



PATIENT PRESENTING CLINICAL SIGNS

Chelsey Eaton straining to defecate, pollakuria, recurrent hematuria and inflammatory cells in urine without obvious bacteria.

SPECIES

Abnormal PE/Chem/CBC/UA Results: U/A sp.grav 1.035 pH 7.0 Cloudy and dark yellow trace protein Blood 250 WBCs 28/hpf RBCs greater than 50/hpf

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Beagle

The **urinary bladder** itself was unremarkable. The distal urethra was mildly dilated with enhanced mesentery, suggestive for urethritis. However, distal urethral pathology such as TCC could not be ruled out. The pelvic urethra was imaged up to 4.6 cm caudal to the cystourethral junction. Vaginoscopy warranted to assess for deep urethral pathology at the level of the vaginal meatus of the urethra.

SEX

Spayed Female

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 5.3 cm. The right kidney measured 4.9 cm.

AGE

12 Years

Adrenal Glands

WEIGHT

14.5 kg

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 1.43 cm x 0.89 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 1.64 cm x 0.48 cm at the caudal pole and 0.50 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

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

Crystal Hill

Liver

HOSPITAL NAME

Wellington AH

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.

REFERRING VET

Dr. Dennis

Gastrointestinal

INVOICE

38015

Examination of the **gastrointestinal tract** revealed jejunal thickening with reactive or remodeled mesentery associated with the jejunum in a region of approximately 3.0 cm in the mid abdomen. Mid abdominal palpation recommended to assess for any discomfort to assess whether this is active inflammation or from a past episode of an inflammatory event.

DATE

5/26/22



PATIENT *Pancreas*

Chelsey Eaton 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

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Beagle

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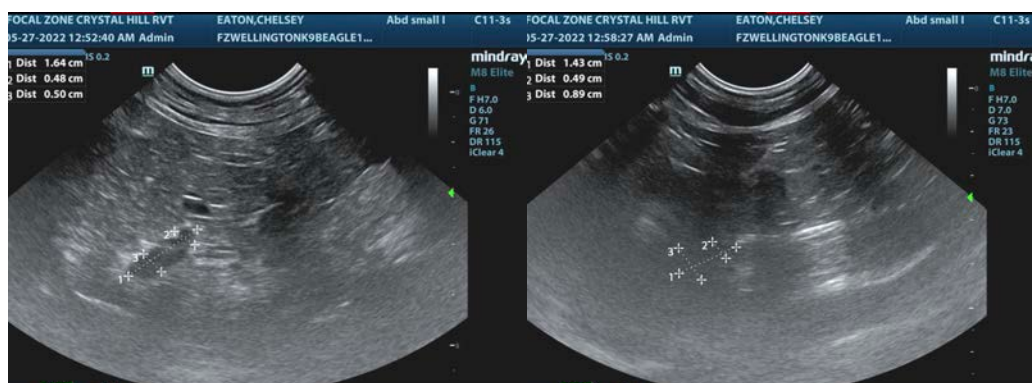
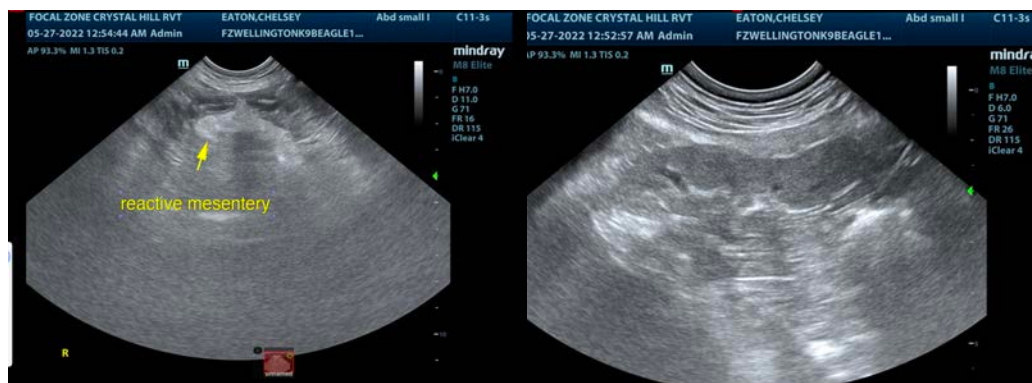
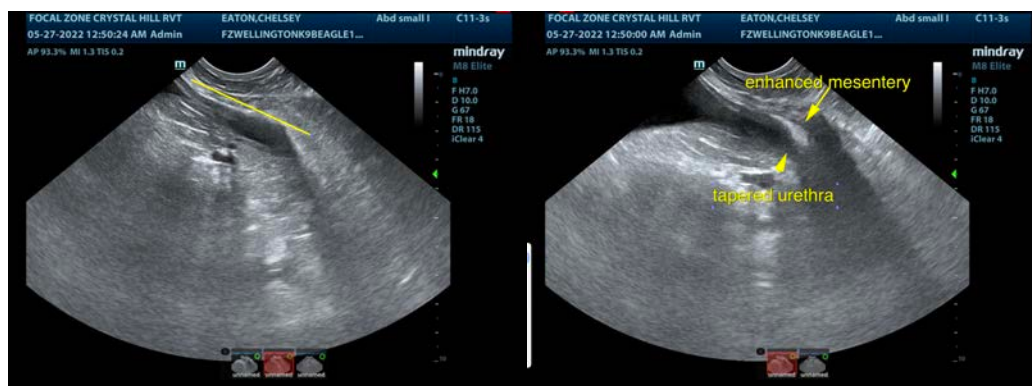
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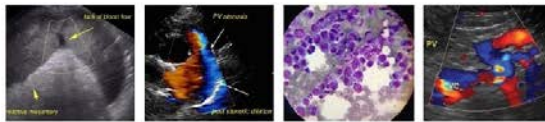
ULTRASONOGRAPHIC FINDINGS

- Slightly inflamed deep pelvic urethra, no masses or calculi to 4.5 cm caudal of the cystourethral junction. However, distal urethral pathology cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for urethritis warranted and recheck sonogram. However, vaginoscopy or cystoscopy would be appropriate. The reactive mesentery upon the small intestine may be remodeling from prior episodes of inflammation.





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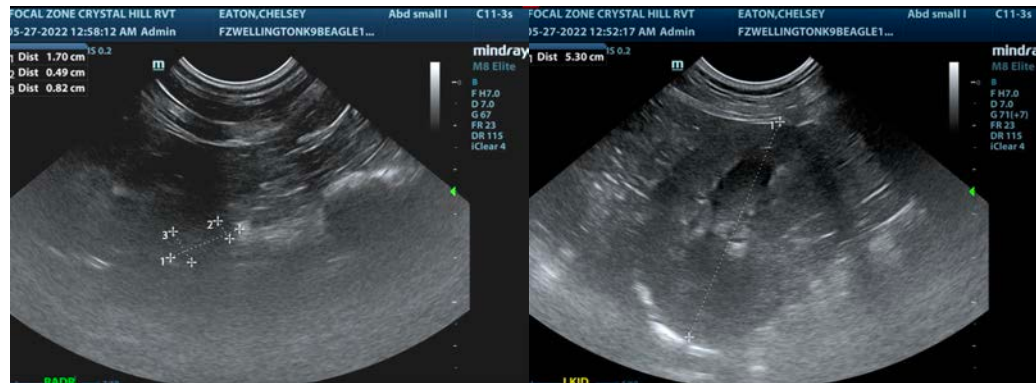
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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