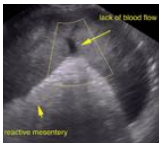
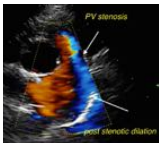
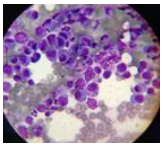
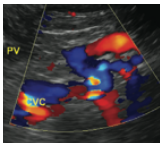

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1-800-838-4268 info@sonopath.com

PATIENT

Stryder Davidson

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

9 yers

WEIGHT

98 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Devon Papa

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. D'Ascenzo

INVOICE

46478

DATE

8/7/23

PRESENTING CLINICAL SIGNS

History: Dog has had chronic issues with blood in urine and increased ALT (256 at last testing) due to chronic hip issues looking to ascertain if and what kind of chronic medications we can do.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed dependent sand, grouping of which measured 2.0 cm with suspended debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The bladder wall was mildly thickened. This is most consistent wit cystitis.

The testicles were imaged and found to be uniform.

The prostate was partially visible. There was no overt pathology.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. Calculus measured 1.3 cm at the corticomedullary junction. The left kidney measured 8.0 cm in length. The right kidney measured 8.4 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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.

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.

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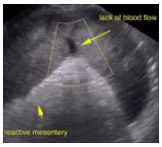
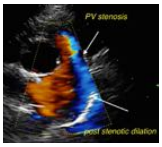
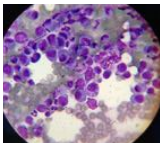
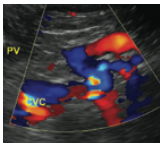

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Gastrointestinal

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

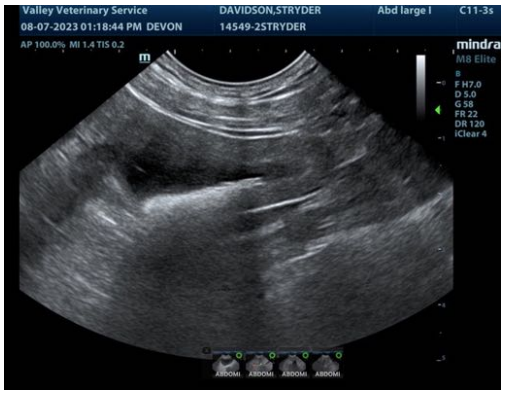
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

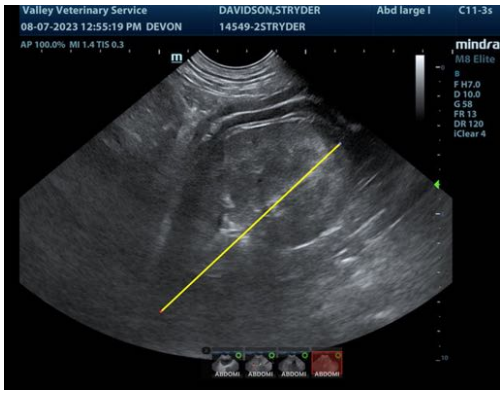
ULTRASONOGRAPHIC FINDINGS

Bladder sand and cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering, cystotomy, sand analysis and culture are all indicated. Medical management can be considered. ALT elevation is likely owing to reactive hepatopathy or low-grade insignificant inflammatory hepatopathy.





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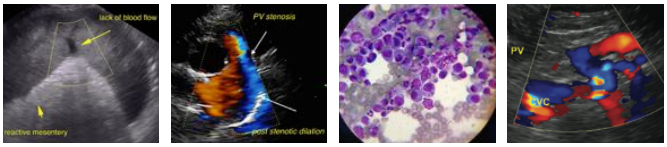

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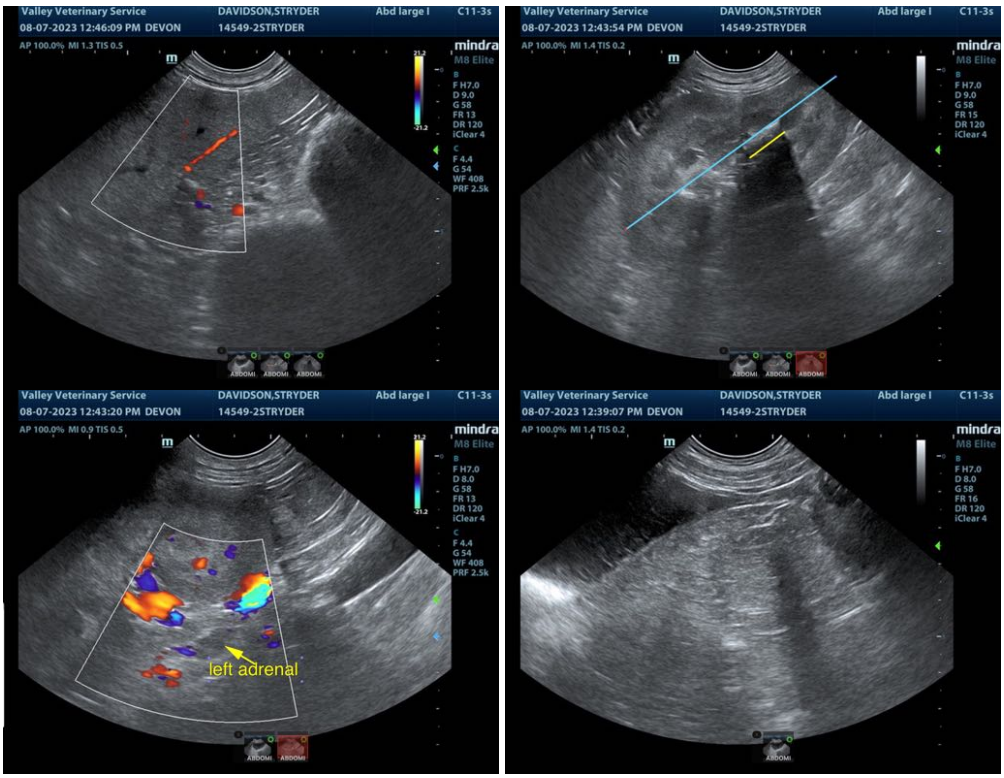

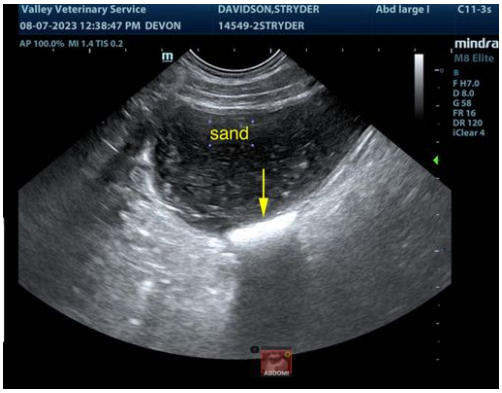

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com