



PATIENT

Bailey Franklin

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

78.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Susan Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Susan Lincoski

INVOICE

39442

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Recurrent hematuria, incontinence. Rarely has pyuria and unresponsive signs when treat with antibiotics, though we have not been able to get a sample for sterile culture from her. Concerned re underlying neoplasia or uroliths as underlying cause.

Abnormal PE/Chem/CBC/UA Results: Hematuria, repeatedly. Occasional pyuria (this resolves but hematuria does not). No bacteriuria, crystalluria or casts noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand and suspended debris. Minor uniform ventral apical wall thickening present, consistent with chronic cystitis. No evidence of neoplasia. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.5 cm. The right kidney measured 5.5 cm.

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 0.50 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder wall was echogenic and mildly thickened with echogenic debris and minor overdistention, consistent with porcelain gallbladder.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.



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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.

PRIMARY FINDINGS

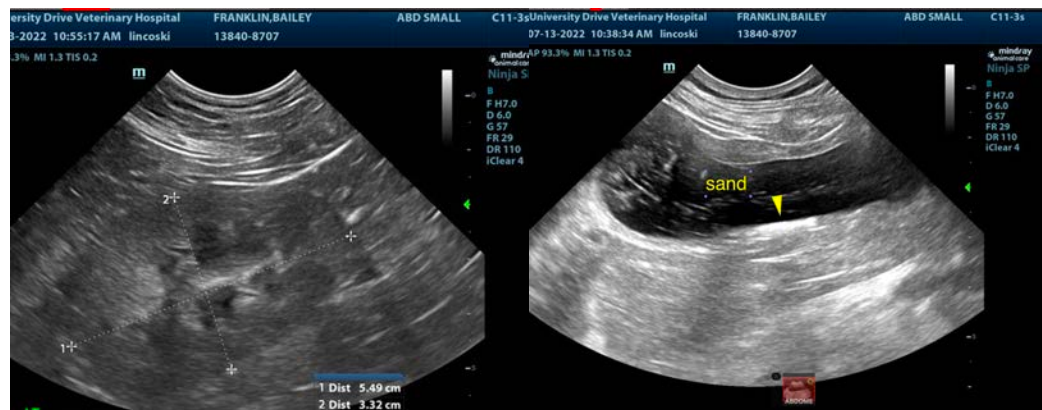
- Chronic cystitis bladder pattern with sand accumulation

SECONDARY FINDINGS

- Age related changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity warranted. Treatment for underlying occult incontinence also recommended. 4-6 week antibiotic therapy likely necessary despite the lack of bacteriuria. IV fluid push to dissolve the bladder sand along with injectable antibiotics could be considered. Predisposing issues such as recessed vulva or perivulvar vaginitis, urine pooling all potential complicating factors.





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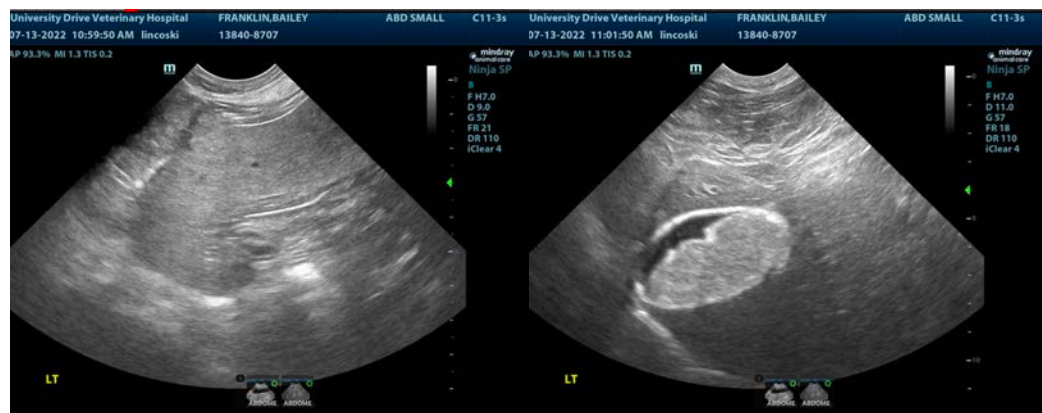
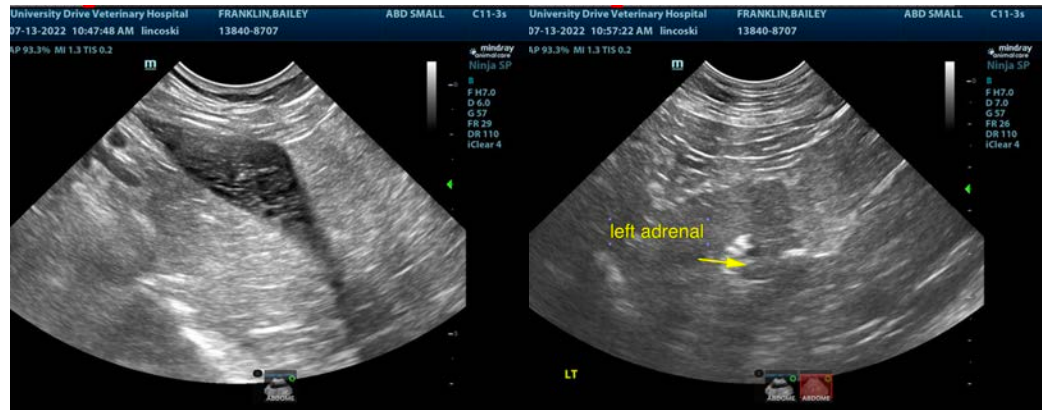
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com