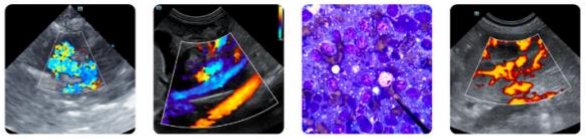

PATIENT

Tiller Holland

SPECIES

Canine

BREED

Dalmatian

SEX

Neutered Male

AGE

2 Years 4 Months

WEIGHT

56.9 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Case

INVOICE

15909

DATE

05/07/26

PRESENTING CLINICAL SIGNS

History of urate crystals, accidents, weak stream. Exam WNL- limited due to temperament. Clavamox 375mg BID started 5/5/26.

Abnormal PE/Chem/CBC/UA Results: Globulins 4.3. UA pH5.5, WBC 0-1, urate crystals >50. USG 1.038

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand and calculi accumulation, a grouping of which measured 2.6 cm with mural bladder wall hypertrophy and echogenic mucosal remodeling consistent with concurrent cystitis. The urethra and residual prostate were unremarkable. The urethra did not demonstrate any sand or calculi however, this can change at any moment.

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. Nonobstructive pinpoint mineralization were present bilaterally and were nonobstructive at the time of the sonogram. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.4 cm in length. The right kidney measured 5.78 cm in length.

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 left adrenal gland measured 2.48 cm x 0.52 cm width at the cranial pole and 0.54 cm width at the caudal pole. The right adrenal gland measured 3.07 cm x 1.39 cm width at the cranial pole and 0.46 cm width at the caudal 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 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

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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. 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

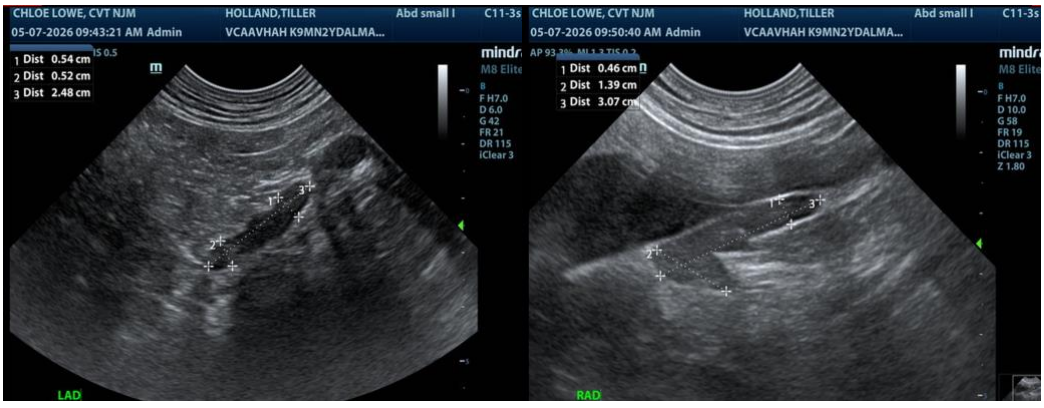
- Urolithiasis- nonobstructive at the time of the sonogram with minor cystitis pattern.
- Renal mineralizations- nonobstructive at the time of the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis, bladder wall biopsy and culture are all indicated. The patient may form calculi in the future. Otherwise, medical management could be considered. Urine culture and sensitivity is indicated. Normo-retrograde flush is indicated as the time of the sonogram.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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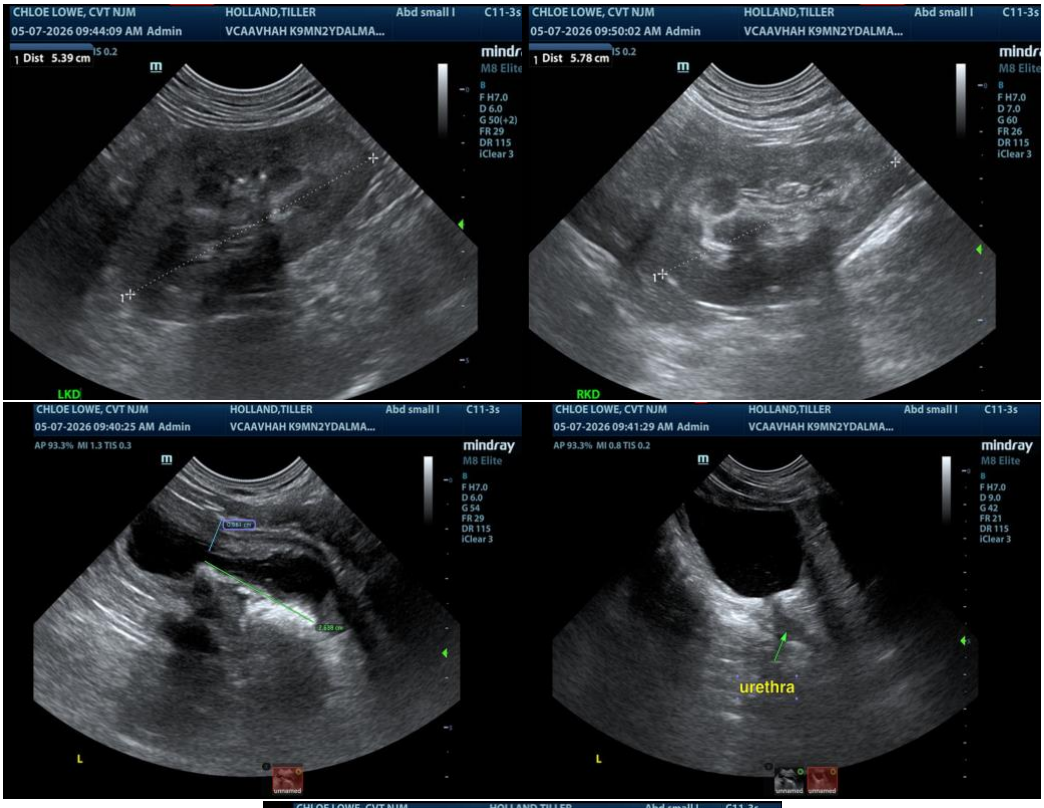
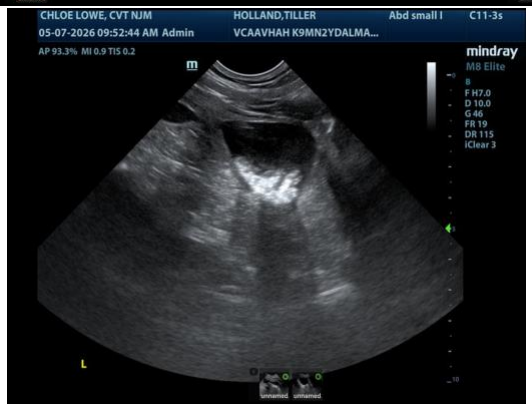




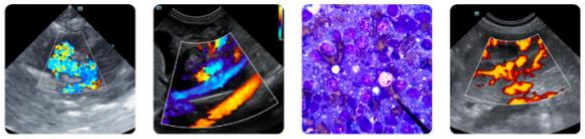
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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