



**PATIENT**

Moxie Ervin

**SPECIES**

Canine

**BREED**

Rottweiler Mix

**SEX**

Spayed Female

**AGE**

2015

**WEIGHT**

74.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

91643

**DATE**

09/02/21

**PRESENTING CLINICAL SIGNS**

History: recurrent hematuria

UA/C - pending

Evaluate for UTI, cystitis, uroliths vs renal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed minor ventral bladder wall thickening noted measuring 0.65 cm. A minor amount of sand was noted at the time of the sonogram. Grouping of which measured 0.5 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.9 cm. The left kidney measured 6.08 cm.

**Adrenal Glands**

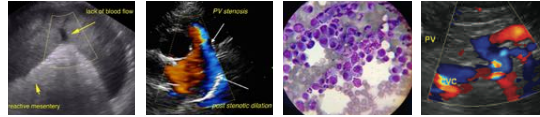
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.25 x 0.92 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 3.09 x 0.63 cm at the caudal pole and 0.55 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** is slightly subnormal in size. 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**

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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.

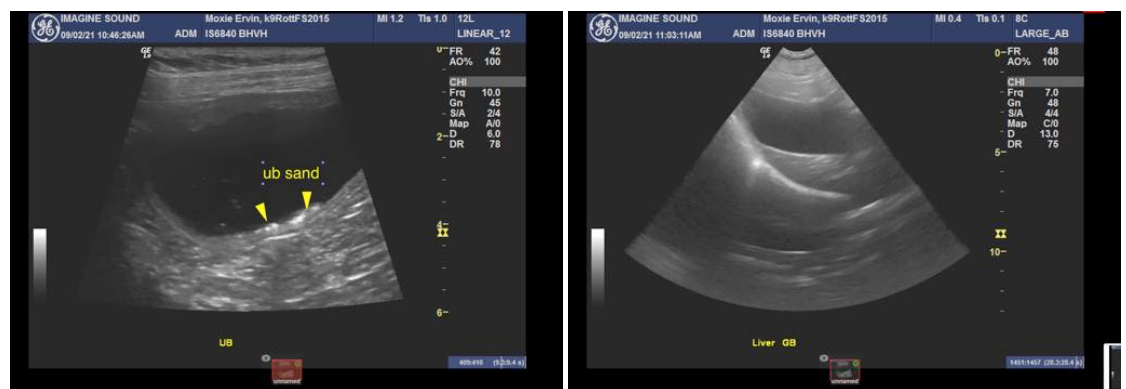
**ULTRASONOGRAPHIC FINDINGS**

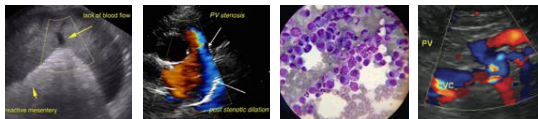
Minor bladder sand and bladder wall thickening. This is consistent with cystitis.

Mild microhepatica.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile is warranted. There is no obvious portosystemic shunts. If bile acids are elevated then full sedation and imaging of the portal hilus would be recommended. Medical management should allow for dissolution of the bladder sand especially if there is any evidence of urinary tract infection is present. Examination of the vaginal vestibule for urine pooling or recessed vulva is indicated.





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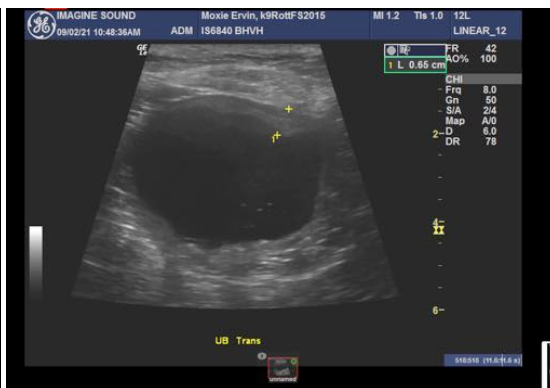
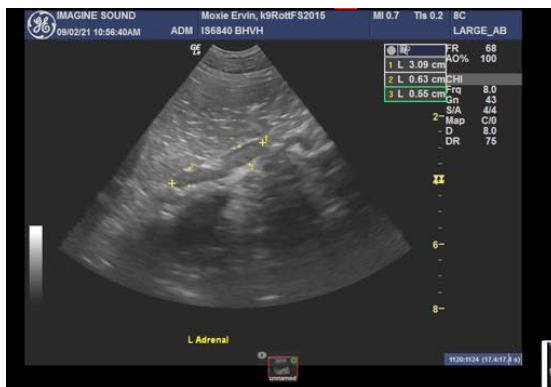
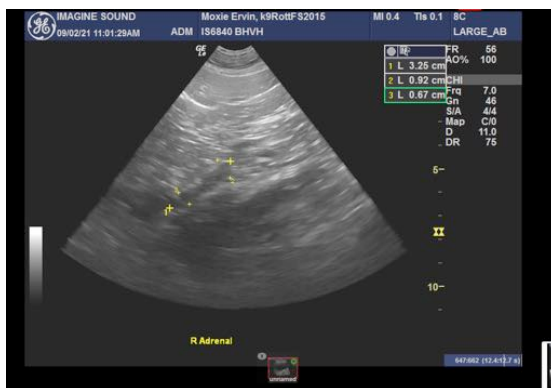
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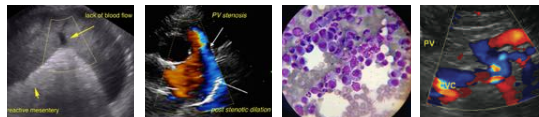
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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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Eric.Lindquist@SonoPath.com

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