



PATIENT

Scooter Negley

SPECIES

Canine

BREED

Toy Fox Terrier

SEX

Neutered male

AGE

2 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

96561

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: 10/7/21 Calcium Oxalate uroliths removed surgically. Recent Calcium Oxalate crystals on urinalysis and frequent urinations again.
PE: Nails long, remainder normal. UA: 2/26/22: sg 1.047, pH 6.5, 32 RBC/hpf, 6-20 cox crystals/hpf No recent blood panel. Ida

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed calculi that measured up to 0.51 cm. An apical bladder polyp was noted and measured 0.62 x 0.52 cm with other smaller polyps that measured 0.54 cm and 0.3 cm. This is likely polypoid hyperplasia.

The **kidneys** are normal in size and contour with some loss of corticomedullary definition and corticomedullary calculi. The pelvic urethra was unremarkable. The right kidney measured 4.36 cm. The left kidney measured 4.31 cm with slight pyelectasia.

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 1.89 x 0.46 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 1.74 x 0.46 cm at the caudal pole and 0.37 cm at the cranial 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 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.



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Gastrointestinal

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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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ULTRASONOGRAPHIC FINDINGS

Bladder calculi and polyps.

AGE

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Renal mineralization.

Slight pyelectasia noted in the left kidney. This is likely residual from passage of calculi.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend cystotomy with resection of the apical bladder polyp as well as resection of other accessible polyps. Stone analysis and culture and bladder wall biopsy is recommended. Although the patient fairly recently had a cystotomy to remove the calculi, further calculi passage from the kidneys to the bladder has likely occurred.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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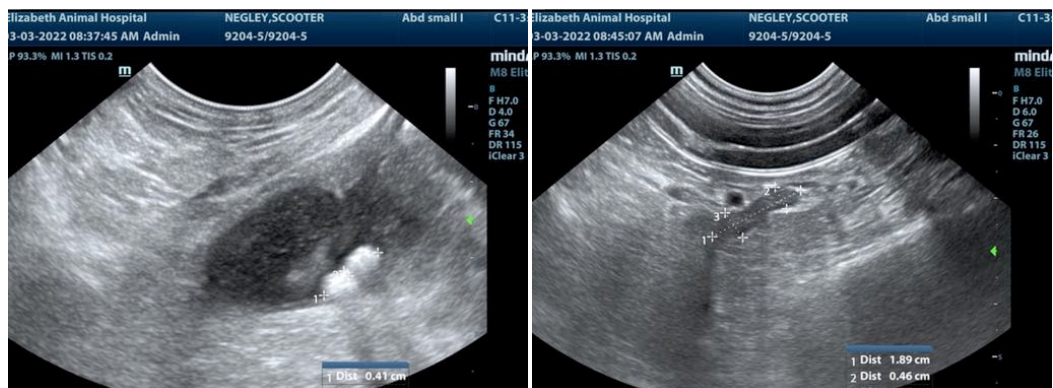
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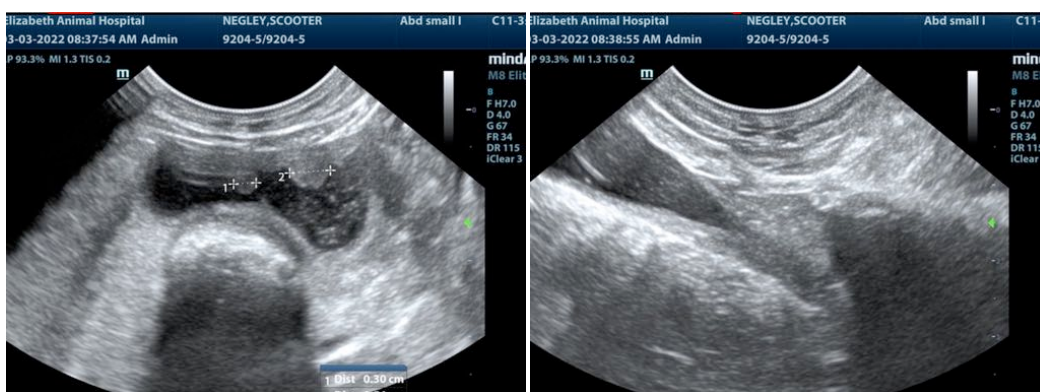
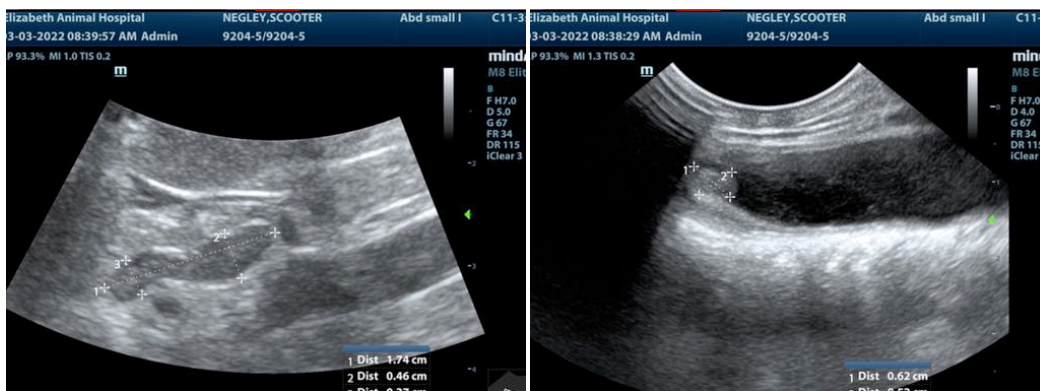
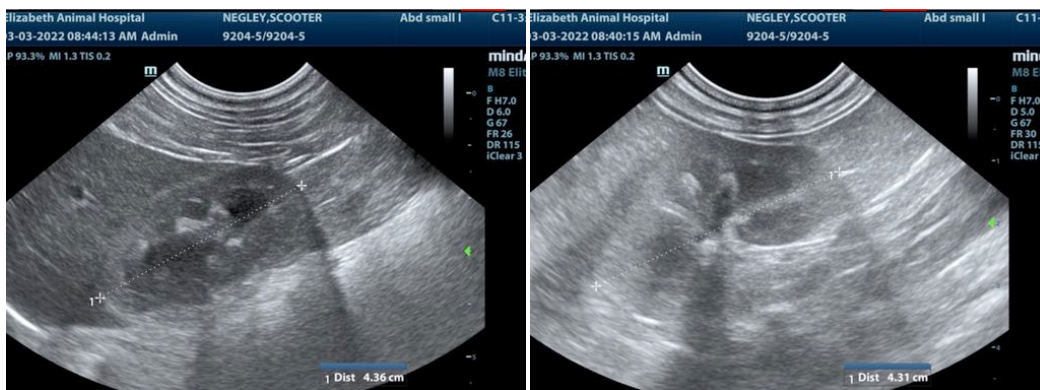
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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