



PATIENT

Chloe Crum

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

10 Years

WEIGHT

46

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Vet Clinic

REFERRING VET

Dr. DenHeyer

INVOICE

23566

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Lethargic, weight loss, poor appetite. Mass palpable on exam
Abnormal PE/Chem/CBC/UA Results: BUN 46, CREAT 2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. This is a moderate change. A large calculus was noted in the bladder, measuring approximately 3.8 cm. Polypoid bladder wall changes were also noted. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed moderate degenerative changes with pyelectasia. Cortical collapse was noted at the dorsal cortex of the left kidney. The left kidney measured 5.55 cm. The right kidney revealed an expansive mixed echogenic mass, deriving from the caudal pole with complete disruption of the right renal pelvis and echogenic debris was noted within the pelvis. Cortical nodular changes were noted in the left kidney as well. Corticomedullary mineralization was noted in the left kidney. Peripheral inflammation was noted around the right renal mass. The mass in the right kidney may not be neoplastic, however, hydroureter was also present. Passage of calculi is also a potential, however, right nephrectomy and cystotomy is likely in this patient best interest.

Adrenal Glands

The **left adrenal gland** was slightly enlarged and swollen, measuring up to 0.88 cm.

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 were noted. Cranial and caudal folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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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.

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Pancreas

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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.

Spayed Female

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ULTRASONOGRAPHIC FINDINGS

10 Years

- Large bladder calculus with chronic cystitis pattern
- Pyelectasia and mass formation of the right. This may represent a nonneoplastic hematoma or similar.
- Slightly enlarged left adrenal gland
- Age-related hepatic changes

WEIGHT

46

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV

CT of the abdomen would be ideal, as well as chest radiographs and echocardiogram and/or chest CT to assess for metastatic disease, followed by nephrectomy, cystotomy, stone analysis and culture.

DABVP, Cert. IVUSS

ABOUT SONOPATH CT SERVICES:

IMAGING PERFORMED BY

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

JK

<https://sonopath.com/services/vetimaging/>

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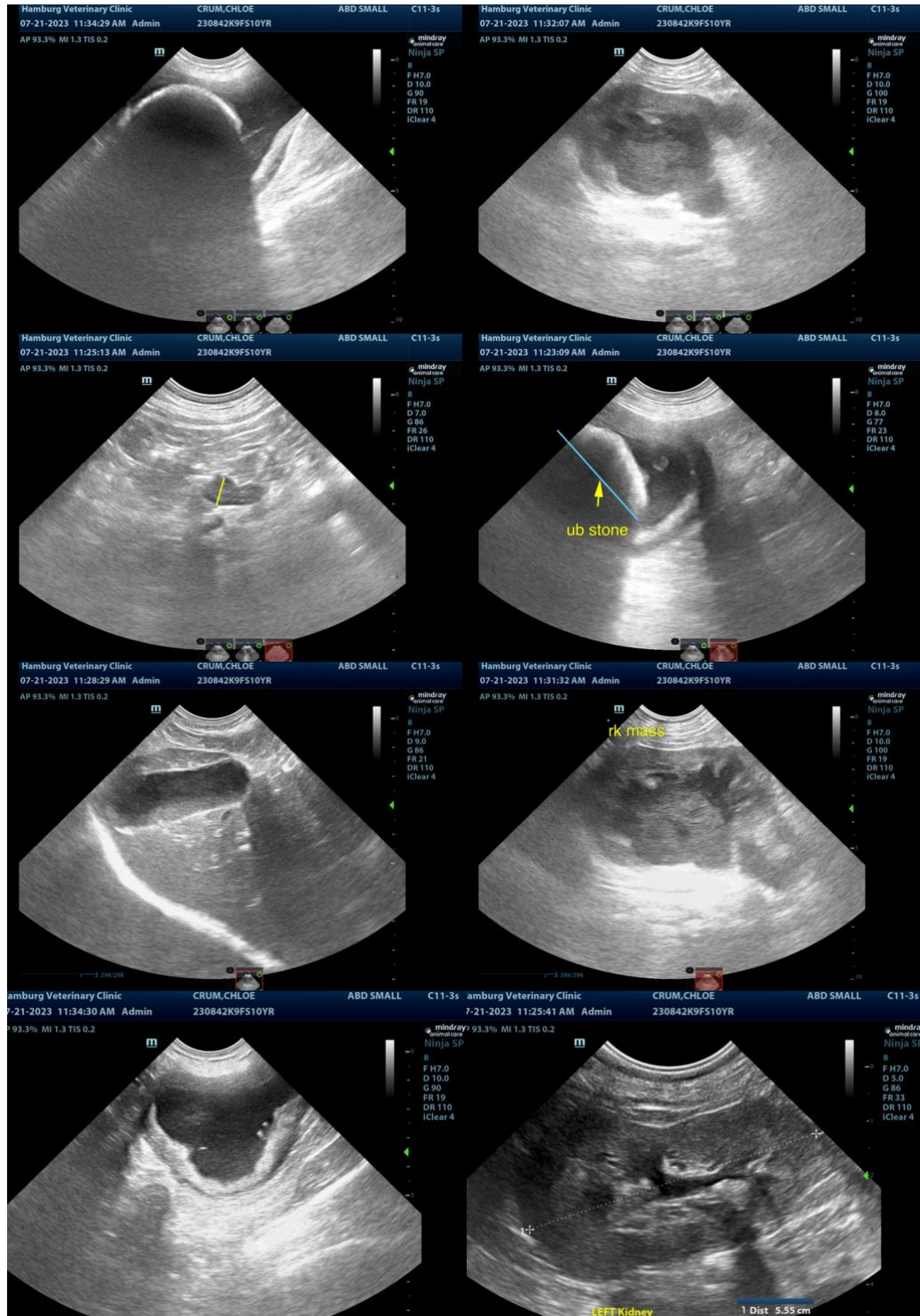
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The information and recommendations provided are based on the images presented by the



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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