



PATIENT

Liza Finnin

PRESENTING CLINICAL SIGNS

severely enlarged bladder Current meds Vetoryl
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Rottweiler X

The **urinary bladder** was overdistended, largely anechoic urine. The visible urethra was unremarkable, imaged 2.0 cm beyond the cystourethral junction. No evidence of pathology.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.3 cm. The left kidney measured 6.8 cm.

AGE

9 Years

Adrenal Glands

Both **adrenal glands** were slightly enlarged and heterogeneous, consistent with PDH. The right adrenal gland measured 2.44 cm x 1.27 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 2.59 cm x 0.87 cm at the cranial pole and 0.59 cm at the caudal pole.

WEIGHT

110 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Jenn

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, 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.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Maniar

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

INVOICE

36373

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

DATE

3/23/22

- Geriatric abdomen with overdistended bladder
- Mild heterogeneous adrenal glands – consistent with PDG given the patient's cushingoid status



PATIENT

Liza Finnin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of obstruction.

SPECIES

Canine

BREED

Rottweiler X

SEX

Spayed Female

AGE

9 Years

WEIGHT

110 Pounds

INTERPRETED BY

Eric Lindquist, DMV

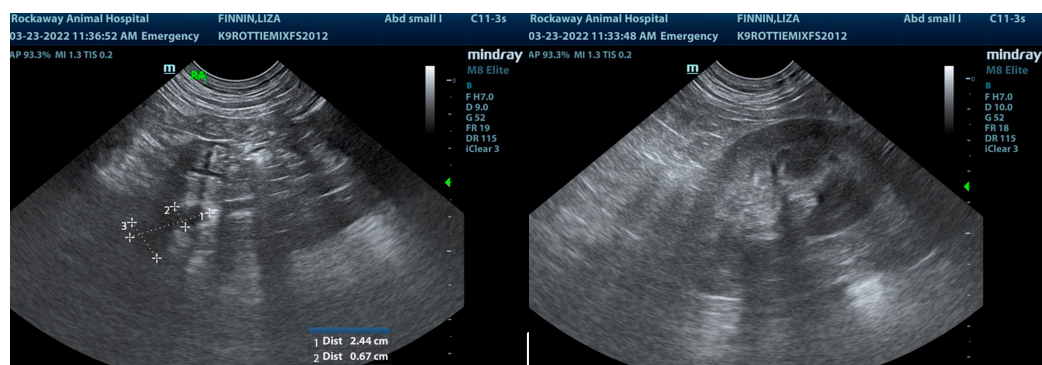
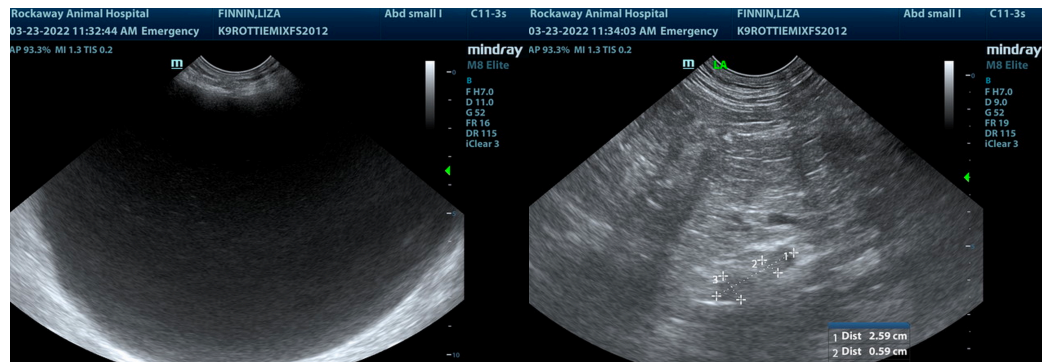
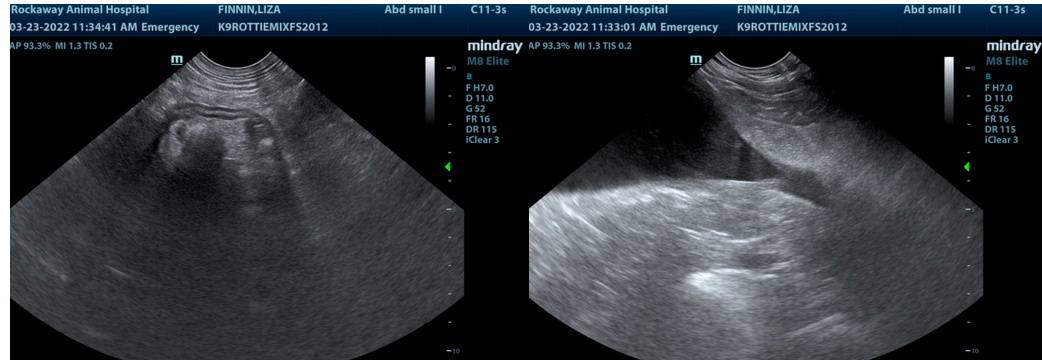
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH



REFERRING VET

Dr. Maniar

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.

INVOICE

36373

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

info@SonoPath.com

DATE

3/23/22

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.