



PATIENT

Rascal Redbone Lauzon

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

13 ½ years

WEIGHT

19.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

76112

DATE

7/12/23

PRESENTING CLINICAL SIGNS

History: P presented June for increased urinary accidents. O states p urinating all over the house in random places that she has never had accidents before. Still going outside to pee, but then will pee again inside shortly after. Not dribbling urine, not when p laying down. Puddles of urine fairly large. No blood, no straining. Ravenous appetite is also new over the past 1-2 months. O thinks p acting abnormal as well. Not more anxious but just generally acting different than normal. Hx of urinary incontinence (on proin 25mg - 1/2 tab PO 2-3x a week) and generalized anxiety (on Clomicalm 30mg SID). No recent change in medications.

Abnormal PE/Chem/CBC/UA Results: PE: Anisocoria (OD miosis). PLR (direct and indirect OU wnl), Palpebral and menace response normal. TPR wnl. Tonopen: OS 6, 6, 4 OD 1,3,2 CBC: slight neutropenia, all else wnl Chem: ALP 176 U/L, all else wnl T4: 1.1 ug/dL UA: USG 1.031, trace protein UCCR: 21 Thoracic x-rays: wnl Abdominal x-rays: mild splenomegaly Fecal - NOS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Slight micropolypoid changes. The ureters were not visible which is normal. A trace amount of sand was noted in the bladder. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilatation was present. Non-obstructive pinpoint mineralization was noted. The left kidney measured 4.45 cm. The right kidney measured 4.62 cm.

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 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed multi-focal, hyperechoic lipid plaques and mild splenic enlargement. There was no evidence of significant disease. The spleen is likely reactive.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 of congestion was noted. Slight gallbladder calculi were noted and non-obstructive.



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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. 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.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Trace bladder sand.

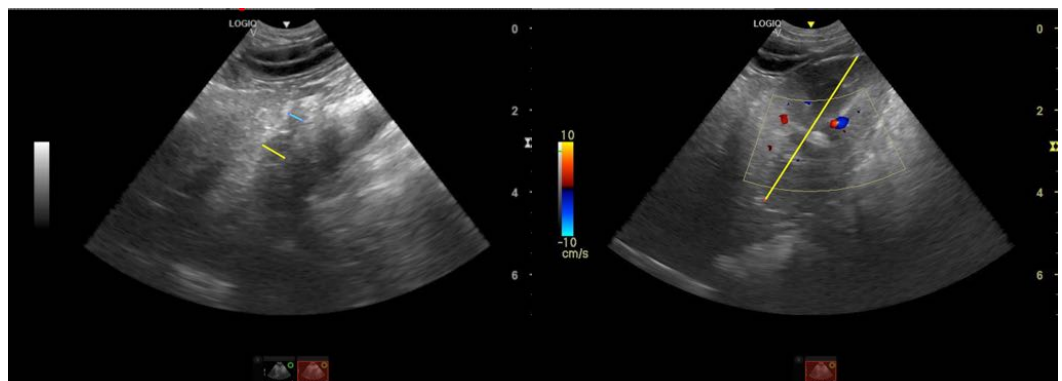
Age related renal changes with mineralization.

Gallbladder calculi, non-obstructive and quiescent.

Splenic enlargement with hyperechoic lipid plaques.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing small calculi and sand periodically from the kidneys to the bladder. If any weight loss is an issue then FNA of the spleen is indicated. However, the splenic changes are likely reactive. Urine culture and sensitivity is indicated.





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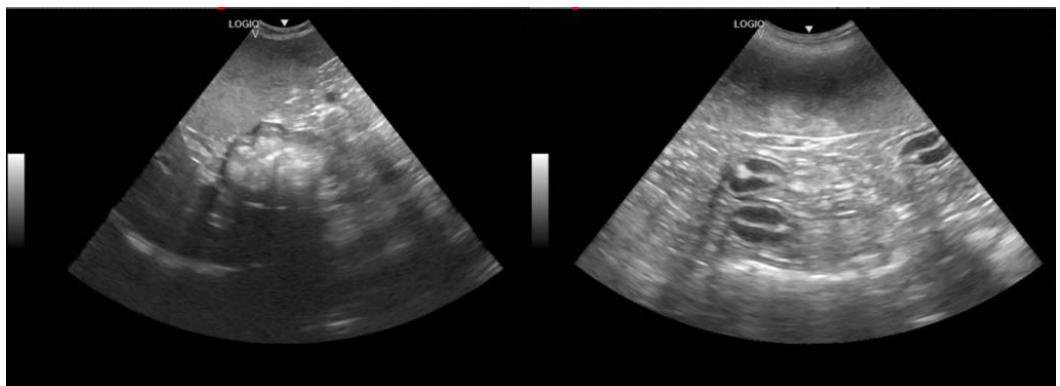
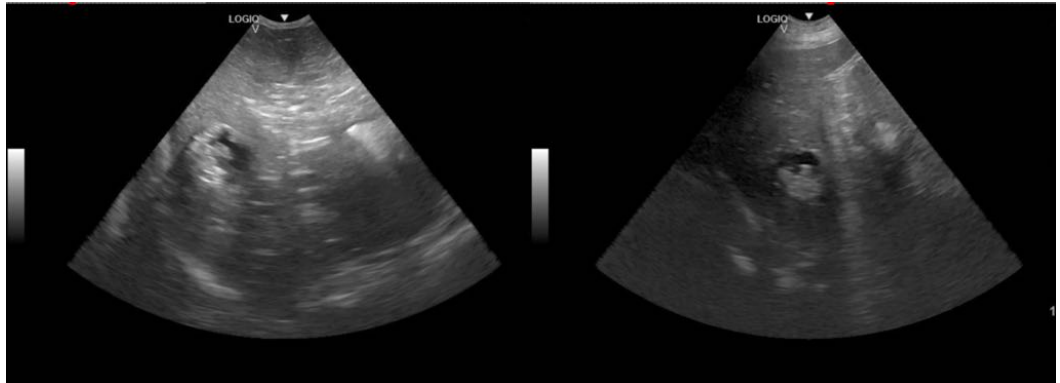
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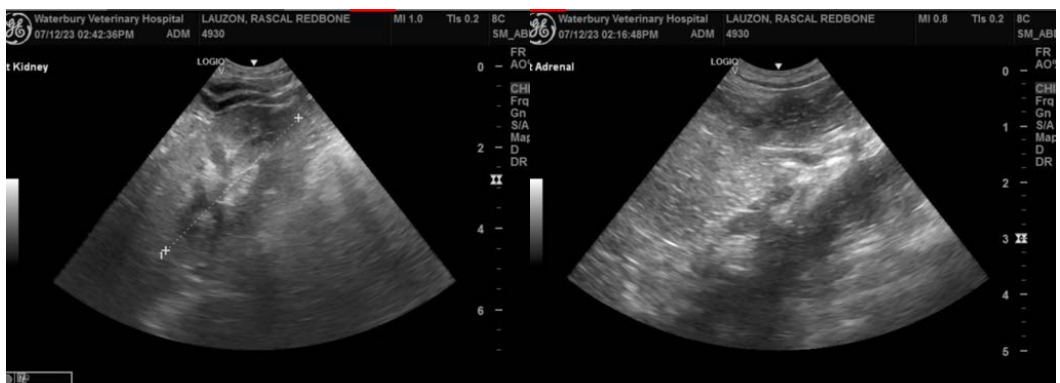
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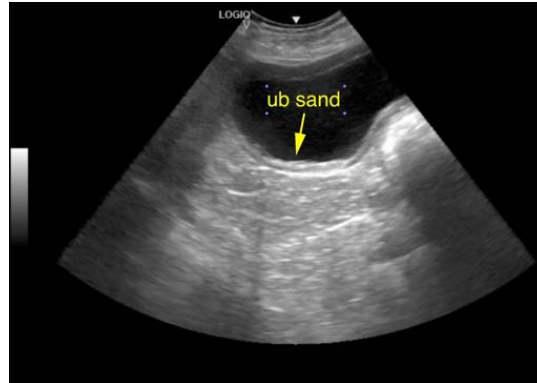
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com