



PATIENT

Seona Buckham

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed Female

AGE

13 years

WEIGHT

12.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alejandro Vargas

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

REFERRING VET

Dr. Lauzon

INVOICE

31162

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Seona presented for spotting and urinating on the carpet yesterday. Keeps trying to pee with no success or only drops. Seems lethargic for the past 24 hours. Still eating and drinking and no V/D. Owner unsure if she is PU/PD. No urinary issues before this. Able to urinate normally in-hosp. Able to express bladder easily under sedation for AUS.

Abnormal PE/Chem/CBC/UA Results: USG 1.011, pH = 6.0, otherwise NSF on UA. CBC WNL. CHEM: SMA = 22 ug/dL (0-14), AKP = >2000 U/L (23-212), Cholesterol = 9.54 mmol/L (2.84-8.26).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The proximal urethra was unremarkable and visualized 1.0 cm caudal from the cystourethral junction. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. 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. Minor mineralization was noted in the kidneys. The left kidney measured 4.5 cm with trace pyelectasia.

Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Slight hyperechoic lipogranulomatous nodule was noted and measured 0.5 cm in the left medial liver. 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



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of congestion was noted. The gallbladder revealed minor polypoid changes and dependent debris. This is not pathological.

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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. Minor retention of ingesta was noted in the stomach. 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

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.

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ULTRASONOGRAPHIC FINDINGS

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Minor renal mineralization.

Normal lower urinary tract to the level of the proximal urethra.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be passing calculi. Deep urethral pathology cannot be completely ruled out in this patient. Cystoscopy is indicated if clinical signs persist despite medical management.

IMAGING PERFORMED BY

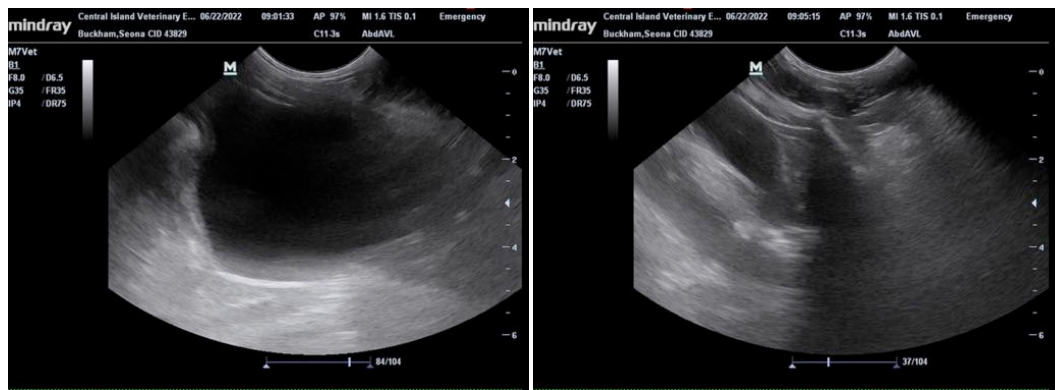
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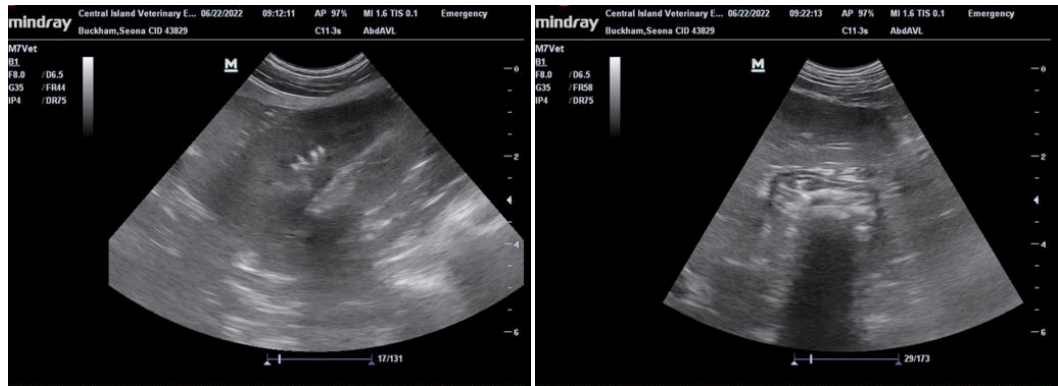
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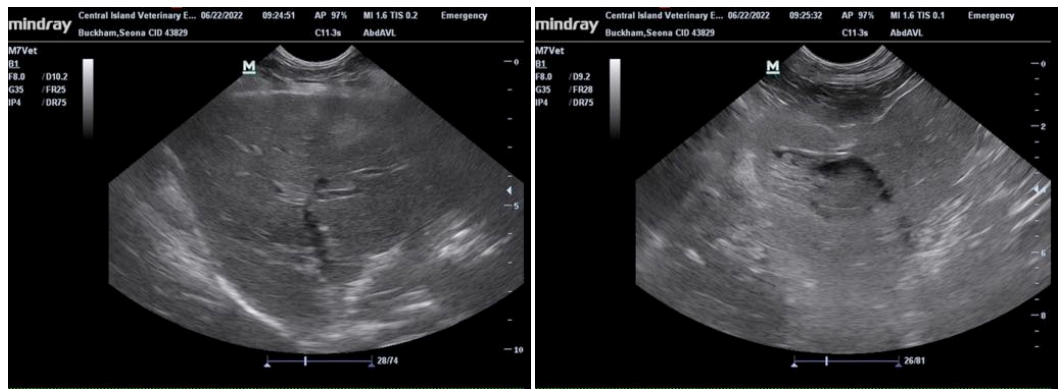
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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