



PATIENT PRESENTING CLINICAL SIGNS

Moe Geller History: stranguria intermittent and chronic Hx of IVDD

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The **urinary bladder** revealed minor micropolypoid changes, consistent with cystitis. Minor mineralization was noted in the residual prostate. The mineralization in the prostate may be owing to passage of calculi, however, early carcinoma could not be ruled out.

Beagle Multifocal cortical infarcts were noted in the caudal pole of the **left kidney**. Cortical collapse and active inflammation were noted. Recent passage of calculi with secondary cortical collapse is likely with active left renal nephritis.

SEX

Spayed Female The **right kidney** was normal in size and contour. The right kidney measured 5.58 cm.

Adrenal Glands

AGE

7

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 1.92 cm x 1.28 cm at the cranial pole and 0.75 cm at the caudal pole. The left adrenal gland measured 1.53 cm x 0.51 cm at the caudal pole and 0.44 cm at the cranial pole.

WEIGHT

29.5

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

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Pancreas

DATE

4/7/23



PATIENT

Moe Geller

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern
- Minor prostatic thickening
- Left renal infarct with active nephritis pattern

BREED

Beagle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed a calculus recently that would explain the presentation. Supportive care is indicated. If any further straining to urinate is an issue, then ultrasound guided traumatic catheterization of the urethra is indicated. Examination of the vaginal vestibule is warranted for predisposing issues.

AGE

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WEIGHT

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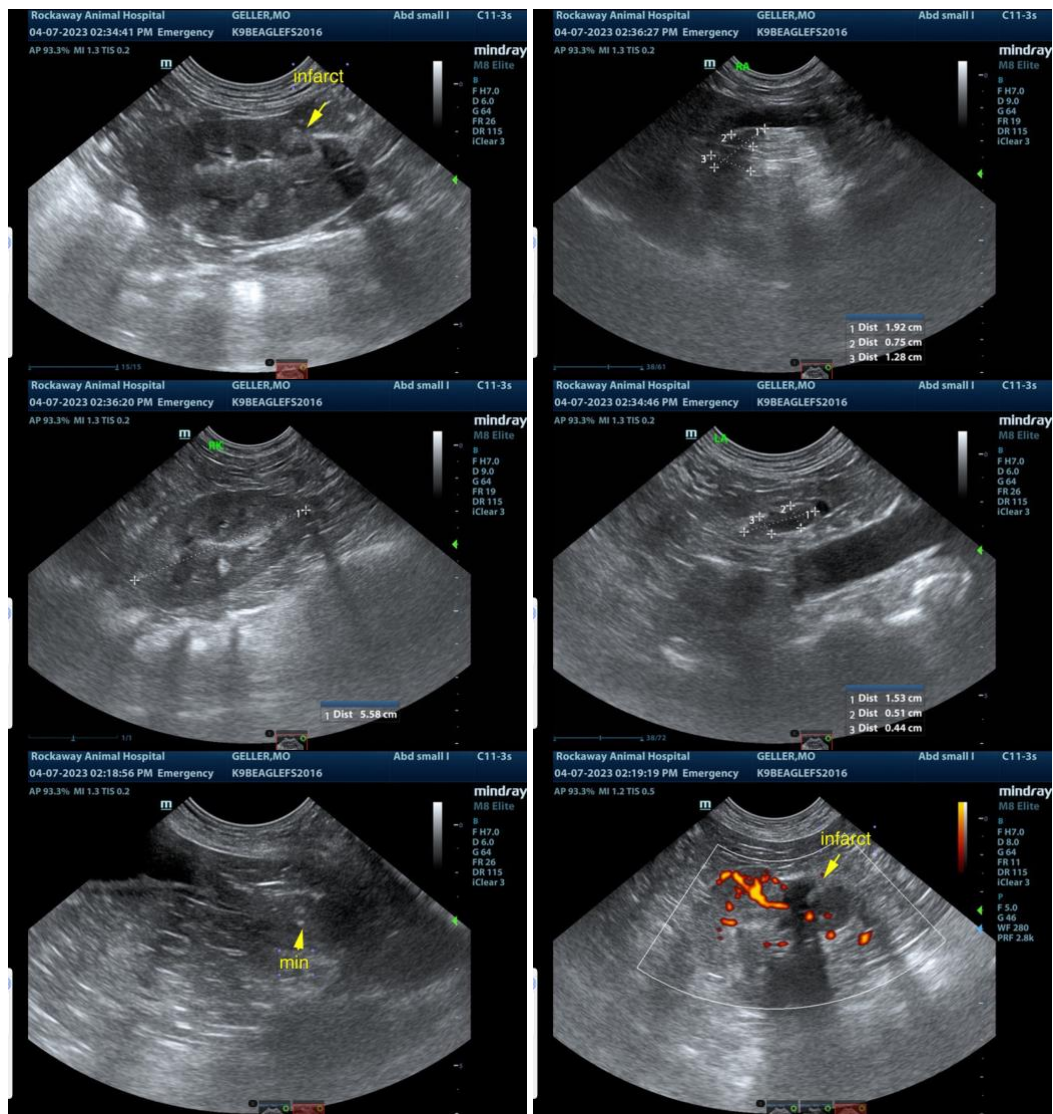
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PATIENT

Moe Geller

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

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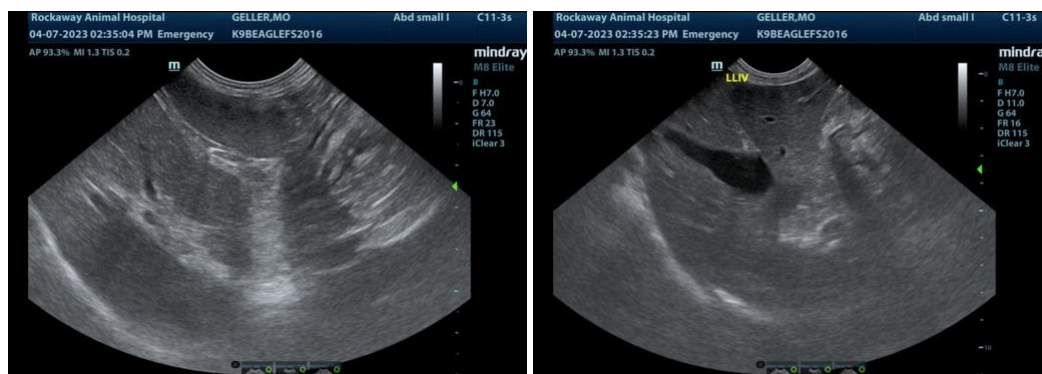
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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