

DATE PRESENTING CLINICAL SIGNS

2/6/23

Random episodes of hematuria without signs of UTI (this has happened 2-3 times previously). P will start with yellow urine and then it will turn red. Happens almost every urination when P has an episode. No accidents in the house, normal thirst, and normal amount of urine being produced. P having occ vomiting since 1/6/23. No diet change, P doesn't typically eat things he shouldn't. Seems to be mostly bile. P previously Lyme and Ehrlichia positive (from shelter)

PATIENT

Ripley Clark

Current Medications: 1/6/23 - 10 day course of pivetal probiotic. 1/6/23 - 2 day course of cerenia 60mg
Lab Results: Total health - 1/11/23 - WNL. U/A - 1/10/23 - hematuria and proteinuria, WBC present, no bacteria

SPECIES

Canine

Radiographs: 1/9/23 - no obvious bladder stones, no FB to cause vomiting

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Labrador

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

1/24/20

The residual prostate measured 1.54 cm. The penile urethra was unremarkable.

WEIGHT

87.1 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 right kidney measured 7.67 cm. The left kidney measured 7.58 cm.

INTERPRETED BY

Eric 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 right adrenal gland measured 3.11 x 0.75 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland measured 3.45 x 0.72 cm at the caudal pole and 0.7 cm at the cranial pole.

HOSPITAL NAME

Warm and Fuzzy VC

REFERRING VET

Dr. Weber

Spleen

The **spleen** was slightly enlarged with mildly scalloping contour.

INVOICE

42575

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. The mesenteric lymph nodes were reactive measuring 2.13 x 0.7 cm.

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

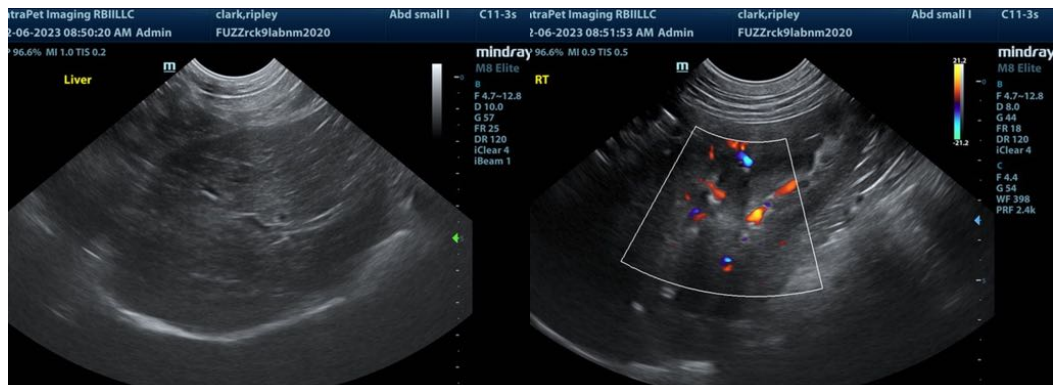
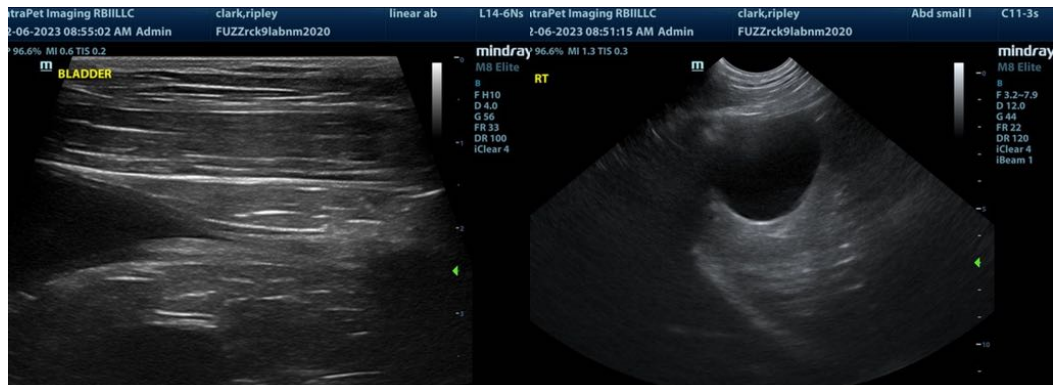
Minor reactive spleen.

Slight mesenteric lymph node enlargement, reactive.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tick borne disease panel is warranted to assess for underlying antigen stimulation. The cause of hematuria is unclear. Given the pyuria urine culture and sensitivity is recommended. Hematuria is likely owing to UTI. There was no evidence of calculi or infarcts.





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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