

PATIENT

Ravioli Connell

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

2 yrs

WEIGHT

24 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights
Veterinary Hospital

REFERRING VET

Dr. Thomson

INVOICE

10588ag

DATE

05/12/2022

PRESENTING CLINICAL SIGNS

History: Chronic hematuria, sl elevated SDMA. Had some crystal. Hx prepuce infection resolved. Labs attached Evaluate for cystitis, Renal, Occult, Urolithiasis.

Abnormal PE/Chem/CBC/UA Results: USG 1.047-1.066 Hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 3 cm. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.22 cm in length. The right kidney measured 5.48 cm in length.

No overt pathology in the area of the residual prostate measuring 0.54 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as being flattened, isoechoic and subnormal in width. Screening for Addison's may be warranted. This may be an idiopathic or incidental finding. The left adrenal gland measured 2.46 cm in length by 0.37 cm caudal pole width by 0.37 cm cranial pole width. The right adrenal gland measured 1.97 cm in length by 0.35 cm caudal pole width by 0.24 cm cranial pole width.

Spleen

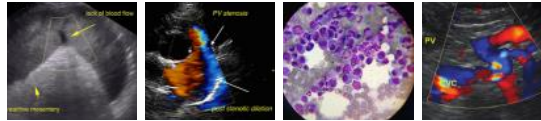
The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. 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

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

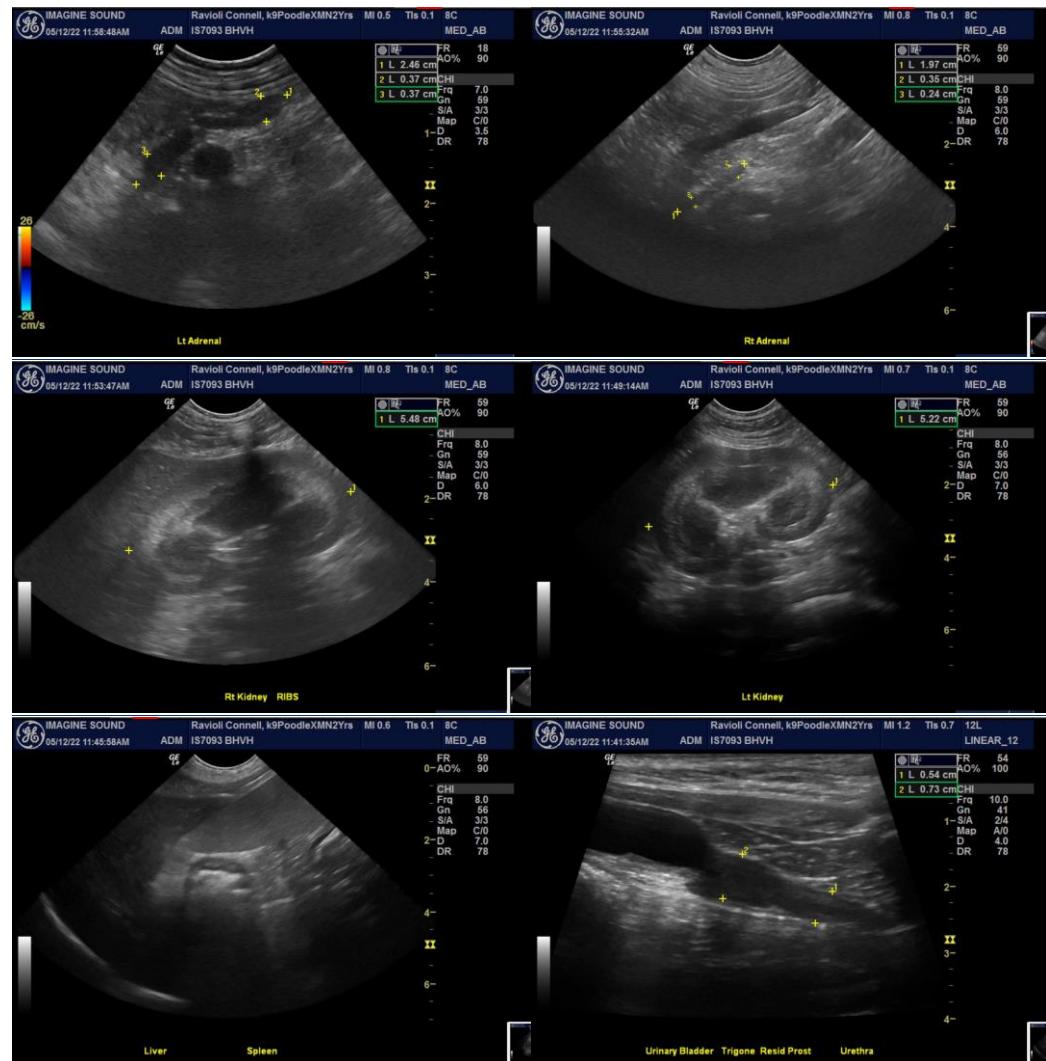
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

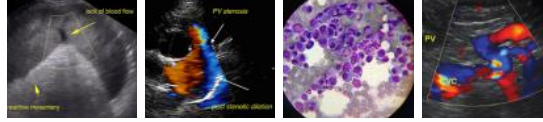
ULTRASONOGRAPHIC FINDINGS

- Structurally normal urinary tract and abdomen
- Subnormal adrenal size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline cortisol or ACTH stim is indicated to rule out occult Addison's disease. Structurally unremarkable abdomen otherwise. The hematuria may be caused by occult UTI. Coagulopathy should also be ruled out. An idiopathic cause of the patient's hematuria is also possible.





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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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