



PATIENT

Kora Giblin

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

3 Years

WEIGHT

17.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

33834

DATE

12/29/21

PRESENTING CLINICAL SIGNS

Recheck abdomen to see if bladder stones are improving with 3 months of medical therapy to decide if surgery can be avoided or is proving necessary. Current meds: Clavamox, Rimadyl, UR Rx diet. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: NSF. U/A (free catch) 12/14/21, USG: 1.015, pH 7.5, protein 1+, occult blood 3+, WBC 11-2.0/hpt, RBC >50 hpf, struvite crystals 4-10/hpf, cocci bacteria 25-50/hpf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** calculus noted on the prior sonogram is persistently present, measuring approximately 1.3 cm with sharp acoustic shadowing. A separate calculus measured 0.55 cm. A small amount of sand was present. Apical ventral wall thickening noted up to 5.0 mm at mild repletion. The grouping of calculi as a whole measured nearly 2.0 cm.

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 4.03 cm. The right kidney measured 4.03 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 1.64 cm x 0.40 cm at the caudal pole and 0.25 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.



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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

Canine

ULTRASONOGRAPHIC FINDINGS

- Persistent bladder calculi with chronic cystitis pattern

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If medical management does not appear to be effective in this patient, recommend cystotomy, bladder lavage, stone analysis and bladder wall culture as well as stone culture.

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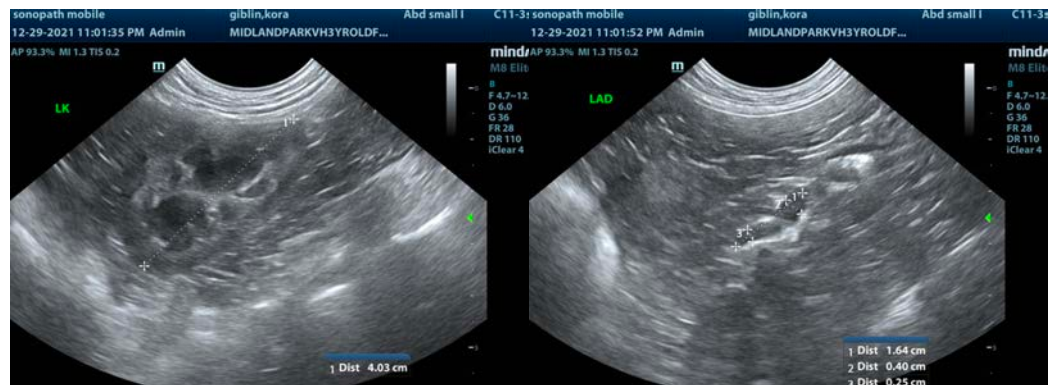
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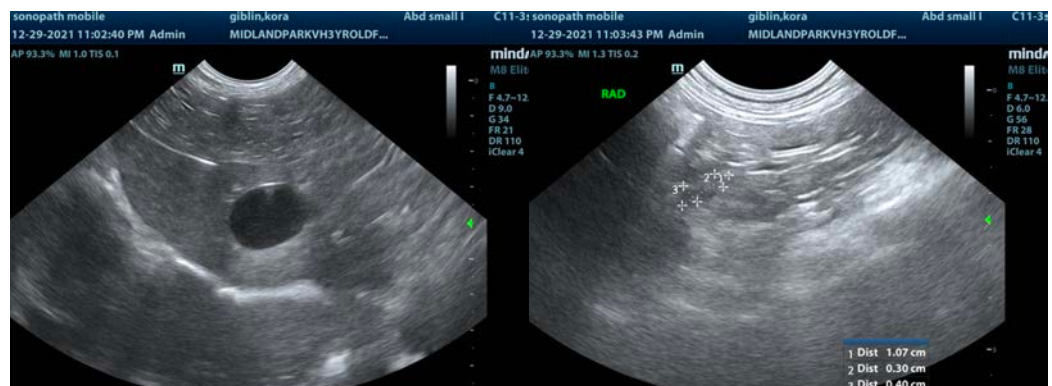


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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