



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bandit Durant
History: Bandit is having recurring UTIs. He did have a perineal urethrostomy when he was younger. Blood and not responding to antibiotics.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: PE: Some urine staining on rear legs- PU site. Age appropriate OA and dental disease. UA: Culture pending. WBC, RBC, Eptihelials, Proteinuria

BREED

Great Pyrenees

SEX

Neutered male

AGE

9 years

WEIGHT

146.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

44128

DATE

5/2/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was mildly thickened primarily at the caudal bladder as well as urethra. Bladder calculi, debris and wall thickening was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate measured 1.5 cm.

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 7.46 cm. The right kidney measured 5.0 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. The right adrenal gland measured 2.86 x 1.31 cm. The left adrenal gland measured 2.03 x 0.53 cm at the caudal pole and 0.38 cm at the cranial pole.

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** 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.



PATIENT

Gastrointestinal

Bandit Durant

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.

SPECIES

Canine

Pancreas

BREED

Great Pyrenees

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

Bladder urethral sand and chronic cystitis pattern. Mild potential for underlying carcinoma.

Otherwise, unremarkable abdomen.

WEIGHT

146.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder is most consistent with cystitis. I cannot completely rule out carcinoma, yet no obvious masses are noted. I recommend cystotomy with normal and retrograde flushing. Bladder wall biopsy, urinalysis with sand and culture are indicated.

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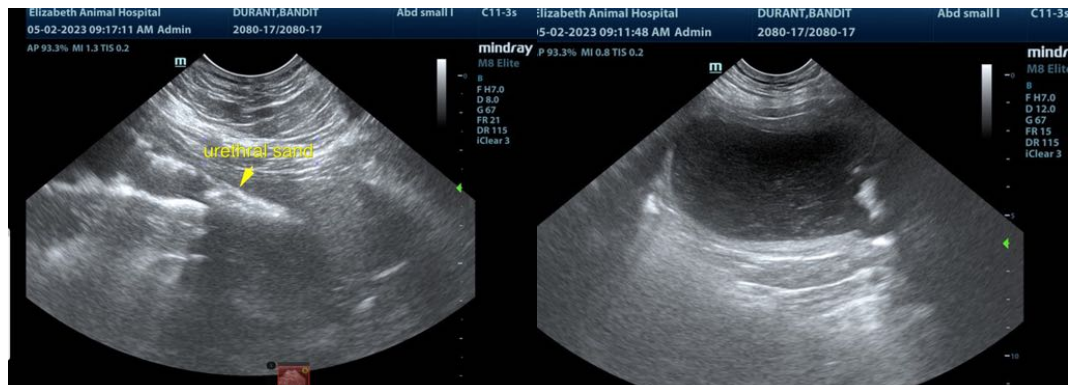
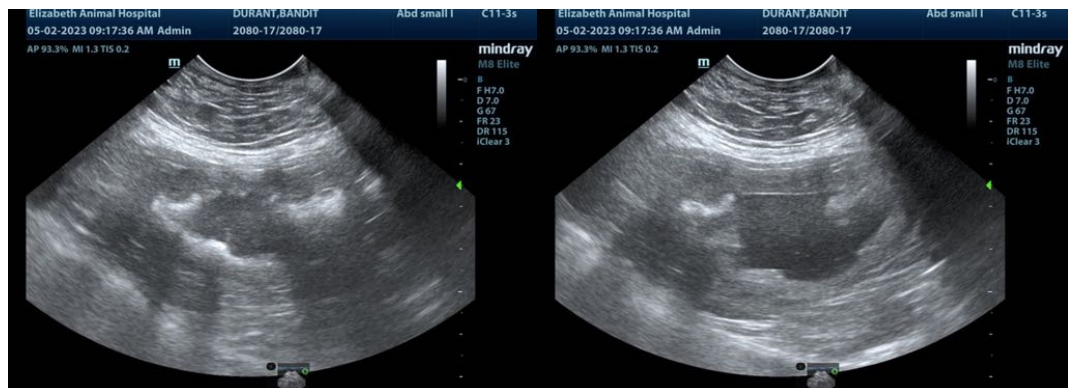
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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