

**PATIENT**

Bella Messar

**PRESENTING CLINICAL SIGNS**

History: PU/PD, lethargy, inappetence. Labs attached.

**SPECIES**

Canine

**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. The bladder wall at minor repletion measured up to 0.55 cm.

**BREED**

Husky

**SEX**

Spayed female

**AGE**

9 years

The **kidneys** were normal in size and contour. The right kidney revealed minor pyelectasia. The right kidney measured 7.82 cm with corticomedullary mineralization and mildly degenerative cortical changes. The left kidney measured 7.06 cm with non-obstructive calculi.

**WEIGHT**

73 lbs

**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 right adrenal gland measured 0.57 cm at the cranial pole and 0.48 cm at the caudal pole and 2.84 cm in length. The left adrenal gland measured 2.78 x 0.54 cm at the caudal pole and 0.53 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Farview Animal Clinic

**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.

**REFERRING VET**

Dr. Mosaad

**Liver**

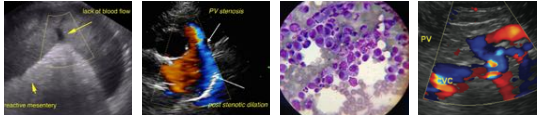
The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, 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.

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**DATE**

8/23/22



## PATIENT

## Gastrointestinal

Bella Messar

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

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

Chronic cystitis bladder pattern. Minor potential for transitional cell carcinoma.

Non-obstructive, renal calculi.

Benign hepatopathy with age related changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for UTI/pyuria is indicated. The PU/PD is likely related to UTI and/or periodic passage of calculi, yet no obstructive nephro or lower urinary tract calculi are noted at this time.

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DABVP, Cert. IVUS

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## REFERRING VET

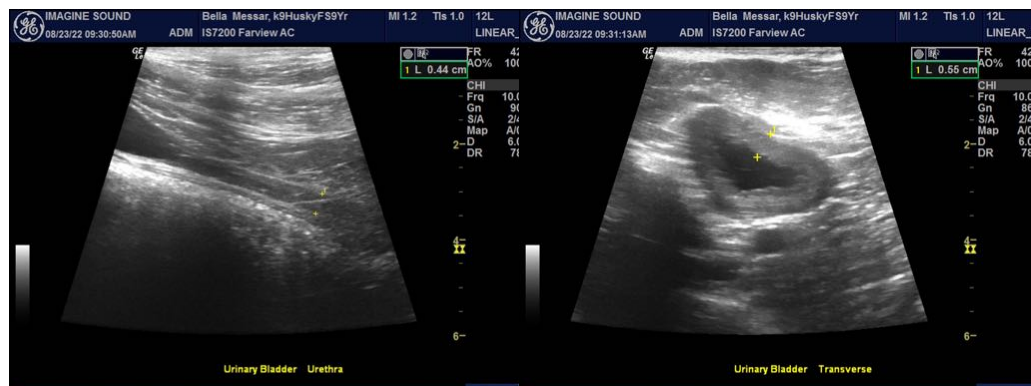
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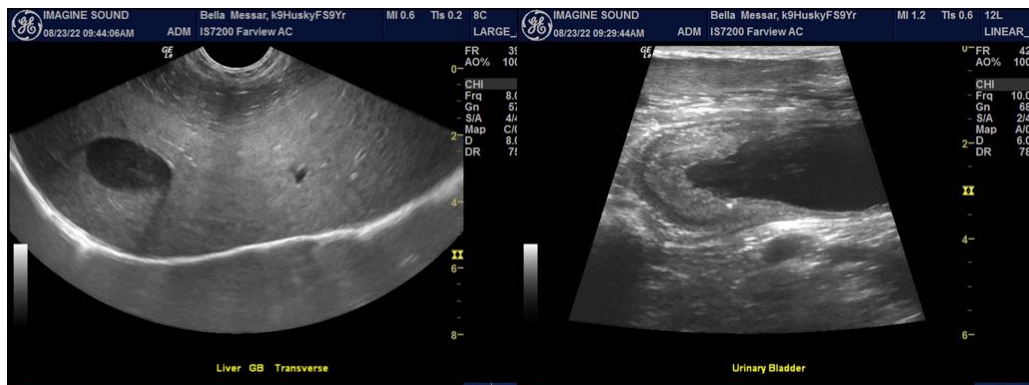
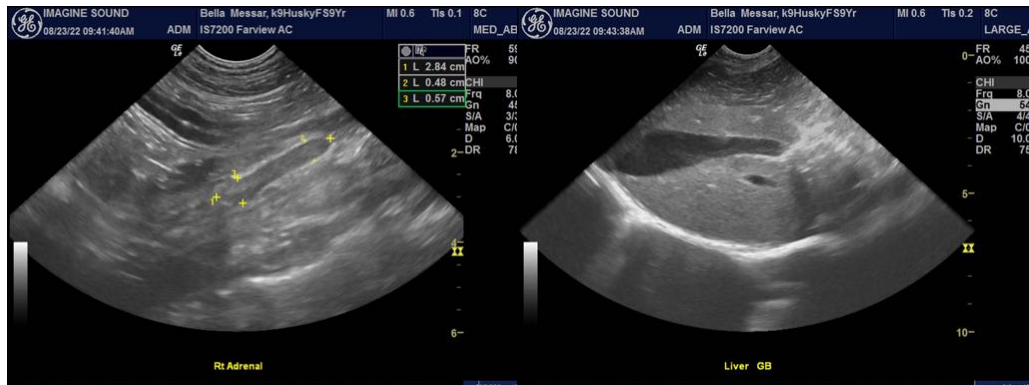
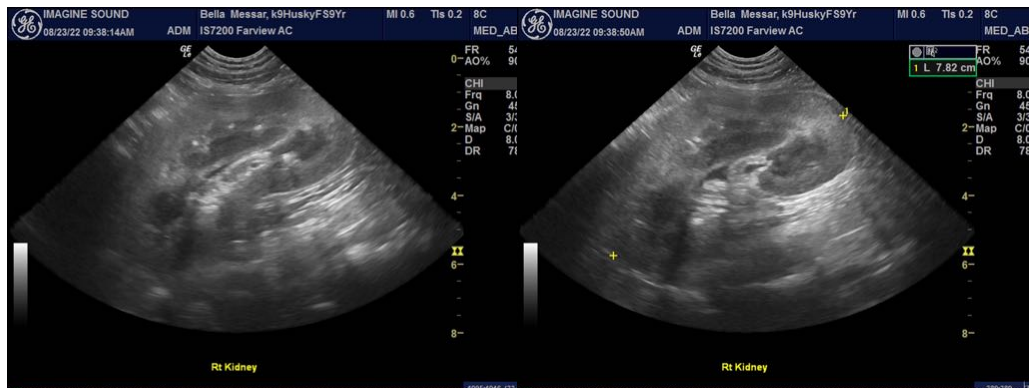
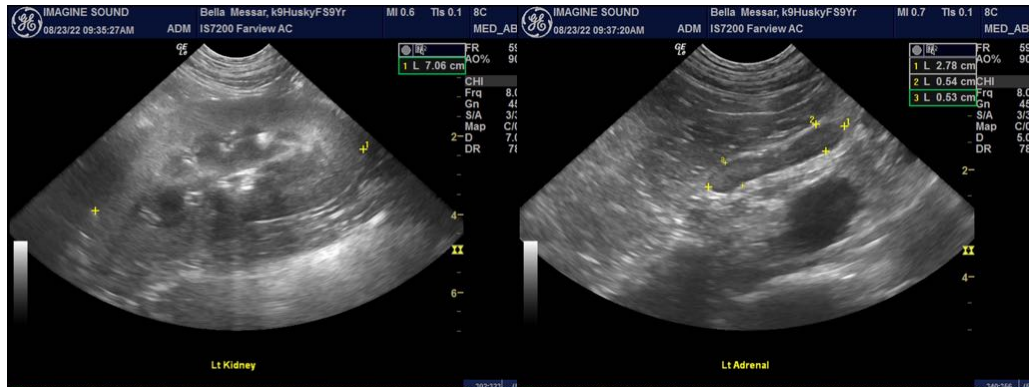
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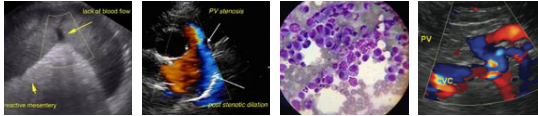
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Husky

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

**SEX**

Spayed female

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