

PATIENT

Pele Chance

SPECIES

Canine

BREED

Boxer Cross

SEX

Spayed female

AGE

8 years

WEIGHT

50.5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Delta Oaks

REFERRING VET

Dr. Samuel

DATE

10/20/22

Invoice

40203

PRESENTING CLINICAL SIGNS

History: Presented on 10/11 for hematuria ~1.5 week duration. Seems uncomfortable when urinating. NSF on PE Brief US of urinary bladder for cystocentesis showed subjectively thick bladder wall, no obvious uroliths. Difficult to fully evaluate bladder wall due to hyperechoic nature of urine. Abnormal PE/Chem/CBC/UA Results: CBC/Chem/SDMA/UA - NSF aside from: - SDMA 20.5 - Creatinine borderline for IRIS 1 (1.4). - Urine: Red/turbid with RBC/WBC/pH 8.0 No previous labwork. Only seen once before at Delta Oaks for ear hematoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 left kidney measured 6.25 cm. The right kidney measured 6.27 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 3.34 x 1.7 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 2.56 x 0.67 cm at the caudal pole and 0.71 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.



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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.

Pancreas

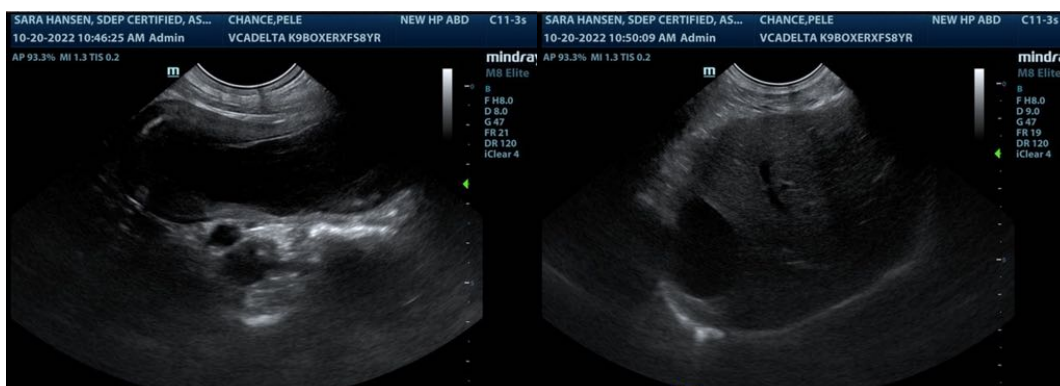
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hematuria is unclear. Assessment for UTI is indicated. Urine culture and sensitivity is recommended. Underlying coagulopathy should also be considered. Occult UTI, idiopathic hematuria/cystitis or idiopathic renal hemorrhage can be considered. However, structurally the kidneys appear normal. Antibiotic trial with Cephazolin, Enrofloxacin or similar can be considered over a 10 day period with reassessment of the clinical signs.





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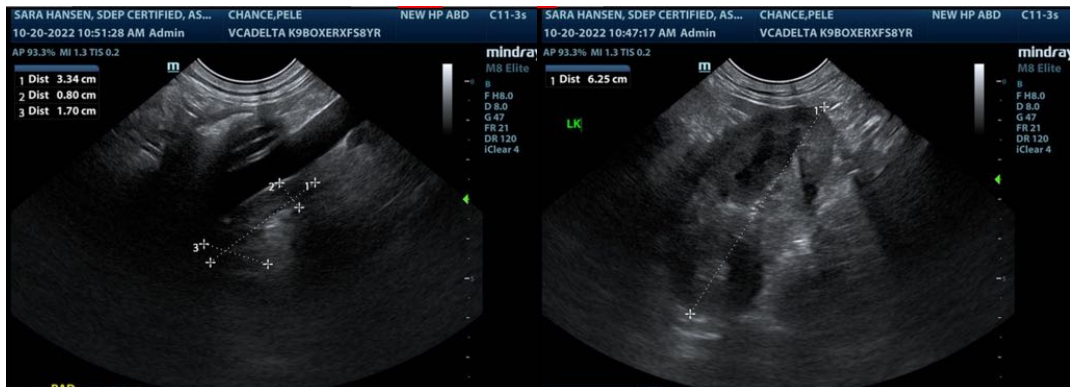
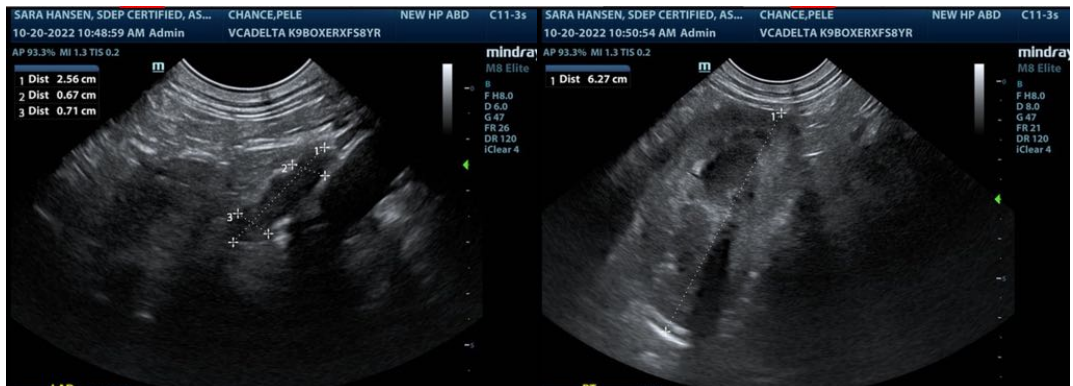
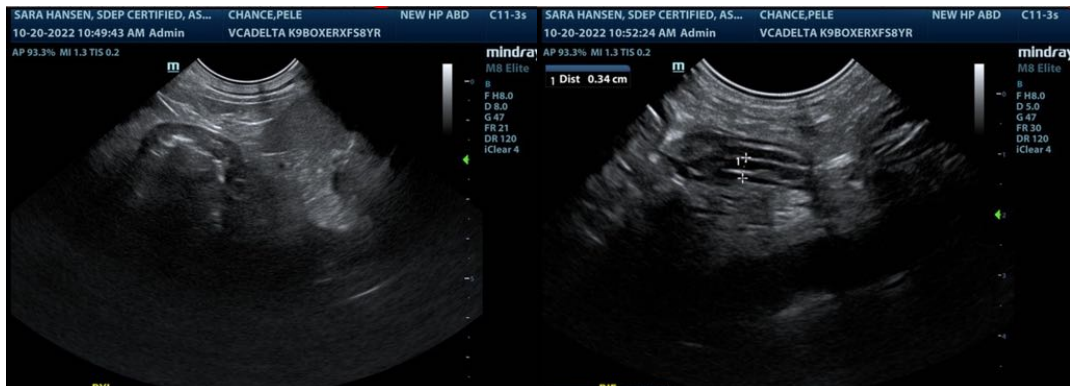
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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