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Clinical Sonography & Telecytology
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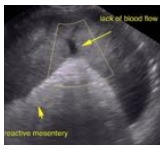
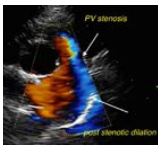
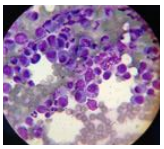
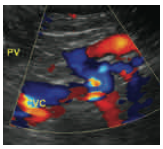




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Logan Sambrowski

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

10 years

WEIGHT

43.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

96497

DATE

3/1/22

PRESENTING CLINICAL SIGNS

Edema. Current meds: Enrofloxacin, Temaril-P, Cephalexin
Abnormal PE/Chem/CBC/UA Results: RBC 4.62, HCT 24.7%, HGB 10.2, MCV 53.6, MCHC 41.3, RDW 22.9%, Lym 0.07, Eos 0.03, PLT 130 (aggregates detected), MPV 13.8, BUN 29, Alb 1.9, ALKP 19, Chol 106, Na 143, Ca 106 UA SG: 1.055

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed calculus with a ventral apical thickening. The calculus measured 1.5 cm. The apical thickening measured 3.6 cm and appears resectable. The urethra and cystourethral junction were unremarkable.

The residual prostate was unremarkable at 0.6 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 right kidney measured 5.8 cm. The left kidney measured 5.87 cm.

Adrenal Glands

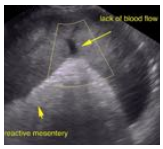
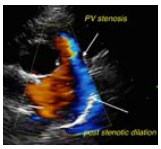
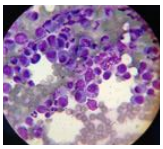
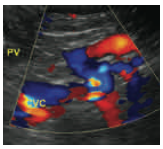
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.16 x 0.55 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 2.58 x 1.29 cm at the cranial pole and 0.4 cm at the caudal 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,

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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 colon revealed hard stool. 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.

Free Abdomen

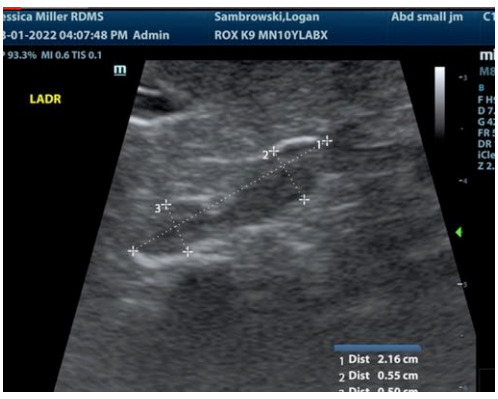
Reactive mesentery was noted around the bladder wall thickening as well.

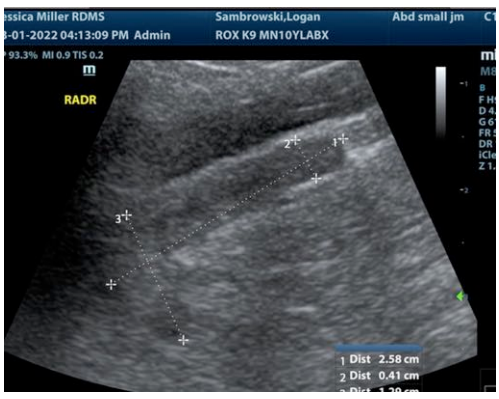
ULTRASONOGRAPHIC FINDINGS

Bladder calculus and apical ventral wall thickening. Bladder wall thickening differentials include carcinoma versus hypertrophy/hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Partial cystectomy and removal of the calculus is recommended. The cause of anemia is not evident in this patient. CBC path review +/- bone marrow aspirate is indicated. The cause of low albumin is unclear. If no significant proteinuria is present then protein losing enteropathy is likely. GI blood loss may be an issue in this patient especially if any NSAID treatment is in this patient's history. CBC path review and bone marrow aspirate is indicated. Guarded prognosis.





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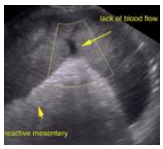
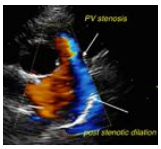
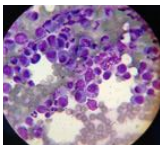
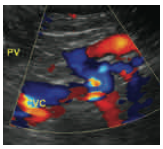

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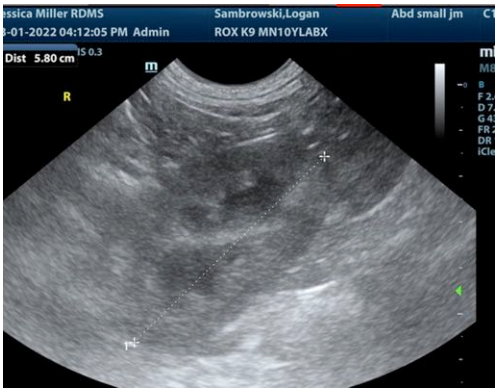

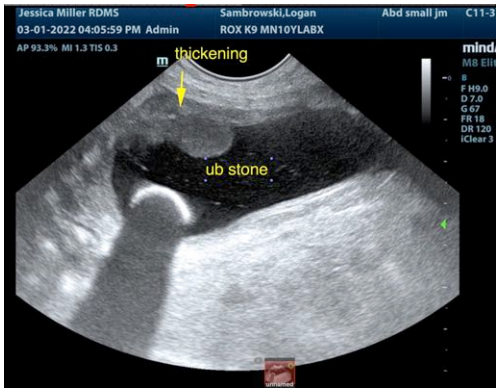

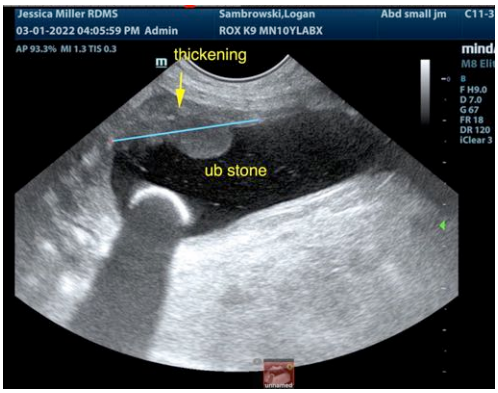

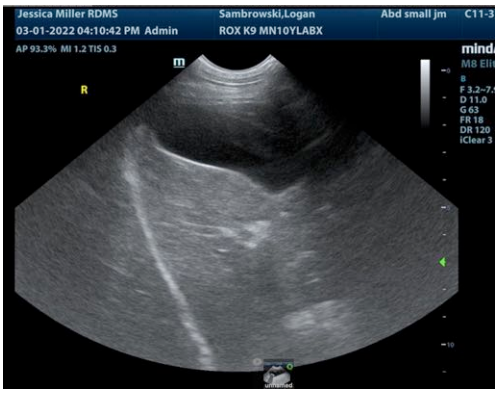

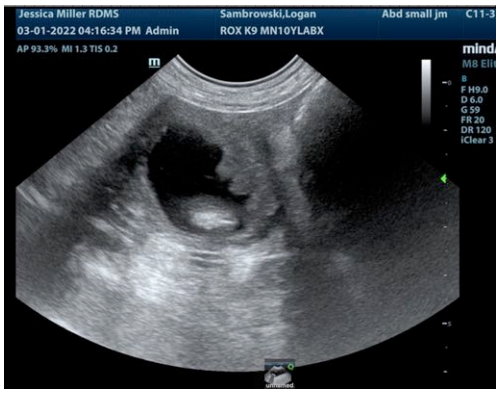

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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