



PATIENT

Rocky Smith

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

10 Years

WEIGHT

24 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Ciara Peace

INVOICE

37853

DATE

5/22/22

PRESENTING CLINICAL SIGNS

P presented on emergency for hematuria and stranguria - started yesterday after P got home from another hospital for CT scan (history of epistaxis). O noted multiple areas of blood in the urine and P would strain for 10+ times when trying to urinate. P was BAR on PE, has lost 2kg since 5/9, bladder full but not firm/tense. Small amount of blood noted in urine in cage, mild blood tinge to urine from cystocentesis, no stones or abnormalities noted on fast scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

Normal size and margination were present in the **kidneys**. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 6.0 cm each. A hyperechoic nodule was noted at the dorsal aspect of the corticomedullary junction of the right kidney measuring 0.50 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and heterogeneous, measuring 0.90 cm at maximum width. The **right adrenal gland** measured at upper limits of normal, measuring 1.5 cm at the cranial pole and 0.90 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally, positional variant. 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

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The **left pancreatic limb** was slightly hypoechoic to surrounding fat, undulating contour.

SPECIES

Free Abdomen

Canine

Some remodeled mesentery was noted in the mid abdomen, appears to be quiescent and likely secondary to prior history of enteritis.

Iliac lymph nodes were unremarkable.

BREED

ULTRASONOGRAPHIC FINDINGS

English Bulldog

- Mild chronic cystitis bladder pattern
- Enlarged adrenal glands
- Remodeled mesentery, likely history of enteritis

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

If USG is <1.020 and the patient appears cushingoid, workup for Cushing's warranted. However, urine culture and sensitivity indicated based on any inflammatory sediment. There is no evidence of neoplasia in the bladder. However, the urethra was not visualized.

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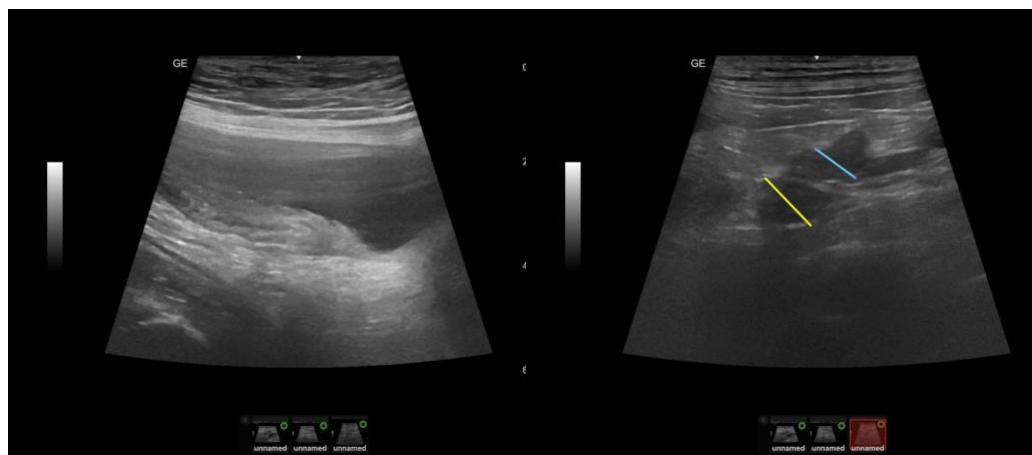
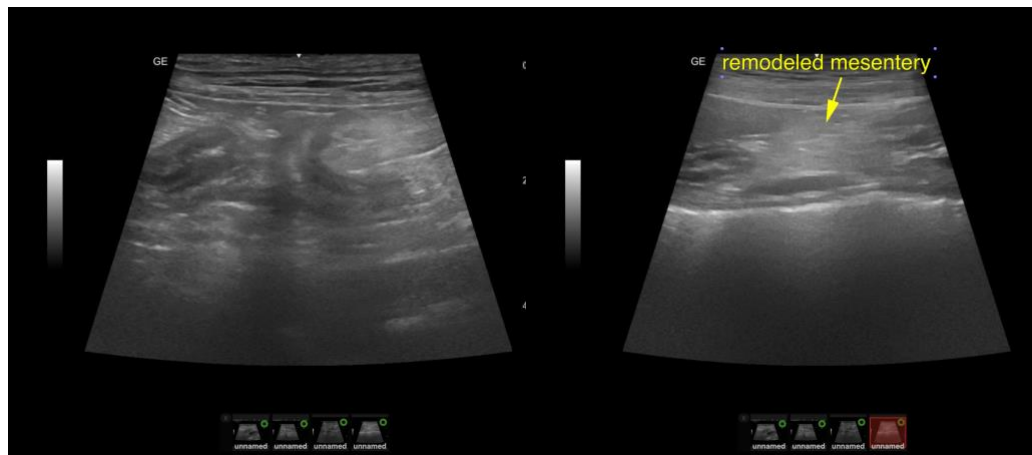
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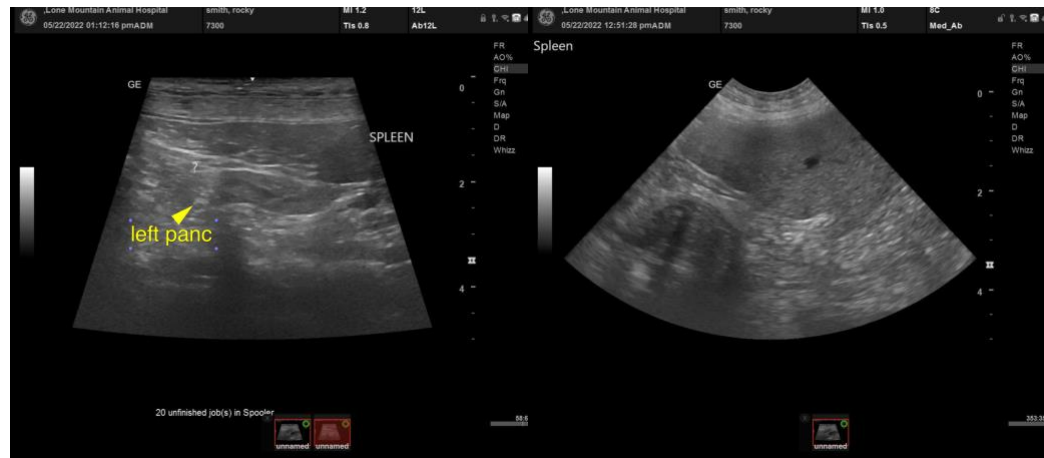
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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