

**DATE**

5/17/722

PRESENTING CLINICAL SIGNS

Hx of urolithiasis. Recent UTI. Radiographs show mineralized density in the area of the kidneys.

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

PATIENT

Petey White

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9/8/08

WEIGHT

106 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Warm and Fuzzy

REFERRING VET

Dr. Urie

INVOICE

30478

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of sand accumulation was noted. Apical polypoid changes were noted in the bladder wall with minor apical wall thickening. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. The right kidney revealed pelvic calculus with strong acoustic shadowing measuring 2.34 cm. The right kidney measured 6.32 cm. The left kidney measured 6.71 cm with slight pinpoint mineralization.

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 right adrenal gland measured 2.54 x 0.54 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 3.24 x 0.58 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic, ill-defined nodule that measured 2.05 cm at the mid caudal body.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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. 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.

Pancreas

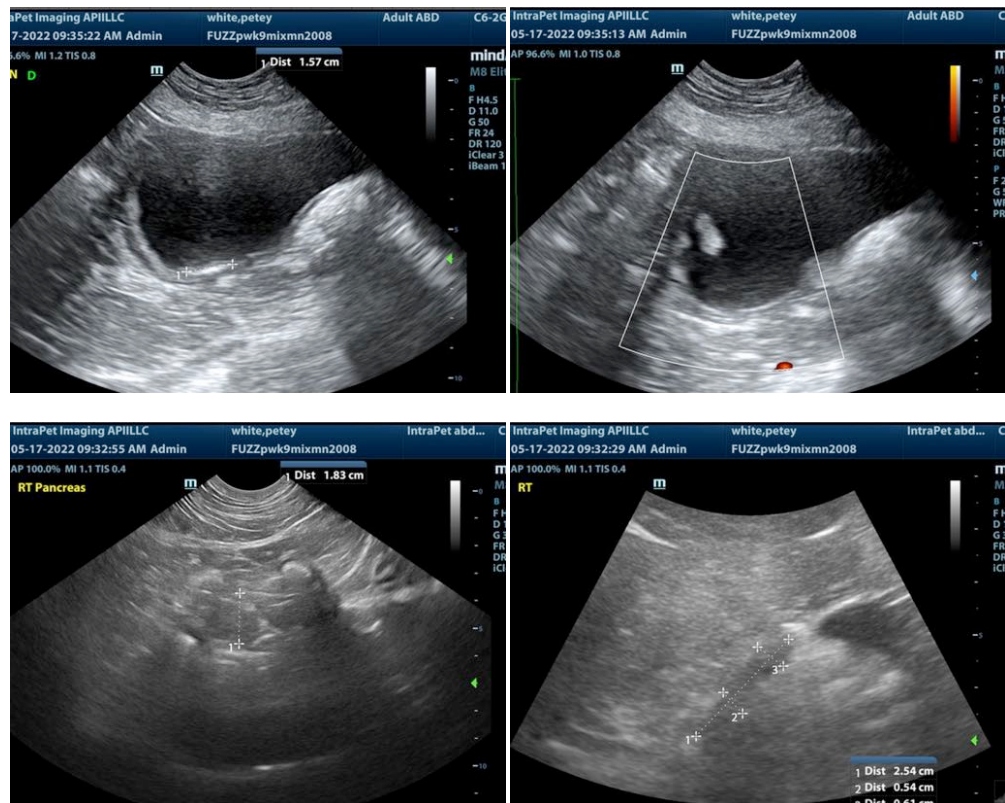
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

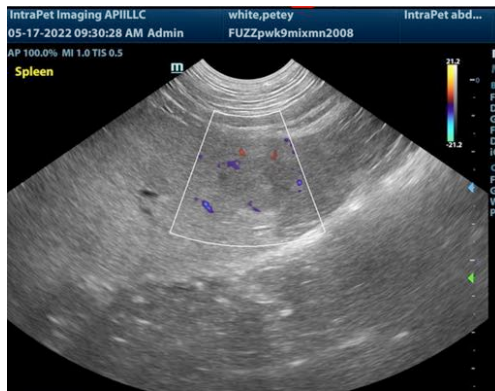
ULTRASONOGRAPHIC FINDINGS

Chronic cystitis pattern with slight amount of sand and bladder polyp. The apical polyp is noted in a position of possible underlying urachal remnant given the progressive thickening. This appears resectable. Right renal calculus, stable. Moderate degenerative right renal changes and mild on the left. Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Resection of the cranial third of the urinary bladder and bladder lavage is warranted. The sand is minimal and likely secondary to inflammatory component. Splenectomy could be considered at the time of surgery or FNA for further definition. If surgery is not performed on the bladder and spleen I recommend medical management for UTI along with follow up ultrasound of the bladder and spleen in a month. Cystocentesis should be avoided in case the apex of the bladder represents transitional cell carcinoma which is a minor potential.







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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