



PATIENT

Reuben Oates

SPECIES

Canine

BREED

Border Collie

SEX

Neutered male

AGE

1 year 11 months

WEIGHT

44 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Crawford

INVOICE

31806

DATE

7/19/22

PRESENTING CLINICAL SIGNS

History: Dog presented last week for acute onset hematuria: the urine is grossly bloody with the appearance of straight blood. Owner does not always observe dog when outdoors so it is unclear if it is truly acute in onset, but no dribbling, leakage, accidents or other signs of LUTD and no change in appetite, energy or attitude: the dog is acting normally. No toxin or fb exposure or access. Dog has a history of rectal prolapse that was surgically repaired with surgical specialist (Colopexy and rectal mucosal resection done 12/20). Dog has generally done well since but does have intermittent hematochezia. Serial examinations for last 7 days--unremarkable except evidence of dried blood and small clots seen at urethral penile tip.

Abnormal PE/Chem/CBC/UA Results: U/A--tntc rbc's, many struvite crystals, no wbc, no bacteria. Culture results NO GROWTH. Chem 21, CBC, PT, PTT all wnl. Buccal mucosal bleeding time wnl. PCV/TS wnl on serial monitoring. Abdominal radiographs nsf, no evidence of urolithiasis, UT appears wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A large amount of suspended debris was noted. Some of the debris was coalescing consistent with blood clots. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 0.8 cm.

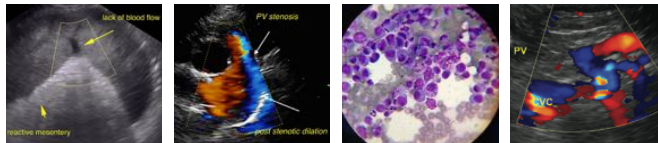
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.0 cm. The left kidney measured 6.0 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 0.44 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 1.1 cm at the cranial pole and 0.55 cm at the caudal pole.

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.



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Liver

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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.

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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.

ULTRASONOGRAPHIC FINDINGS

Structurally normal lower urinary tract with a large amount of debris consistent with infection or blood clots.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulopathy should be ruled out if not already performed in this patient with full coagulation panel. Urine culture and sensitivity is indicated. IV fluid support and diuresis is recommended to liberate the urinary debris can also be considered. However, structurally the urinary tract appears unremarkable. There was no evidence of sequelae from the prior surgery from a structural perspective.

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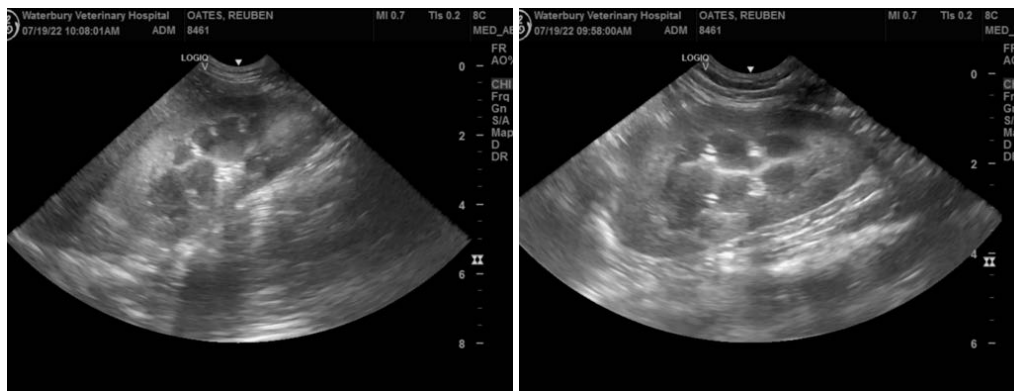
Dr. Crawford

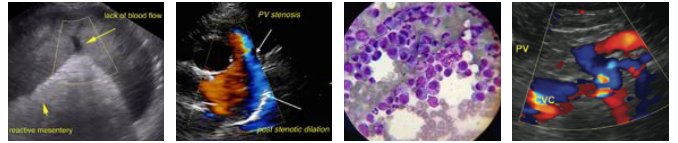
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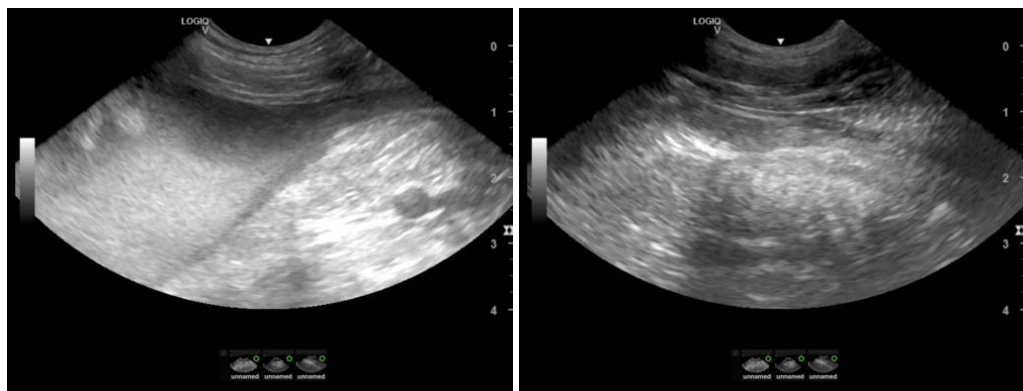
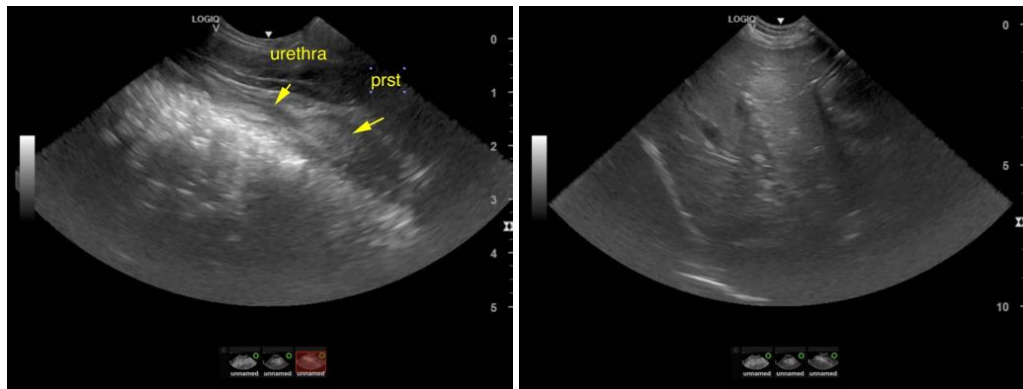
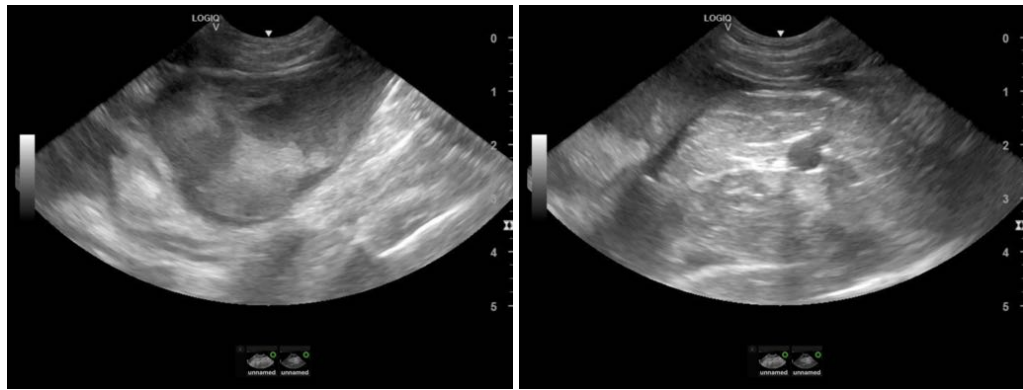
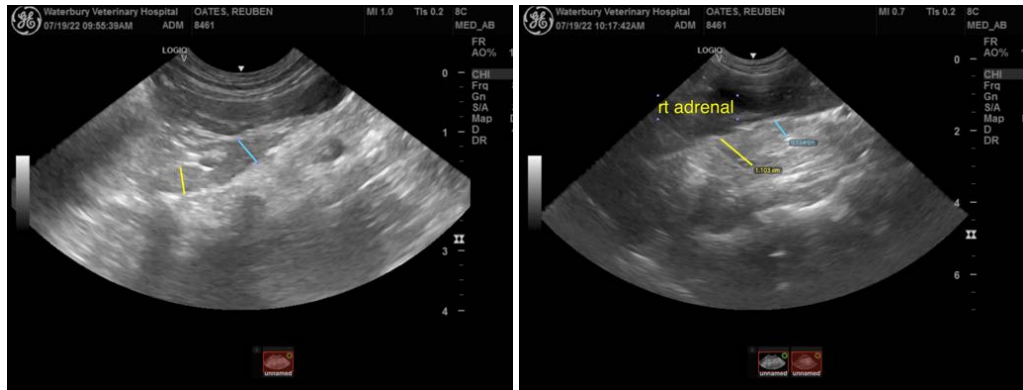
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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