

**DATE**

6/7/22

PRESENTING CLINICAL SIGNS

Hematuria. Hx of urinary tract infections, inflammation, crystals, arthritis/UTI, urinary incontinence estrogen response, urinary inflammation.

PATIENT

Lilly Green

Current Medications: Doxycycline 300mg SID, Meloxicam ¼-1 SID PRN, DES 1mg SID for 7 days then 1 once a week, Bravecto, Heartworm prevention.

Lab Results: Urine is moderately concentrated with a moderately alkaline pH. Chemistry dipstick shows protein and blood. Microscopic shows a few red cells, lots of white cells, some rare rod and cocci bacteria, some large round cells and other unidentified cells, lots of fine granular cast fragments.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: 8/11/20. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Mastiff

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** revealed persistent polypoid bladder changes. The changes appeared to be minor. The mucosal, submucosal, muscularis and serosal layers appeared unremarkable. The pelvic urethra appeared to have minor, subnormal tone. Underlying occult incontinence may be playing a role.

AGE

3/10/12

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 and no evidence of pelvic dilation was present. The right kidney measured 7.96 cm with corticomedullary mineralization. The left kidney measured 7.65 cm with minor, non-obstructive nephrolithiasis.

WEIGHT

138.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 3.31 x 0.63 cm at the caudal pole and 0.89 cm at the cranial pole. The left adrenal gland measured 2.27 x 0.67 cm at the caudal pole and 0.6 cm at the cranial pole.

HOSPITAL NAME

Friendly Paws VC

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.

REFERRING VET

Dr. Price

INVOICE

30905

Liver

The **liver** revealed a hypoechoic, non-disruptive 2.27 cm nodule noted in the left medial liver. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

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.

Pancreas

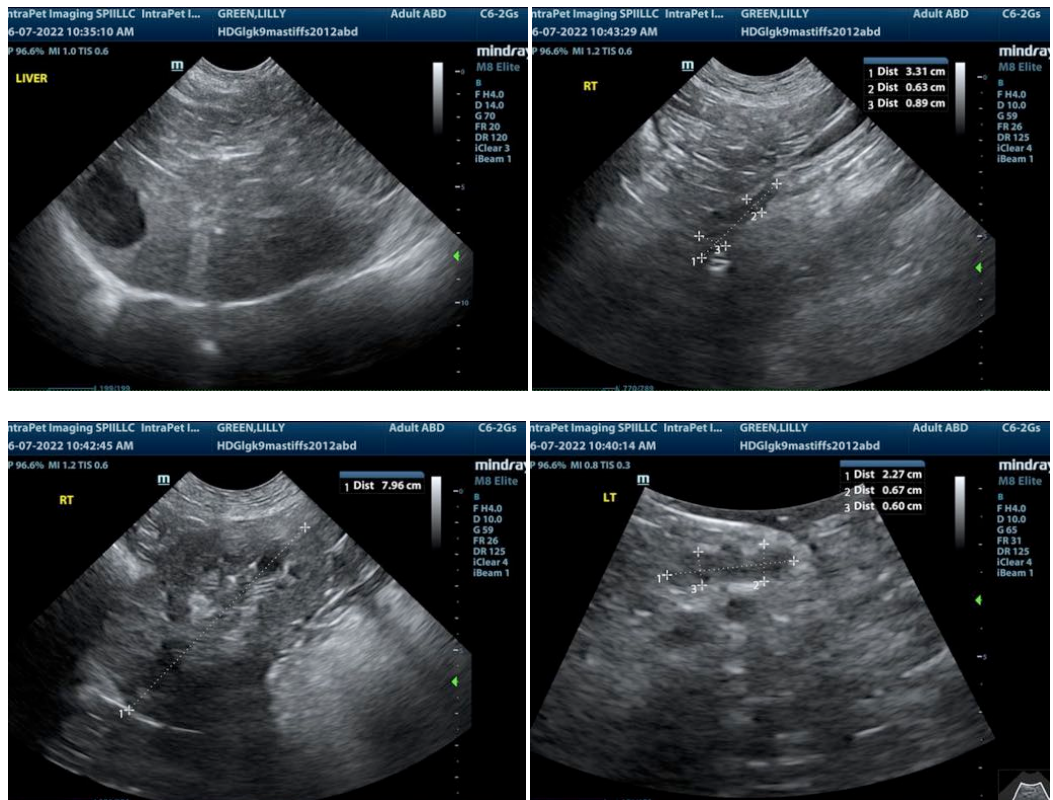
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

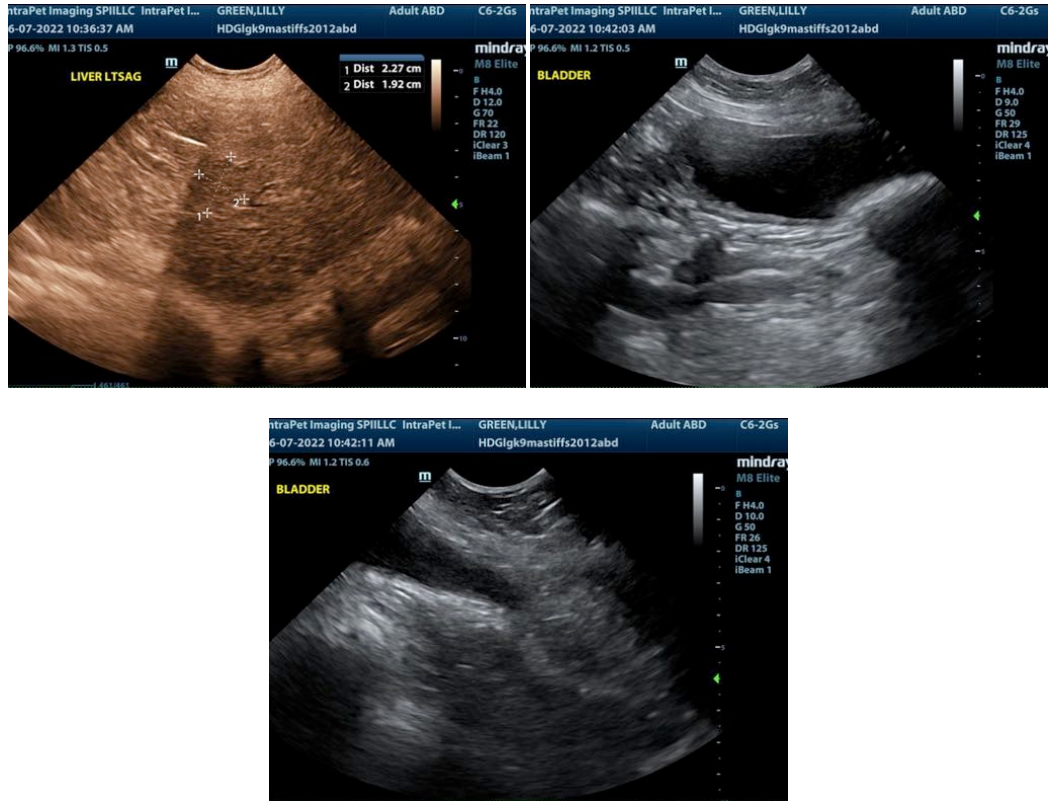
ULTRASONOGRAPHIC FINDINGS

Hepatic and renal remodeling, slight renal mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted given the hepatic changes. The hematuria may be owing to UTI or periodic passage of calculi, yet no obstructive disease was noted and the calculi were relatively small. Long term antibiotic therapy may be necessary to clear UTI with enhancement of urethral tone with Phenylpropanolamine from a long term management standpoint. Overt incontinence may not be evident.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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