



PATIENT

Slate Ferruntelli

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

8 Years

WEIGHT

46.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

American AH

REFERRING VET

Dr. Pascucci

INVOICE

33768

DATE

12/28/21

PRESENTING CLINICAL SIGNS

Hematuria on free catch (routine), long term history of urinating frequently and in house. Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable. UA: Blood +3, RBC 11=20 SG: 1.032

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable. The deep pelvic urethra was imaged. The prostate was uniform at 1.0 cm. No evidence of masses or obstructive calculi. The urethra was visualized up to 5.0 cm caudal from the cystourethral junction.

The **kidneys** presented largely normal size and contour. Minor irregularity noted to the left kidney cortex. This may be an angular artifact. However, if hematuria continues, recheck sonogram recommended in two weeks. The left kidney measured 6.69 cm. The right kidney measured 7.55 cm. Blood flow to the kidneys appeared to be unremarkable.

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 3.75 cm x 0.65 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 3.44 cm x 0.59 cm at the caudal pole and 1.74 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 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.

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.



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ULTRASONOGRAPHIC FINDINGS

- Irregularity to the cranial pole of the left kidney – normal variant, abscessation, emerging neoplasia all possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel warranted to assess for underlying coagulopathy manifesting as hematuria. Coverage for UTI warranted with Enrofloxacin or similar. Recheck sonogram of the urinary tract in 10-14 days, particularly the left kidney. The area in question was in the dorsal cranial cortex of the left kidney, measuring approximately 2.0 cm. Ultrasound guided FNA recommended if growing or persistent. There is no lower urinary tract disease that would be related to the pollakiuria. This may be a behavioral issue.

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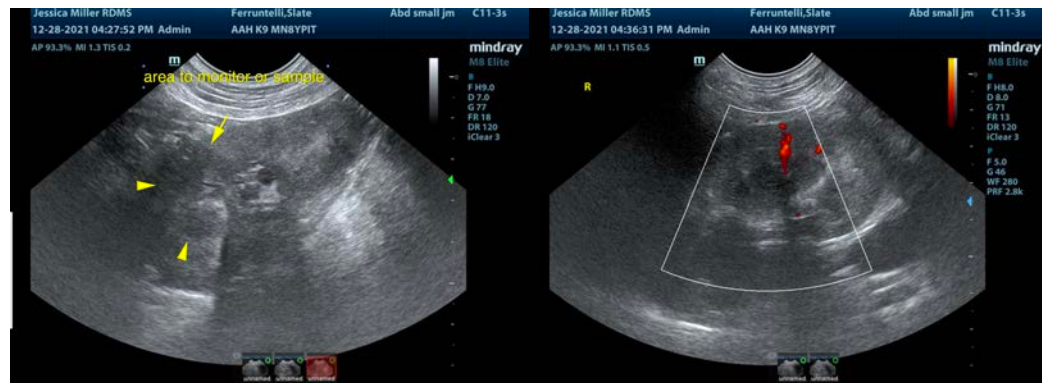
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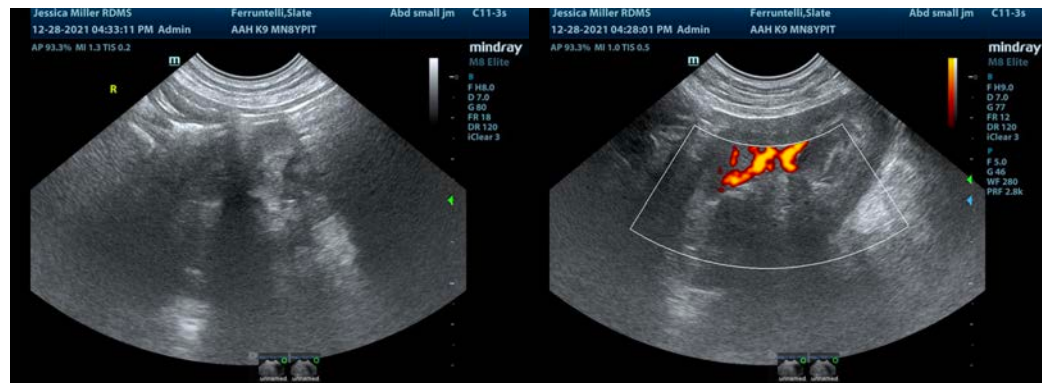
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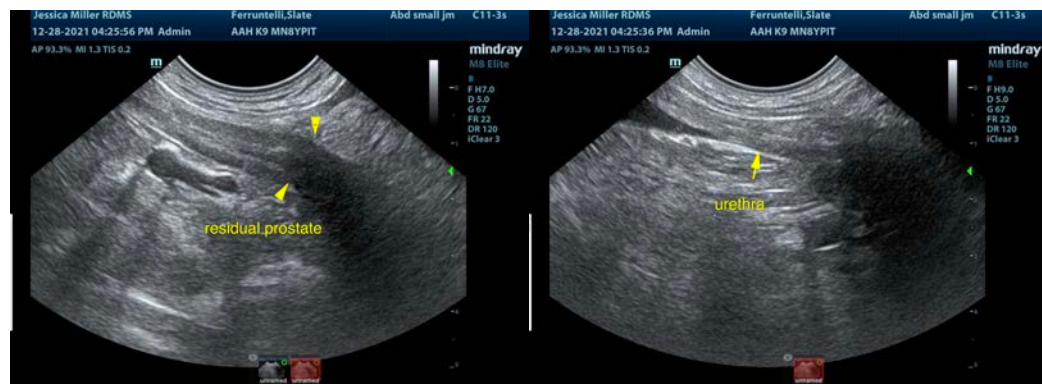


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com