



**PATIENT PRESENTING CLINICAL SIGNS**

Kai Andrews

History: Presented 12/3/21 for lethargy and decreased appetite. Same weight as in August. Blood work submitted to laboratory by colleague. Presented 12/7/21 for worsening appetite and single episode of vomiting small amount of bile. On 12/6/21, he took all day to eat his breakfast. He did not eat much dinner and did not eat at all 12/7 am. Owner has also noted urine on his bed, prior to onset of lethargy, etc. She does not see him urinate, does not see him lift his leg to urinate but finds the bed wet with urine. He urinated in clinic with a normal stream. I passed a 5fr red rubber catheter w/o difficulty. No access to foreign material. No longer has toys since has a history of chewing them and vomiting. Owner unsure of stool status (Kai goes outside unmonitored.) No change in food.  
Abnormal PE/Chem/CBC/UA Results: BCS 4-5/9; Mild calculus; grade 4/4 right medially luxating patella; moderate crepitus in right stifle joint; decreased muscle mass RH; no pain with palpation; PHOS 1.8 mg/dL 2.5 - 6.1; CHOL 126 mg/dL 131 - 345; USG 1.050; pH 7.5; 1+ AMMONIUM MG PHOSPHATE (1-5)/HPF; cPL normal

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

Neutered male

**AGE**

5 years

**WEIGHT**

24.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Woodside

**HOSPITAL NAME**

Sherwood Family PC

**REFERRING VET**

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**INVOICE**

94384

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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. The urethra revealed sand. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The prostate was uniform. Urethral sand was noted and appears to be non-obstructive. The sand was localized within the prostatic and post prostatic urethra at the time of the sonogram. The sand was fairly minor.

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 5.51 cm. The right kidney measured 6.28 cm.

**Adrenal Glands**

Both **adrenal glands** were subjectively flattened. The left adrenal gland measured 0.37 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measured 0.4 cm at maximum width.

**Spleen**

The **spleen** was normal and folded upon itself.

**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



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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.

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**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**

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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5 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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Bladder and possible emphysematous cystitis.

Subjectively subnormal adrenal size.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aerobic and anaerobic culture of the urine is recommended to assess for emphysematous cystitis. Screening for Addison's is warranted. Full urinary work-up is warranted.

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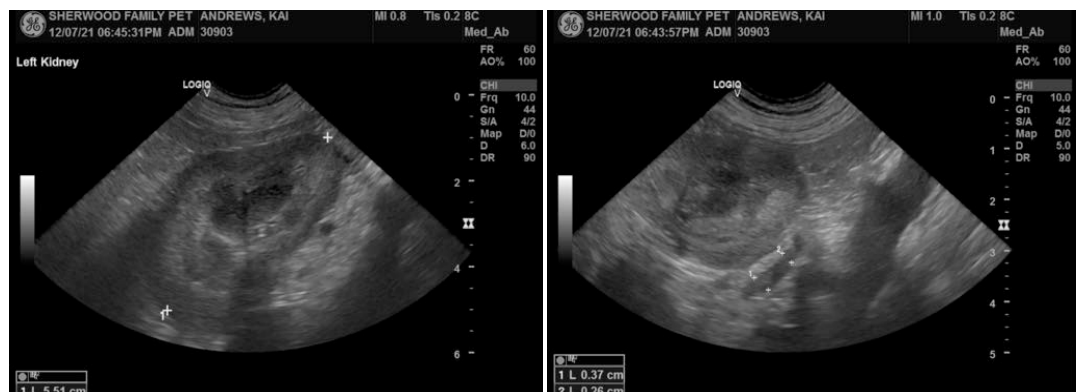
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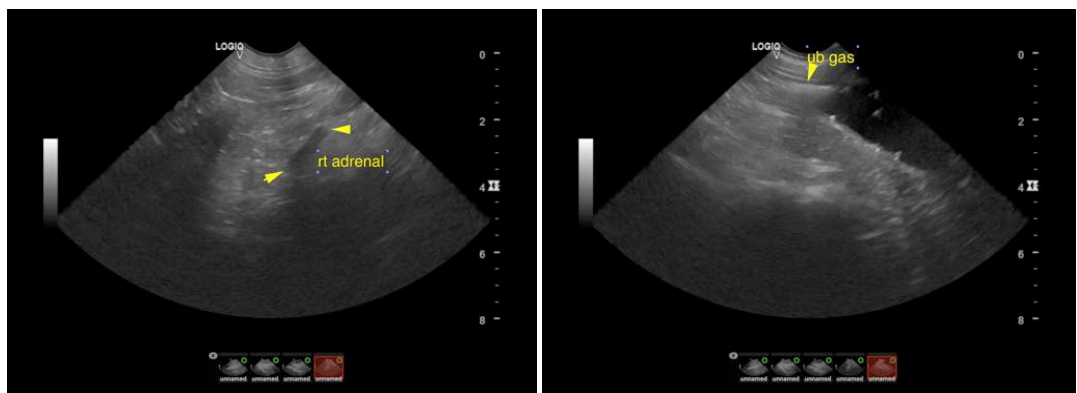
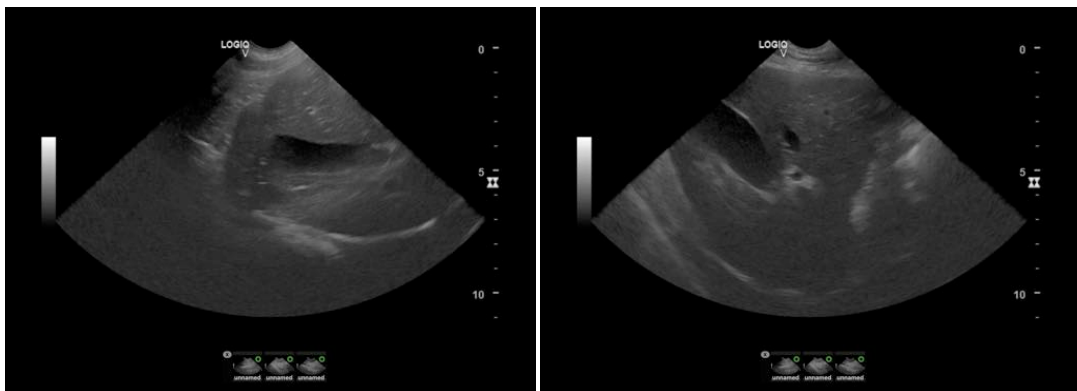
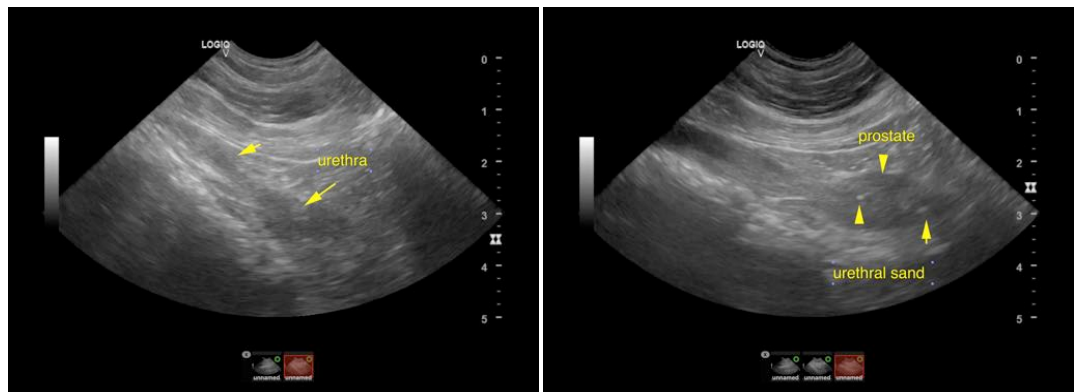
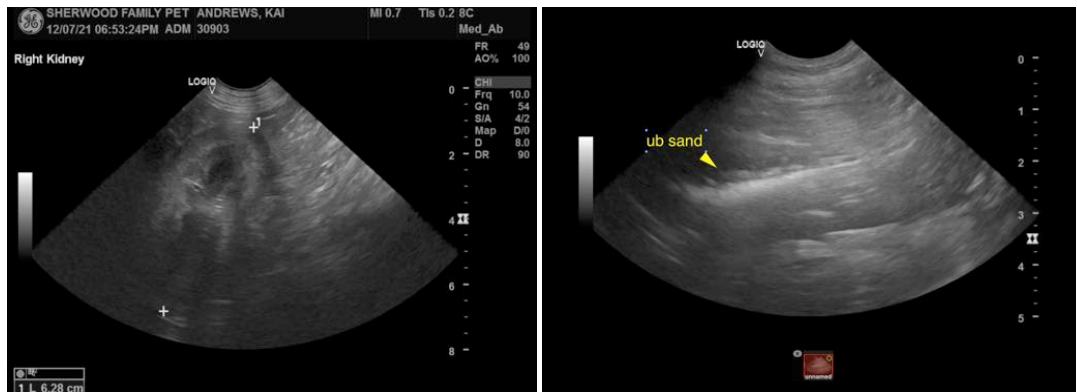
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Neutered male

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

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