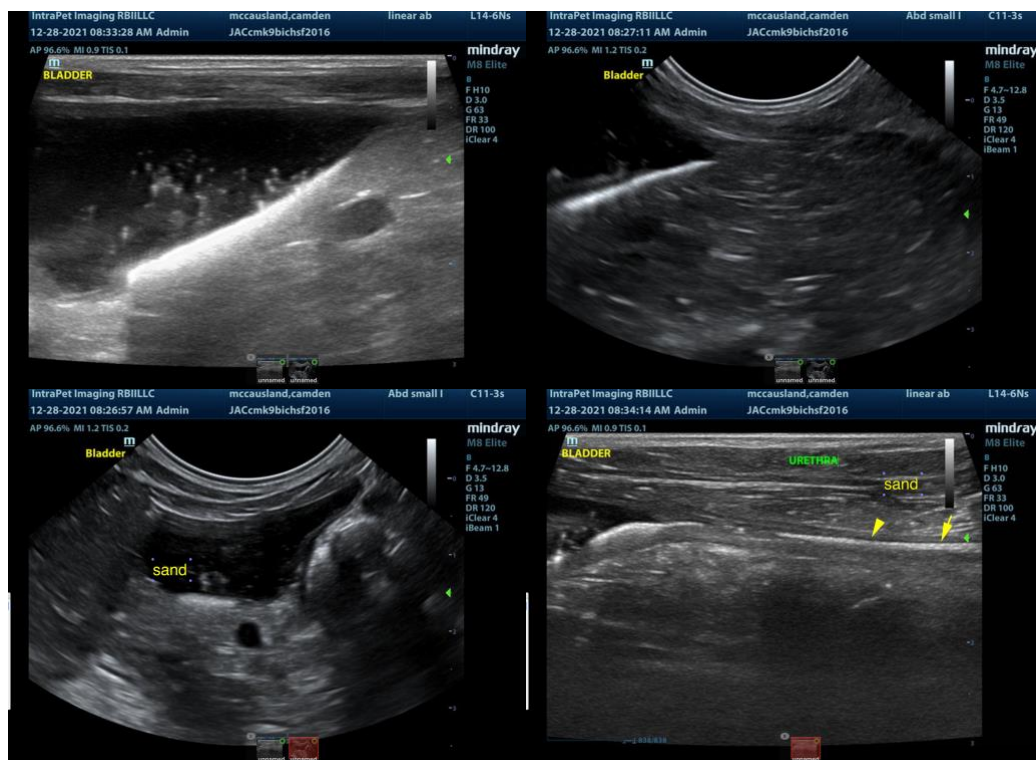
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

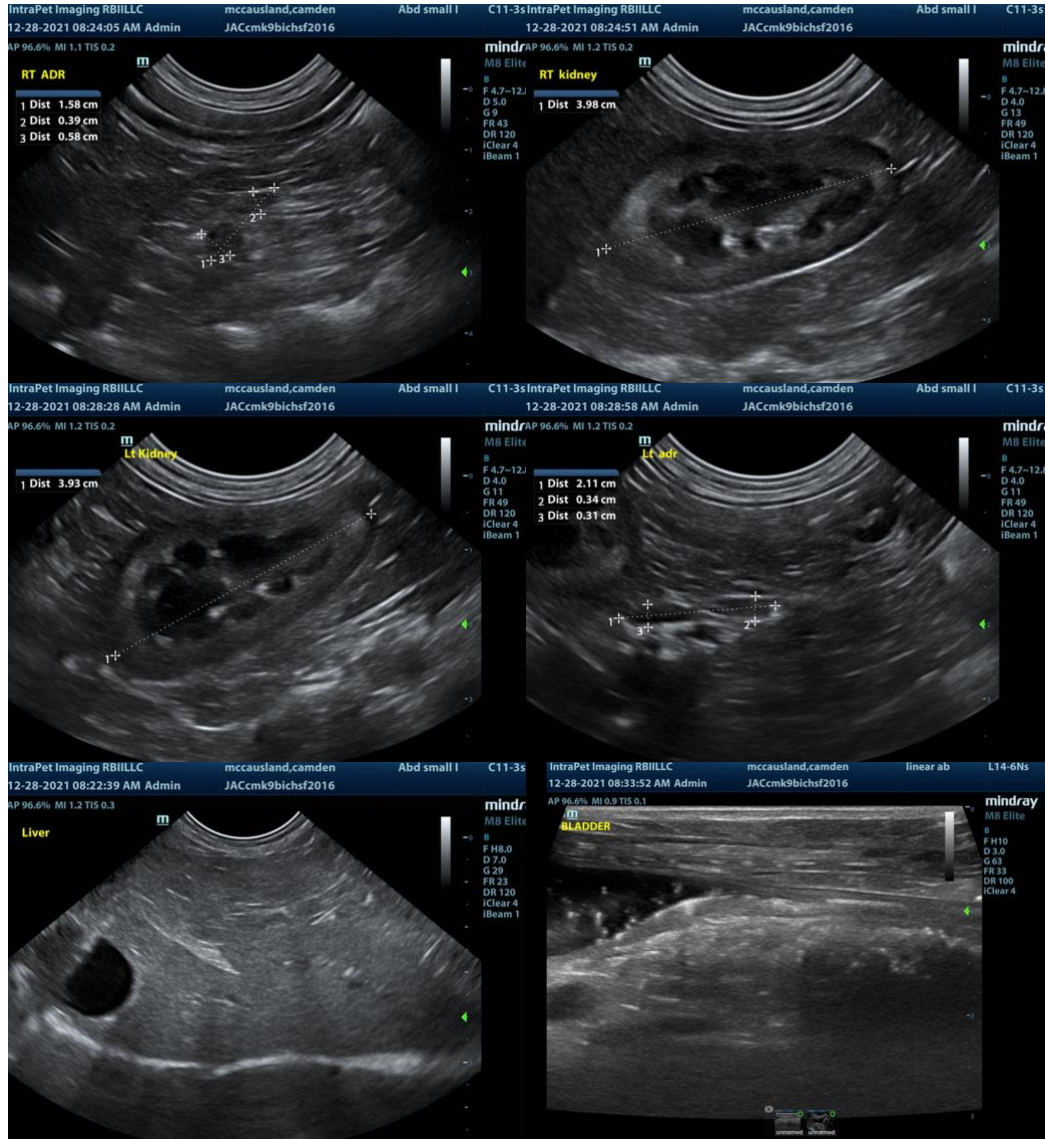
ULTRASONOGRAPHIC FINDINGS

- Bladder sand and urethral sand, non-obstructive. May be resolve with aggressive IV fluid therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying occult infection is possible, even though the urinalysis was unremarkable. Cystotomy could be justified with bladder lavage and sand culture. Manual hydropulsion after fluid therapy is also an option with ultrasound guidance to ensure adequate liberation of the sand. Culture and sand analysis could be performed at that time as the bladder wall appears to be well intact.





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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