



PATIENT PRESENTING CLINICAL SIGNS

Shiner Kalb

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed Female

History: 08-10-21 at 9:29a: 3-4 days this has been going on. also doing alot of licking and chewing down there. will be getting up constantly at night to go pody. did okay last. she will pee, walk a little bit and then walk some more. no blood in urine. e/d- normal drinking alot of water, plus has dog on blue buffalo kibble. no other concerns. c/s/v/d- no medications- no Concern for urinary incontinence due to dilute urine and owner reports frequent urination. Owners haven't noted any moisture on beds at night but haven't assessed. Region of dermatitis interdigital. Discussed diabetes, renal, and liver issues as have noted PU/PD, and recommended bloodwork. Declined FNA of mass's. AB: 08-10-21 at 10:32a: UA via cysto nail trim carpro chews cephalixin buster collar 9/9/21: PU/PD BARH UA via cysto; no signs of infection, urine is dilute AB: 08-10-21 at 10:22a: Urine is still dripping, vaginitis has improved but toe has not improved. Toe has likely NOT improved as has been at boarding all week and allowed to lick toe, until lick cycle is broken toe will continue to be irritated. Patient has started to have diarrhea, likely due to stress from being at kennel. Discussed other causes of incontinence; structural , neurologic, infection that only detected via culture. AB: 08-24-21 at 11:11a: SB: 09-09-21 at 5:15p: suspect early renal disease, prognosis poor, lifelong SDMA: 17 SB: 09-09-21 at 5:12p: BARH, friendly CBC: WNL Chemistry 15 with lytes: WNL

AGE

12 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

50 lbs

The **urinary bladder** and trigone presented normal thicknesses. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The urethra was dilated, possibly owing to poor tone and measures approximately 0.5 cm in width after the cystourethral junction. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

IMAGING PERFORMED BY

Nicole Gotfredson,
CVT

HOSPITAL NAME

Red Hills VH

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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.7 cm at the caudal pole.

REFERRING VET

Dr. Gotfredson

INVOICE

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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

DATE

9/14/21



PATIENT

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

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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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Gastrointestinal

There was minor retention of chyme noted in the **stomach**. The small intestine and colon were unremarkable. Transit of chyme was normal.

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Pancreas

WEIGHT

50 lbs

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

Structurally unremarkable abdomen.

Dilated urethra.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Red Hills VH

The adrenal glands appear structurally normal for this breed. Early PDH is a potential. If the patient appears Cushingoid; however, structurally the adrenal glands are normal. Possible urinary incontinence may be playing a role given the dilated proximal urethra. Inspection of the vaginal vestibule for predisposing issues such as recessed vulva and urine pooling is also indicated. However, structurally the abdomen appears unremarkable.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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