



DATE PRESENTING CLINICAL SIGNS

8/4/23 8/1 Fever, UTI, bladder stones, not eating. On 8/3 Temp normalized, passing bladder stones.

PATIENT Current Medications: Baytril Inj, Cerenia Inj
Gigi Lesko Lab Results: Elevated WBCs.
Radiographs: See attached.

SPECIES Date of Previous IntraPet Ultrasound: No previous.
Canine Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brillhart, RDMS.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Corgi Urinary System

The **urinary bladder** presented multiple calculi up to 5.0 mm, non-obstructive at the time of the sonogram. Minor apical ventral bladder wall thickening noted. The urethra revealed a large amount of sand.

SEX Spayed Female The **right kidney** presented normal size and contour and measured 6.0 cm with trace pyelectasia noted.

AGE The **left kidney** was normal in size with mildly irregular contour and mild enhanced pericapsular inflammatory pattern. A 2.03 cm x 1.45 cm hypoechoic nodule, cyst or abscess was noted in the left kidney. The left kidney measured 6.09 cm with trace pyelectasia noted.

WEIGHT Adrenal Glands

32.9 Pounds

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 1.69 cm x 0.53 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.4 cm x 0.67 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was folded upon itself caudally 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.

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Cianelli

Liver

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.

INVOICE

44643

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.

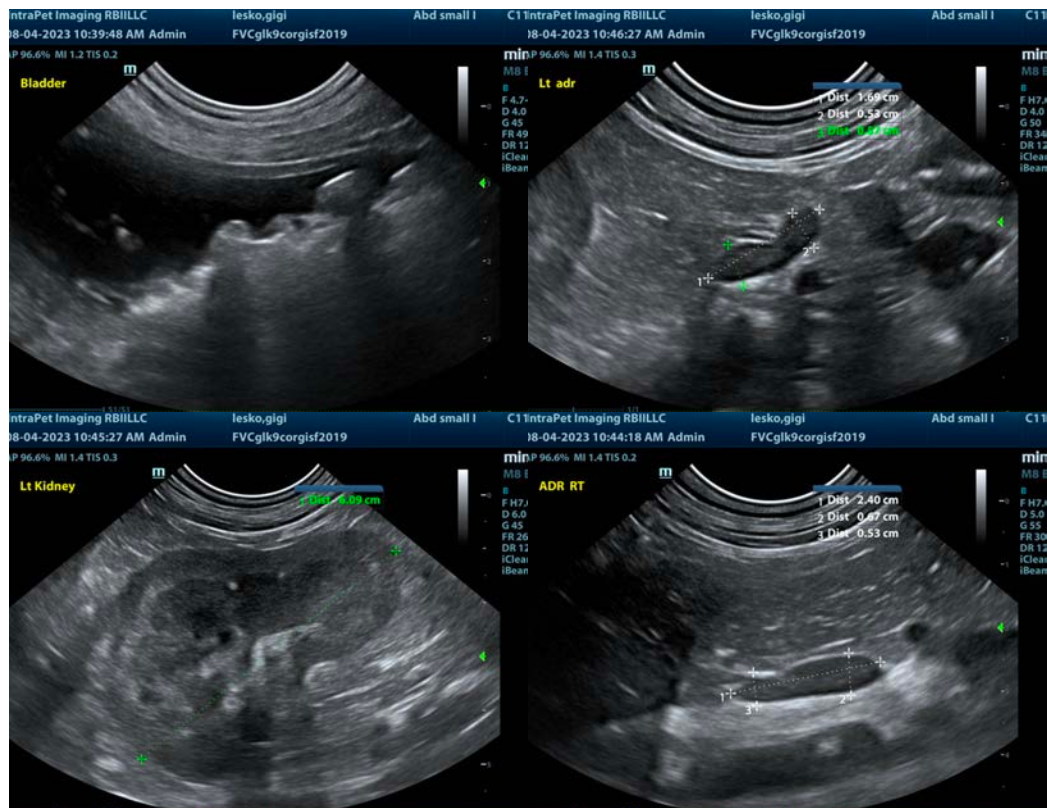
ULTRASONOGRAPHIC FINDINGS

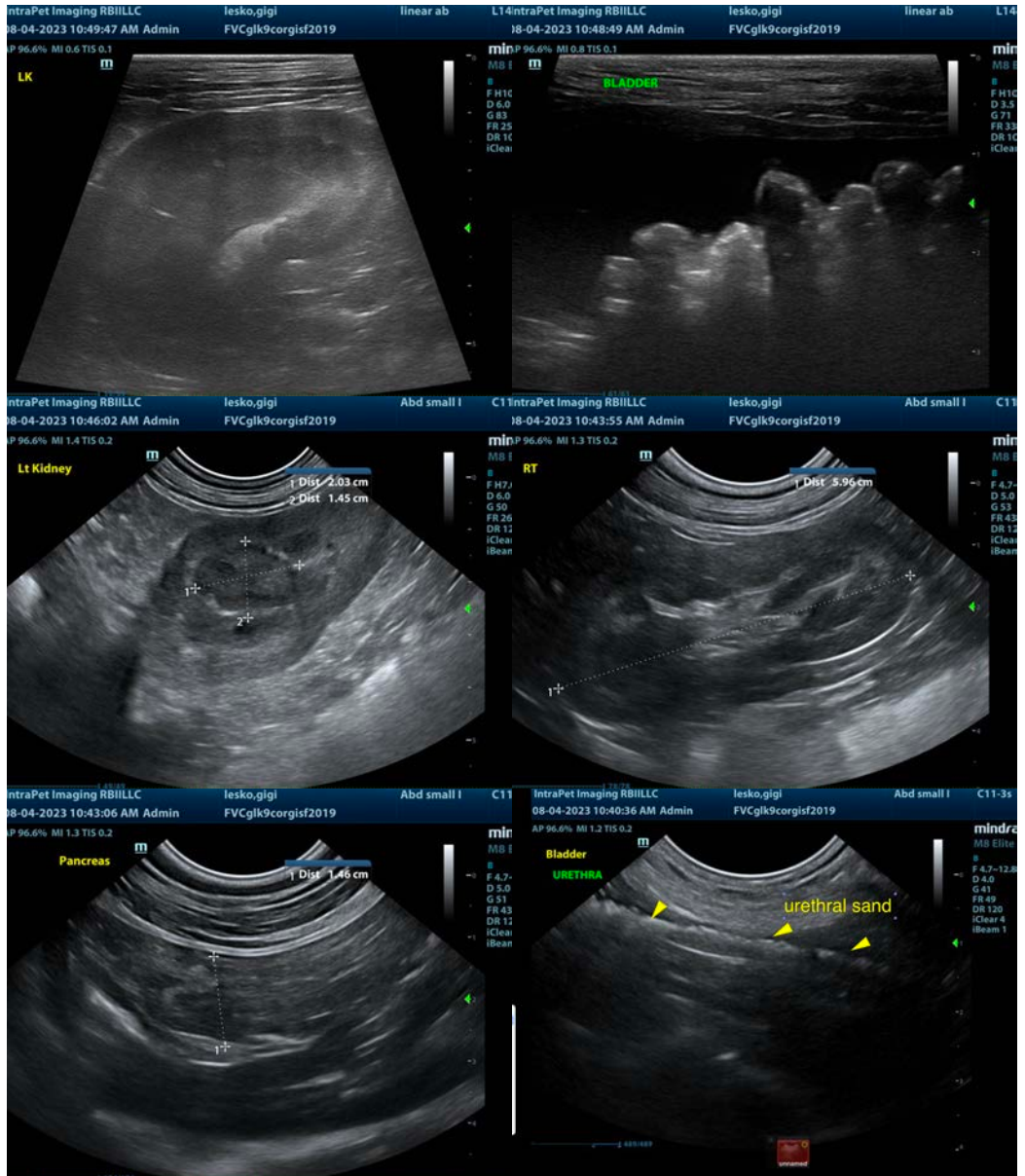
- Bladder calculi and urethral sand
- Left renal nephritis with probable abscess, minor potential for neoplasia

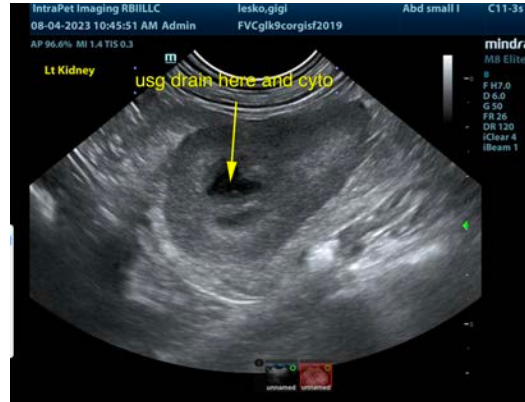
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and ultrasound guided FNA of the left renal lesion. If the left renal lesion is benign, then cystostomy with normo- and retrograde flushing of the urethra and bladder indicated as well as stone analysis and culture. No other evidence of pathology.

Radiographs: Bladder calculi.







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.

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