

DATE PRESENTING CLINICAL SIGNS

2/4/22 History: Hematuria since 12/3/21, Moo has Addison's disease.

PATIENT Current Medications: Zycortal, Clavamox.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Moo Glab Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Pit Bull Terrier

The **urinary bladder** presented ventral wall thickening up to 0.82 cm. Minor dorsal wall thickening noted. Apical bladder wall polypoid changes noted as well. A minimal amount of urine was present at the time of the sonogram.

SEX

Spayed Female

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 6.9 cm.

AGE

2/28/19

Adrenal Glands

WEIGHT

69 Pounds

Both **adrenal glands** were isoechoic to surrounding fat, expected for an Addisonian patient. The left adrenal gland measured 1.81 cm x 0.44 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland was flattened and isoechoic, measuring 2.74 cm x 0.46 cm at the caudal pole and 0.38 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

35493

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

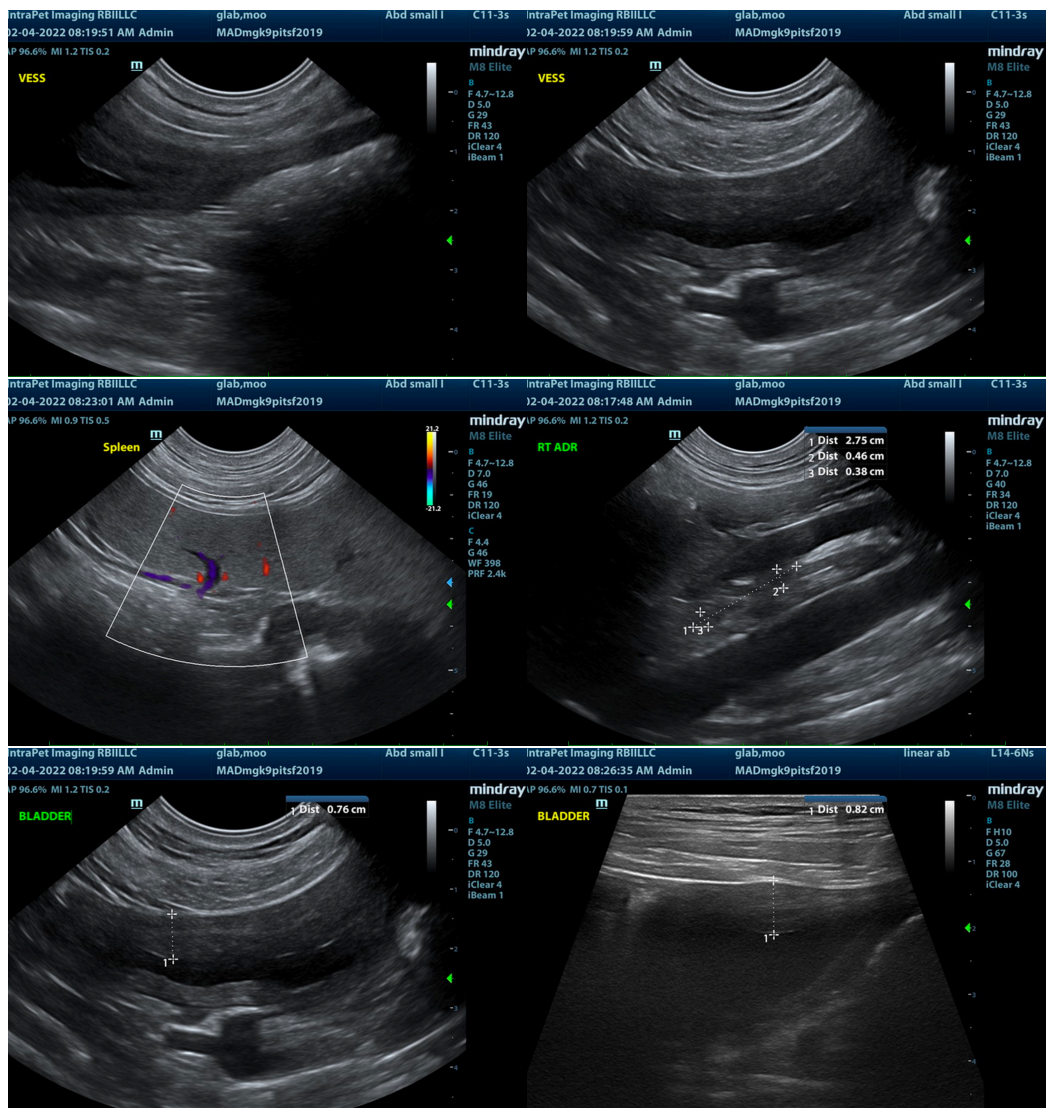
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

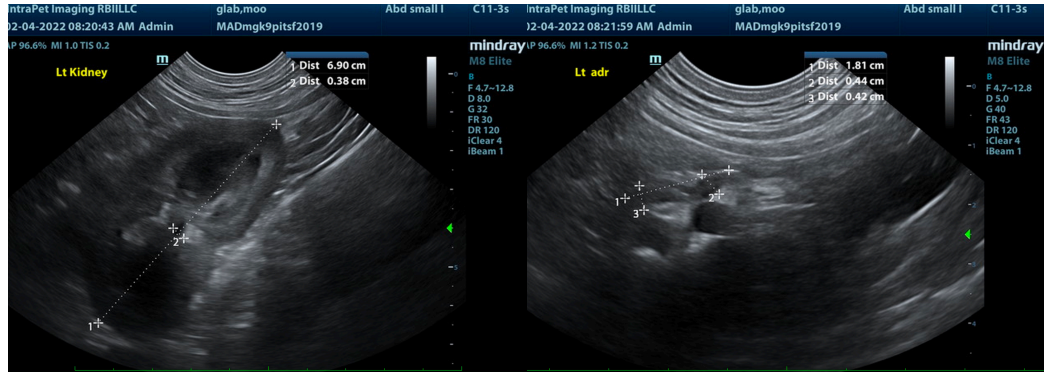
ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis bladder pattern and non-specific wall thickening, no evidence of calculi or masses

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity warranted. If any evidence of UTI, 4-6 week protocol recommended. Assessment of the vaginal vestibule recommended for urine pooling or recessed vulva that may be predisposing to recurrent urinary issues.





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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