



PATIENT

Faye Brattole

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Spayed Female

AGE

13 years

WEIGHT

PRESENTING CLINICAL SIGNS

Patient with history of chronic UTI's with urinary retention - not fully expressing. Severe muscle wasting, some neuro signs.

Abnormal PE/Chem/CBC/UA Results: SDMA 15, BUN 62, creat. 1.2. U/A: protein 3+, WBC >100, RBC >100, bacteria > 40, phos. crystals 3+, UPC 1.026.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall revealed concentric thickening. A large amount of sand and dependent debris was noted. Sand accumulation measured approximately 3.0 cm. The debris measured approximately 5.0 cm. The urethra was thickened, yet uniform. Sand accumulation was noted in the cystourethral junction.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralization was noted in the kidneys with occasional cortical cyst. The left kidney measured 5.03 cm. The right kidney measured 7.15 cm.

Adrenal Glands

The left **adrenal gland** was enlarged and irregular at the caudal pole measuring 1.4 cm and the cranial pole measured 0.7 cm and 3.17 cm in length. The right adrenal gland was slightly enlarged and mildly heterogenous measuring 1.97 x 1.09 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** revealed a 1.63 x 1.17 cm hypoechoic, irregular nodule at the cranial pole. Multi-focal, hypoechoic and hyperechoic nodular changes were noted.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder revealed an echogenic fibrosed wall.

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

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REFERRING VET

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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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ULTRASONOGRAPHIC FINDINGS

SEX

Severe chronic cystitis with sand, debris and large left adrenal gland.

Spayed Female

Splenic nodular changes. The splenic differentials include likely hyperplasia with a mild potential for round cell neoplasia or splenitis.

AGE

Vacuolar hepatopathy with age related changes. Benign hepatopathy. History of chronic cholangitis is likely.

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

If the patient appears Cushingoid work-up for Cushing's disease is warranted. An argument can be made for both adrenal dependent Cushing's and PDH. However, non-functional adenoma or pheochromocytoma of the left are possible. The right adrenal gland is likely hyperplasia. FNA of the spleen can be justified as well or direct splenectomy at the time of surgery. Cystotomy and bladder lavage with sand culture and analysis is all indicated with normal and retrograde flush. 6-8 week antibiotic therapy is warranted post surgery. I believe that the amount of debris and sand present would warranted surgery as medical management would likely be difficult to allow for complete liberation of the presentation. Serial blood pressure measurements are recommended given the left adrenal presentation.

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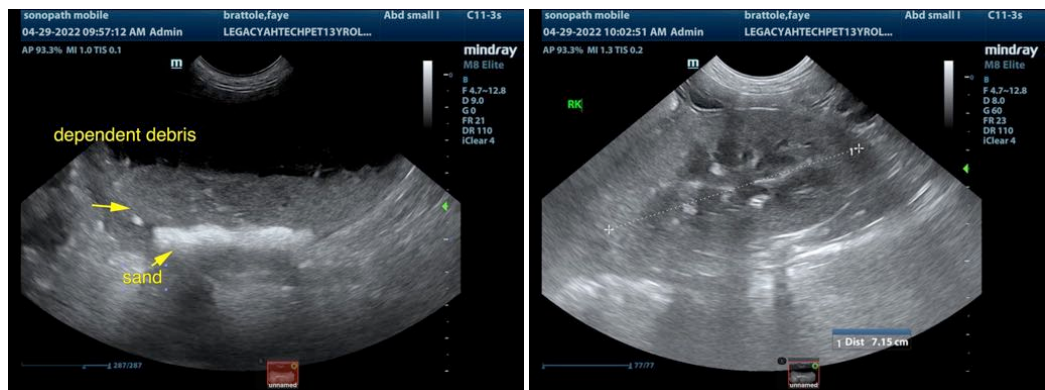
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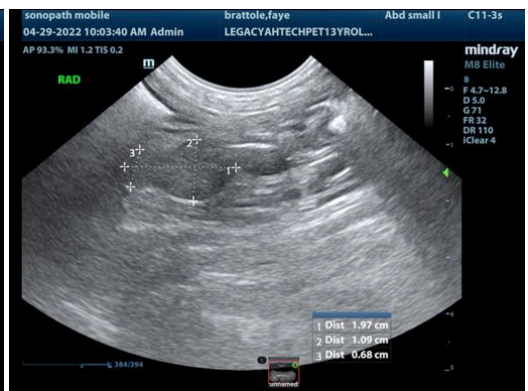
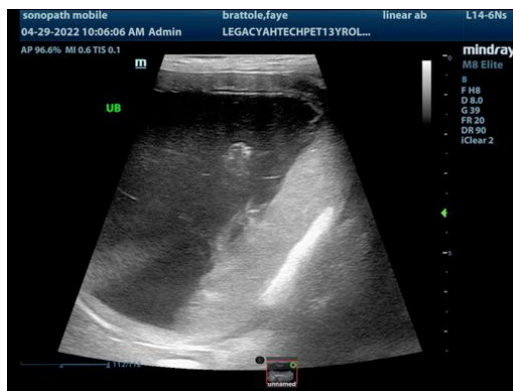
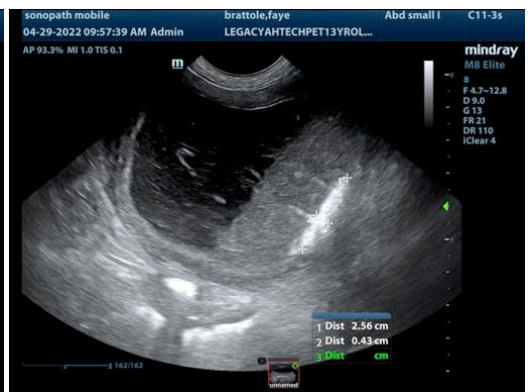
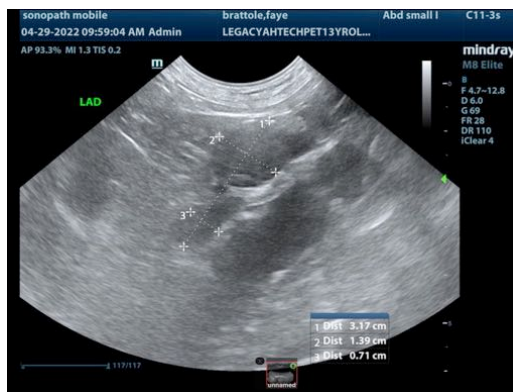
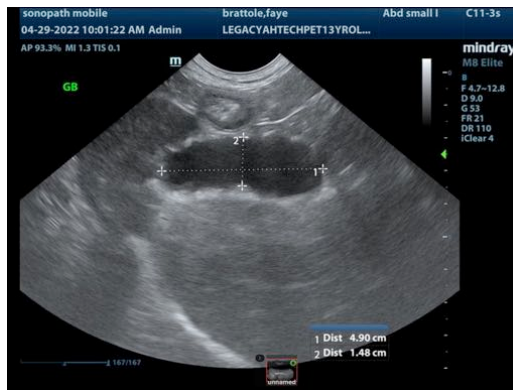
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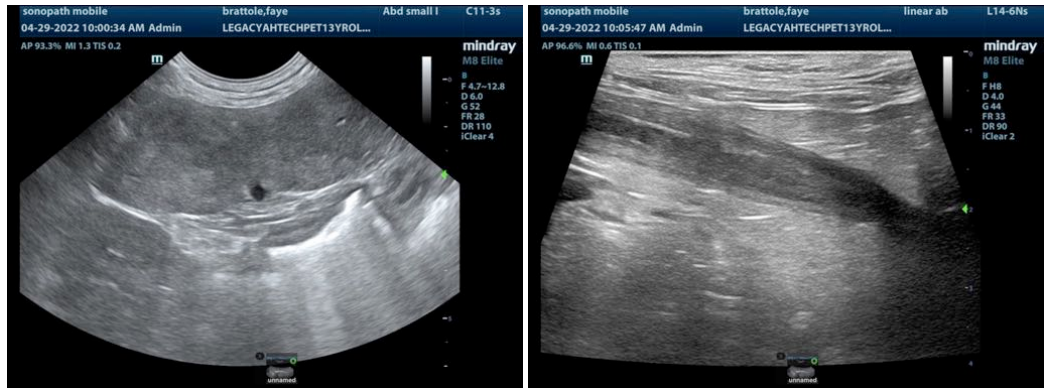
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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