



PATIENT

Ollie Feis

SPECIES

Canine

BREED

Terrier Mix

SEX

Partially Intact male

AGE

3 years

WEIGHT

35 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. McConnell

INVOICE

99952

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Patient with history of previous neuter of externalized left testicle (right cryptorchid) and bladder stones presents for location of right testicle and continued hematuria. No reported meds, blood work, or U/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.84 cm calculus with concentric wall thickening. Other bladder calculi was noted and measured up to 0.53 cm.

The right testicle was intraabdominal adjacent to the inguinal canal and measured 1.74 cm. The prostate was uniform and measured 3.0 cm.

The **kidneys** were mildly swollen. The kidneys were hypervascular as well. A large vessel was noted in this patient wrapping around the right kidney, which is abnormal in contour. The right kidney measured 6.14 cm. The left kidney measured 5.84 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.

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** was subnormal in size. The portal vein appeared to be branching adequately and measured 0.7 cm in width just prior to the portal hilus. The abnormal vessel measured 1.01 cm. The gallbladder and common bile duct 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. Retention of ingesta was noted in the stomach. 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

Ollie Feis

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

BREED

Abnormal vascular dilation around the right kidney. The exact origin cannot be ascertained. This may be a vascular anomaly associated with the vena cava. The portal vein appears to be unaffected.

Terrier Mix

Swollen kidneys.

SEX

Slightly subnormal liver size and mildly hypovascular.

Partially Intact male

Bladder calculi.

Retained right testicle.

AGE

3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

35 lbs

I recommend bile acid profile and CT evaluation. After evaluation of the vascular anomaly and bile acids then eventual cystotomy and right testicular/cryptorchid removal is recommended. The vascular anomaly may not be a functional issue as the portal vein appears to have adequate volume. However, the presence of swollen kidneys, bladder calculi and mild microhepatica would suggest abnormal urate metabolism. CT with contrast is indicated.

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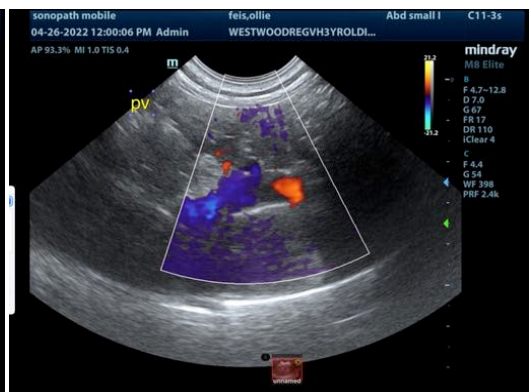
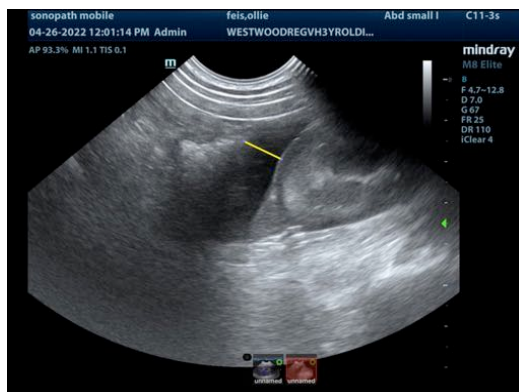
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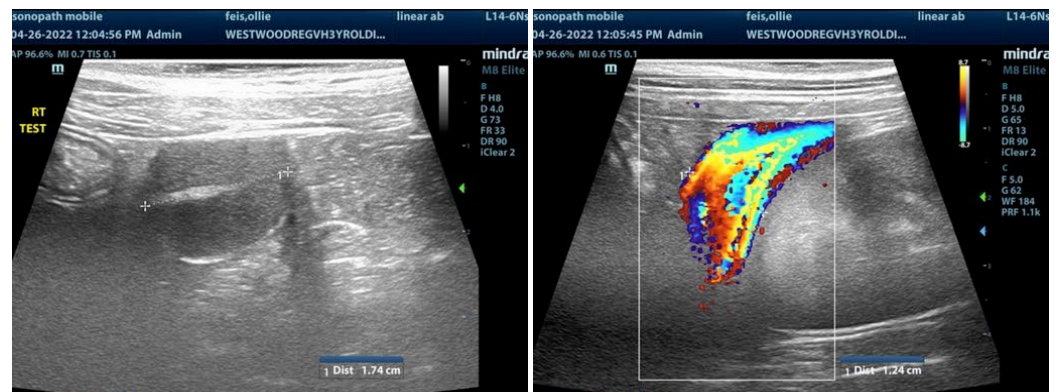
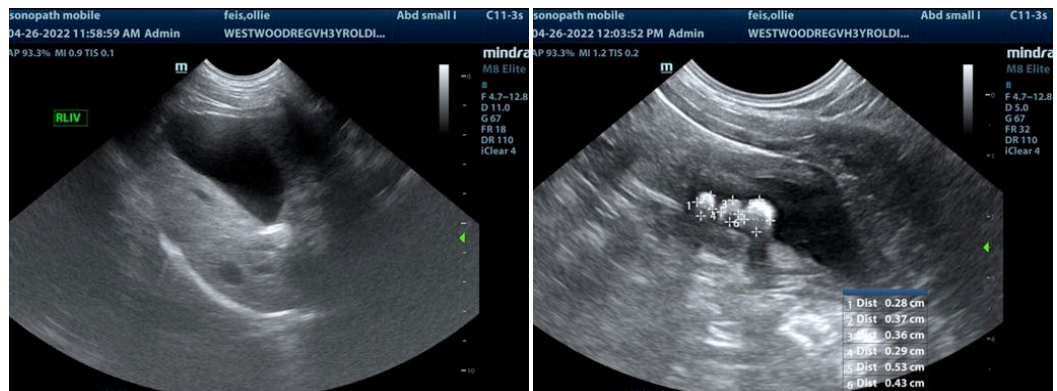
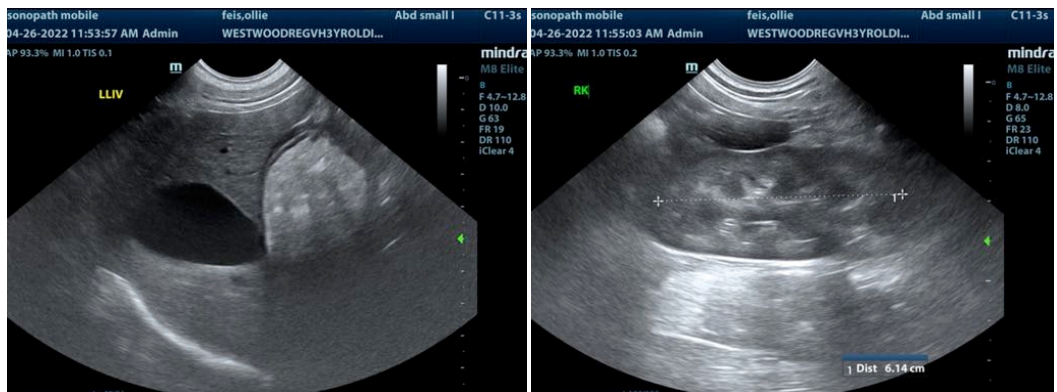
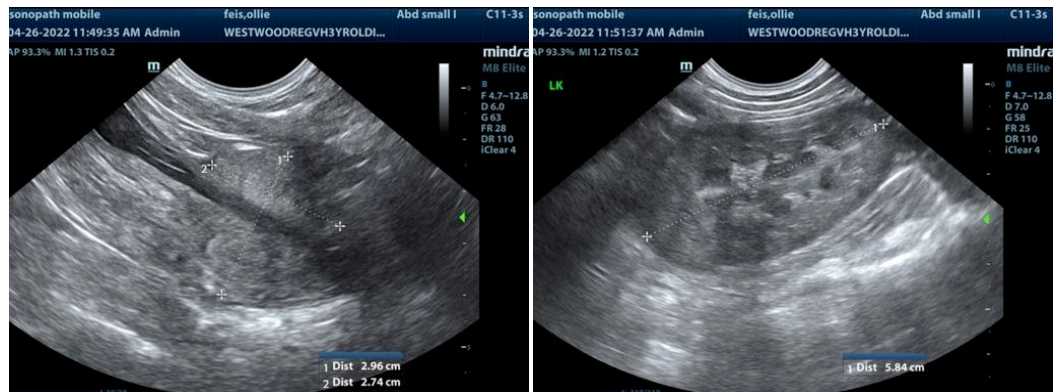
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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