



PATIENT

Sprout Tank

SPECIES

Canine

BREED

American Eskimo X

SEX

Spayed Female

AGE

4 Years

WEIGHT

19.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

44802

DATE

8/18/23

PRESENTING CLINICAL SIGNS

Straining to urinate at home -- has been passing struvite stones (confirmed by U of Minnesota urolith analysis). Pain controlled with gabapentin. Started on c/d roughly 1 week ago.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi, non-obstructive at the time of the sonogram. The bladder wall was mildly thickened at 0.50 cm. Minor echogenic debris noted in the urine. A grouping of calculi measured 2.9 cm. The largest calculus measured approximately 7.0 mm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Polypoid changes also noted in the bladder, likely owing to irritation.

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 left kidney measured 2.83 cm. The right kidney measured 3.98 cm.

Adrenal Glands

The **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 0.50 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** was folded upon itself cranially and 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.

Liver

The **liver** was mildly subnormal in size. The gallbladder and common bile duct were unremarkable. The portal vein prior to the portal hilus measured 6.0 mm yet branching was not visualized owing to obscuring ingesta. Vena cava to aortic ratio was 1:1.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

American Eskimo X

- Mild microhepatica
- Bladder calculi and chronic cystitis bladder pattern
- Folded spleen
- Partially full stomach

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 Years

Recommend bile acid profile in this patient. If elevated, further imaging of the portal hilus and portal vein branching recommended at full NPO status in case the calculi are biurate. Otherwise, if bile acids are normal, then direct cystostomy indicated.

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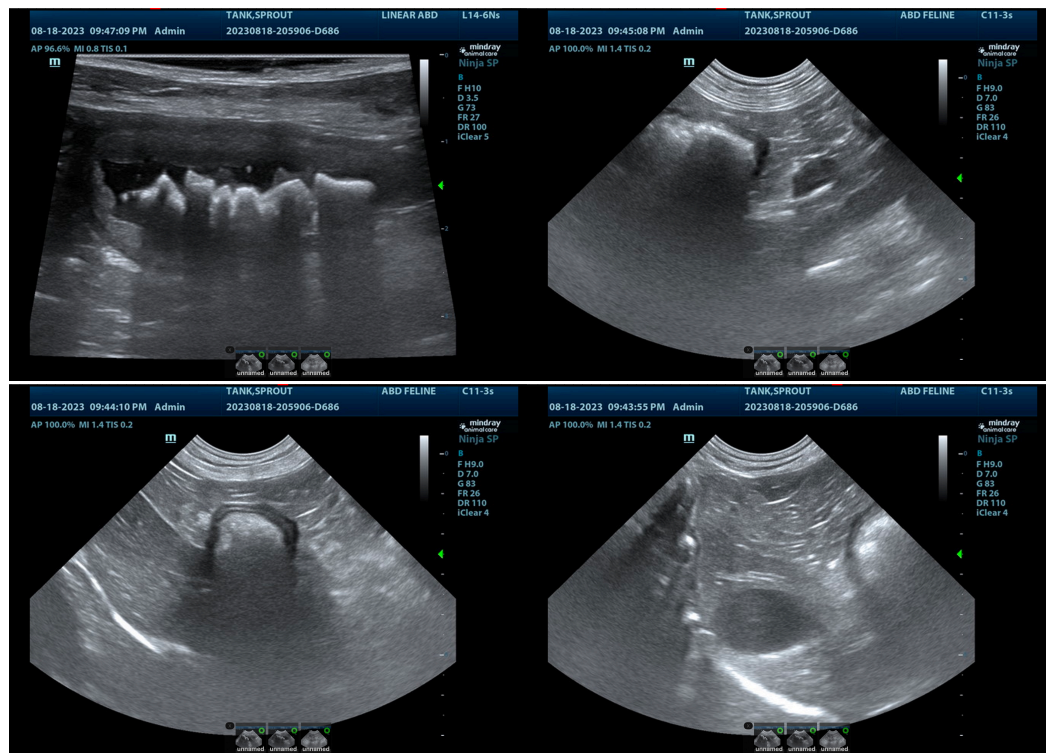
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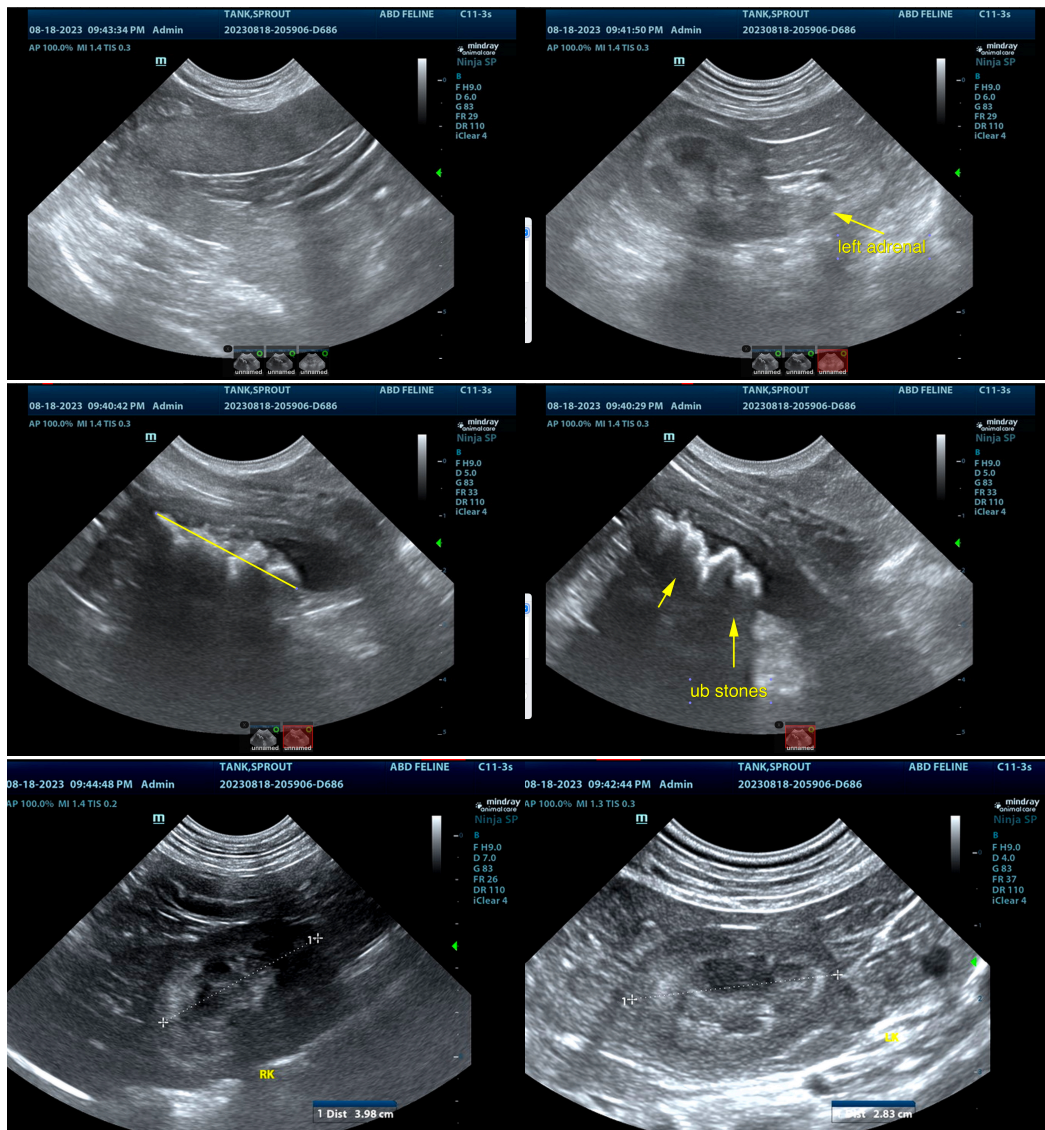
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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