



PATIENT

Mustache Brown

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

7 Years 8 Months

WEIGHT

43 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Mack

INVOICE

21882

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: Patient presented for leaking urine and a decreased appetite

Abnormal PE/Chem/CBC/UA Results: UTI (rods) CREA: 2.1 BUN: 49 pending urine culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large calculi, measuring up to 2.0 cm. Suspended debris was also present. The bladder wall was unremarkable.

Pyelectasia and echogenic debris were noted in the **left kidney**. The left kidney measured 6.0 cm. Regional inflammation was noted. Debris in the renal pelvis would suggest pyelonephritis. Left renal pelvic dilation measured 1.7 cm.

The **right kidney** was embedded with calculi in the caudal aspect of the renal pelvis. An example of calculus size, measuring 2.0 cm. The right kidney measured 6.0 cm. Some loss of corticomedullary definition and degenerative cortical changes were noted yet the changes were fairly minor. The right ureter was dilated, however, with echogenic debris.

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 0.4 cm. The right adrenal gland measured 2.0 cm x 0.5 cm.

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.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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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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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Chronic pyelonephritis and nephrolithiasis
- Urinary bladder calculi, nonobstructive at the time of the sonogram
- Partially full stomach

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Cystostomy, stone analysis and culture are indicated with inspection of both kidneys. 72-hour IV fluid protocol is warranted with injectable antibiotics to treat for UTI. The kidneys do not appear end-stage, however, the nephrolithiasis is likely playing a role, periodically passing into the bladder, as well as embedding infection.

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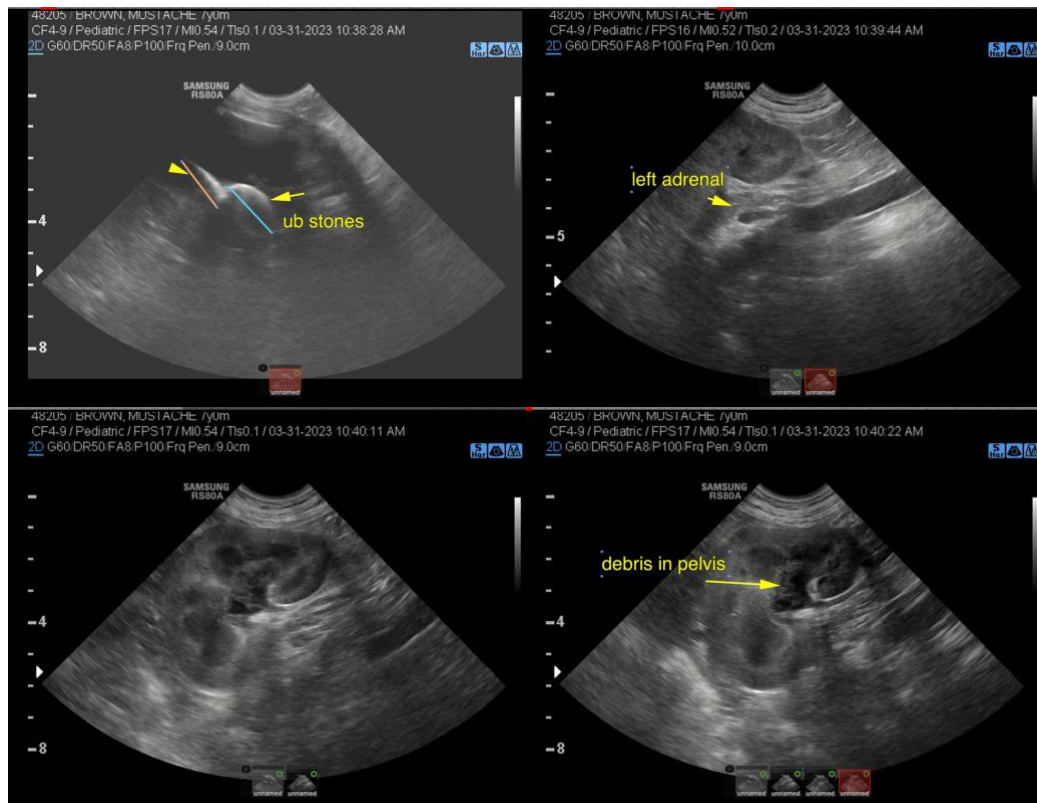
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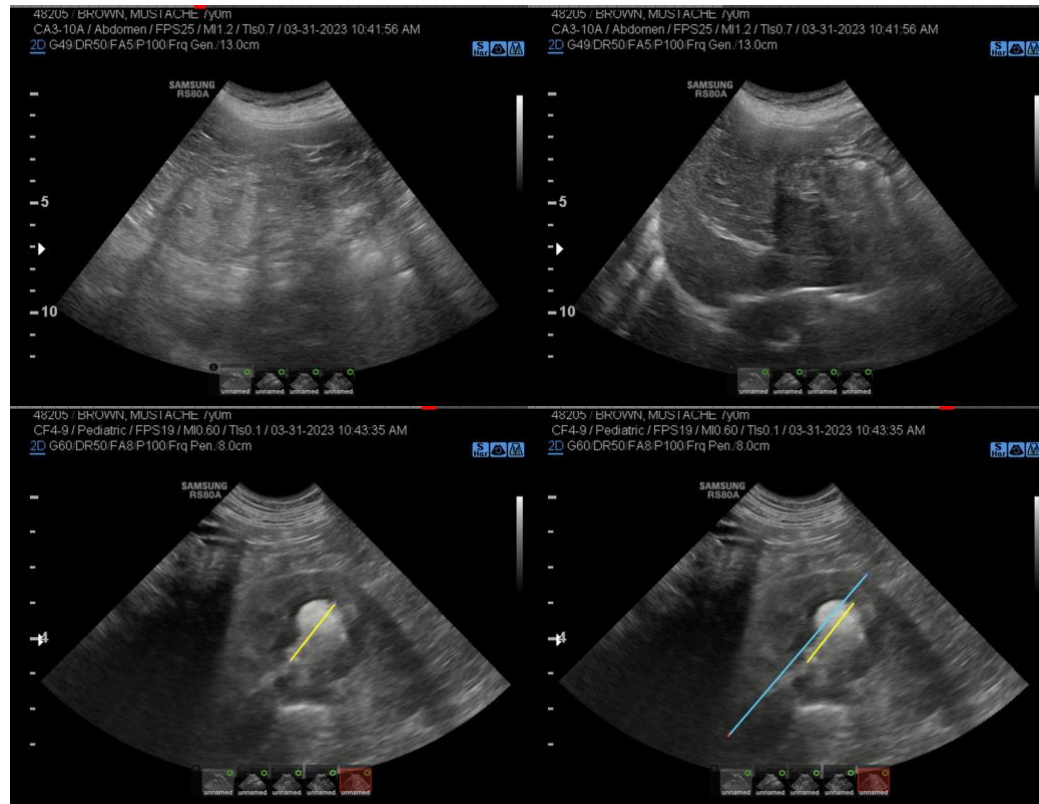
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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