



**PATIENT PRESENTING CLINICAL SIGNS**

Duke Wilks 1 month history intermittent strain to urinate w/ suspected UTI's recurring even with abx therapy, difficult urinary catheterization. No current meds.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

The **urinary bladder** presented a moderate amount of debris with mild apical ventral wall thickening and large amount of sand, non-obstructive at the time of the sonogram. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Mix

**SEX**

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 right kidney measured 6.11 cm. The left kidney measured 6.06 cm.

Neutered Male

**AGE**

5 Years

**Adrenal Glands**

**WEIGHT**

The **left adrenal gland** was subnormal in size, measuring 1.7 cm x 0.39 cm at the caudal pole and 0.38 cm at the cranial pole.

35.4 Pounds

The **right adrenal gland** was subnormal in size, measuring 1.82 cm x 0.64 cm at the cranial pole and 0.27 cm at the caudal 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**

Jessica Miller

**Liver**

**HOSPITAL NAME**

AH of Roxbury

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. Hickenbottom

**INVOICE**

43649

**Gastrointestinal**

**DATE**

6/30/23

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.



**PATIENT** *Pancreas*

Duke Wilks

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

**Free Abdomen**

**BREED**

Mix

Reactive mesenteric lymph nodes noted up to 2.0 cm x 0.50 cm.

**SEX**

Neutered Male

- Bladder sand
- Small adrenal glands
- Partially full stomach
- Reactive mesenteric lymph nodes

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

35.4 Pounds

Given the small adrenal glands, recommend screening for Addison's, given the necessity for anesthesia in this patient followed by cystotomy, normo- and retrograde bladder/urethral flushing with sand analysis and culture. Apical bladder wall biopsy would be ideal. There is no overt concern for neoplasia. I cannot completely rule out very early transitional cell carcinoma in this patient, yet it is very unlikely.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

AH of Roxbury

**REFERRING VET**

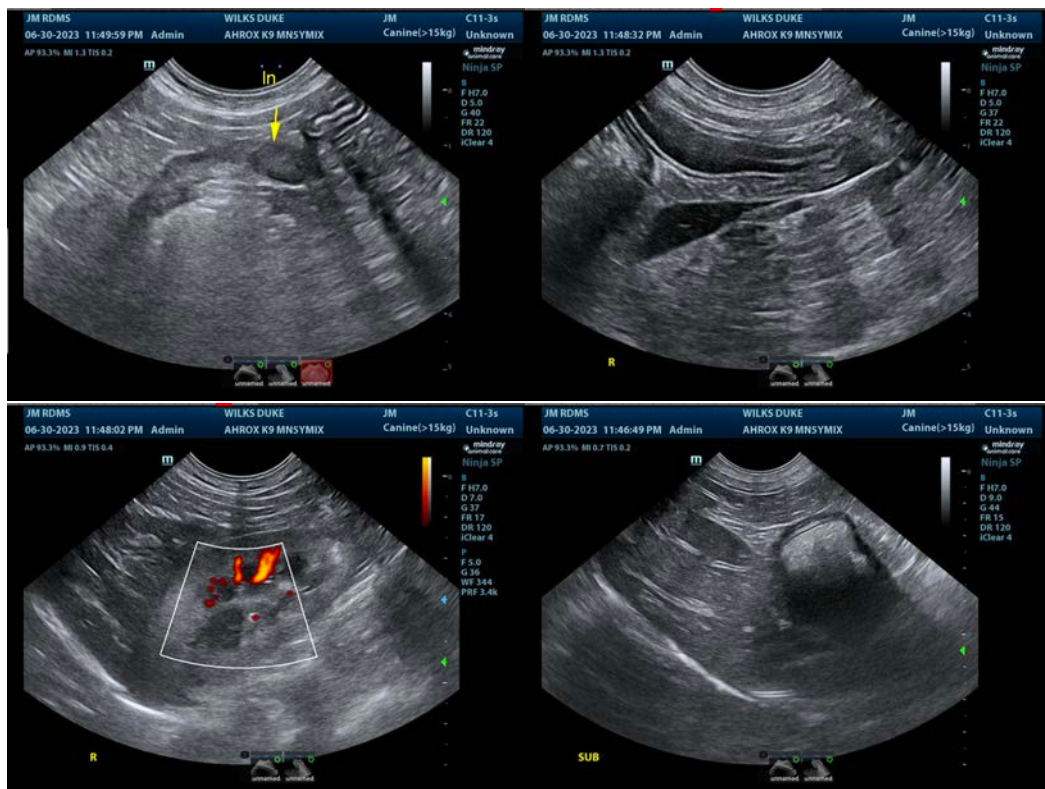
Dr. Hickenbottom

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**PATIENT**

Duke Wilks

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

35.4 Pounds

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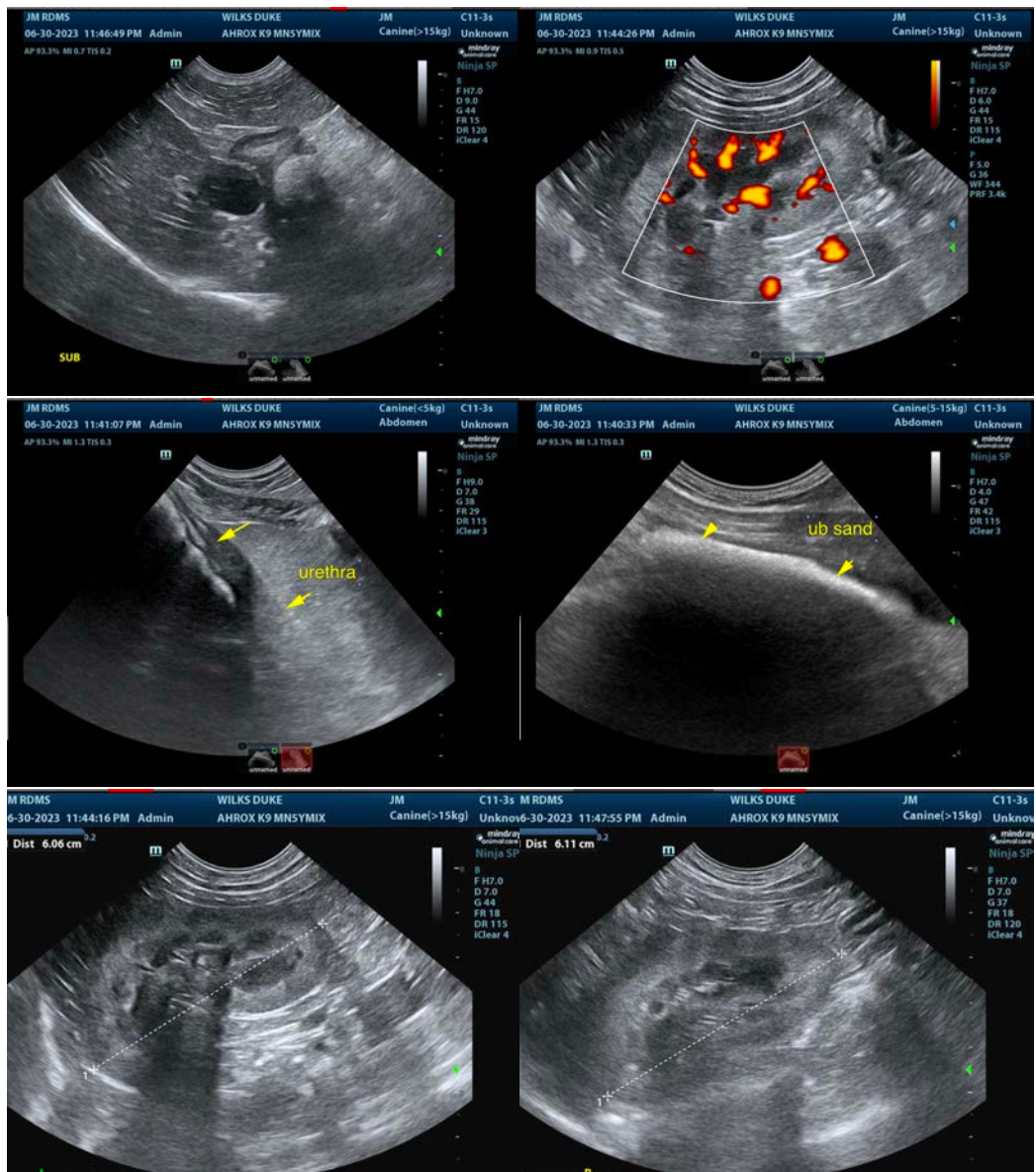
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**PATIENT**

Duke Wilks

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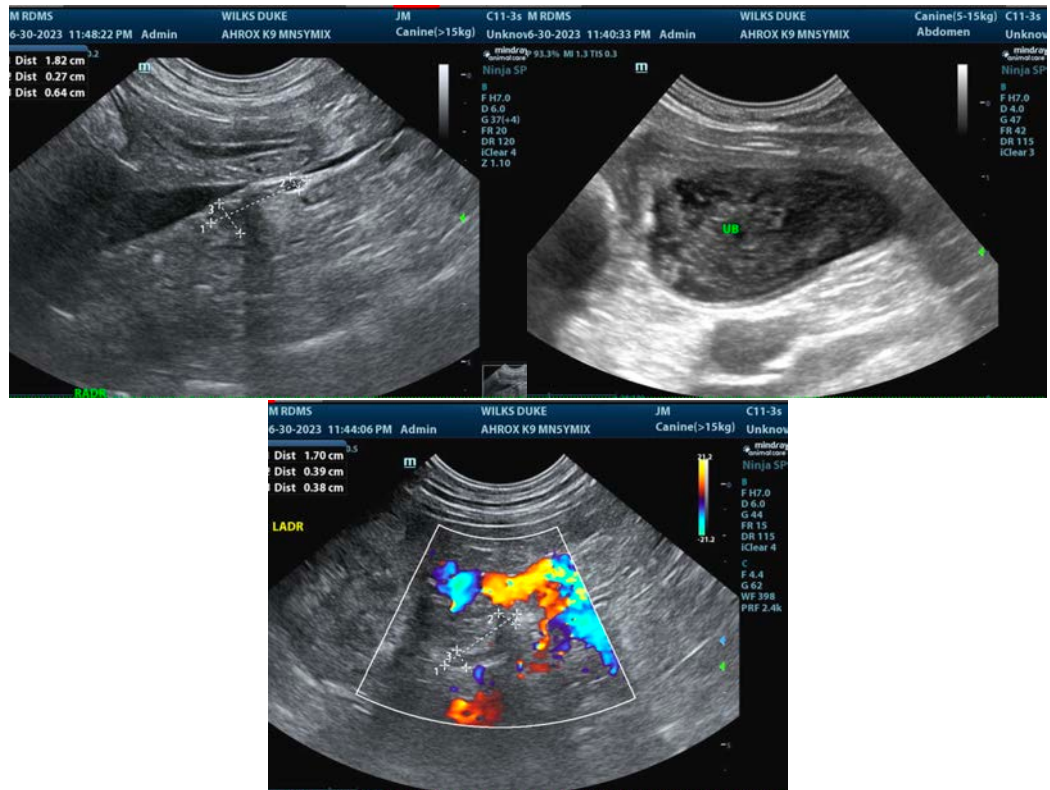
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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