

PATIENT

T'Pau Guffey

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

8 years

WEIGHT

59.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

32897

DATE

9/13/22

RESENTING CLINICAL SIGNS

History: Chronic UTI. Suspect lower motor neuron bladder. Hx of intermittent incontinence + inability to urinate w/ persistent feces retention - inability. possible bladder stones. Labs, Radiographs + Reports MRI + Oradell.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended with a slight amount of sand. Grouping of sand measured 1.0 cm.

The uterine stump in this patient revealed dilation with urine pooling measuring 0.6 cm in dilation.

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. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted in the both kidneys. The right kidney measured 7.6 cm. The left kidney measured 7.2 cm.

Adrenal Glands

The right adrenal gland was subnormal in size and measured 1.73 x 0.32 cm at the cranial pole and 0.32 cm at the caudal pole. The left adrenal gland measured was flattened and isoechoic measuring 2.4 x 0.49 cm at the caudal pole and 0.4 cm at the cranial pole.

Spleen

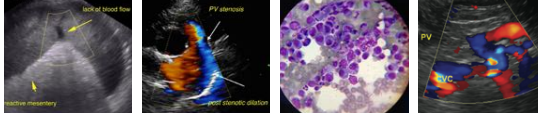
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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.

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.



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Pancreas

T'Pau Guffey

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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ULTRASONOGRAPHIC FINDINGS

BREED

German Shepherd

Bilateral pyelectasia, consistent with chronic UTI.

Flattened adrenal glands.

Uterine stump dilation with urine pooling.

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Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is warranted given the low albumin. Given that no significant proteinuria is present if the patient is not Cushingoid then protein losing enteropathy is a potential. However, structurally the gastrointestinal tract was unremarkable. Examination of the vaginal vestibule is recommended. I recommend 6-8 week treatment for UTI as well as ideally cystoscopy.

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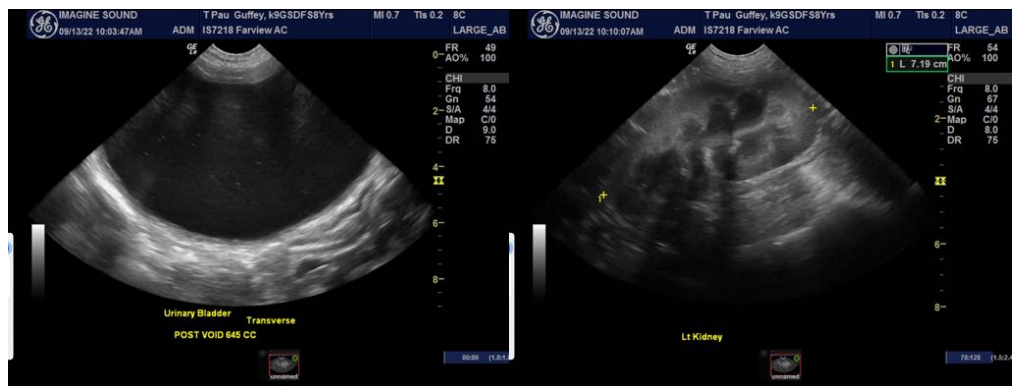
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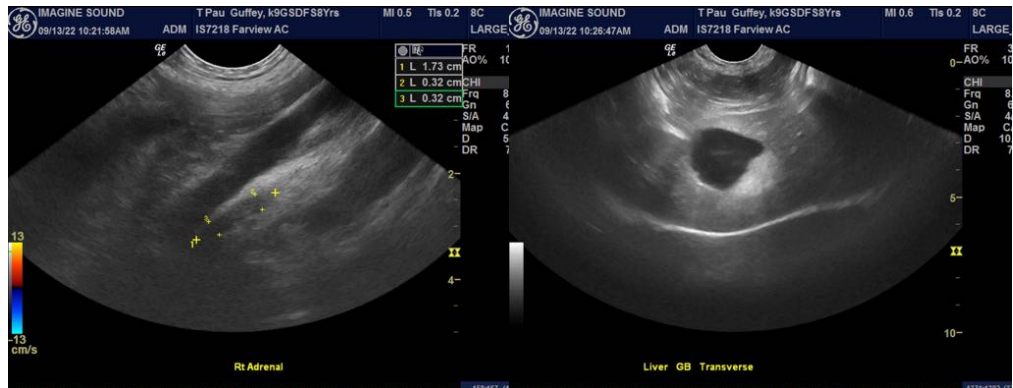
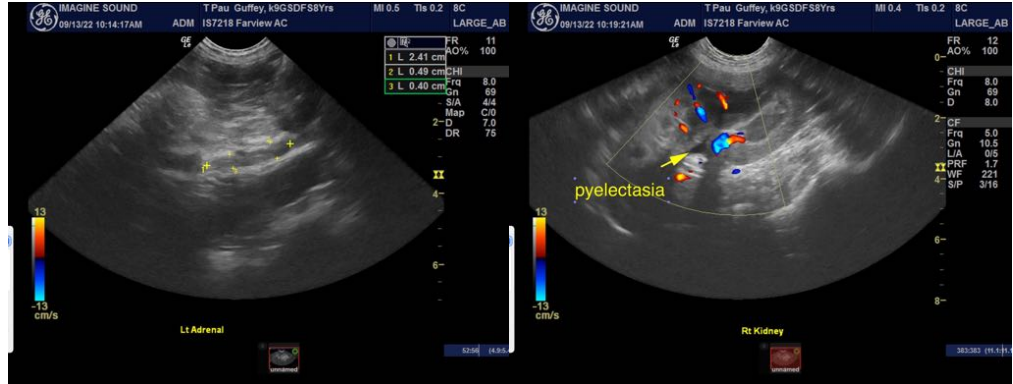
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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