



PATIENT

Diesel Blackburn

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

4 years

WEIGHT

19.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Williams

INVOICE

92198

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: -BAR, stable on physical exam, vitals unremarkable -AUS to r/o portosystemic shunt and recheck urate/struvite bladder stones - Brief ultrasound for cystocentesis 9/2021 revealed multiple (30+), small (2-3 mm), smooth, round objects coalescing into solid object in the cranial right aspect of urinary bladder. Urine was anechoic with some cellularity. Current Medications Allopurinol 100mg PO q12h
Abnormal PE/Chem/CBC/UA Results: - Abdominal radiographs performed 9/2018 was inconclusive for bladder stones. - Urate and struvite bladder stones found on calculi quantitative analysis 9/2018. No nidus observed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A large amount of suspended debris was noted. A trace amount of dependent sand was noted with minimal acoustic shadowing. A minor amount of urethral sand was also noted and lodged in the prostatic urethra.

The iliac trifurcation was unremarkable.

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 4.02 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 1.54 x 0.71 cm at the cranial pole and 0.37 cm at the caudal pole. The left adrenal gland measured 1.48 x 0.27 cm at the cranial pole and 0.37 cm at the caudal 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** was mildly subnormal in size. Intrahepatic vascular volume appeared to be adequate. The portal vein to vena cava ratio was 1:1. Just before the portal hilus there is what appears to be a possible confluence at the level of the portal vein and vena cava at the portal hilus. However, I cannot completely



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ruled out a splenocaval shunt. However, it may be simple color bleeding. The vena cava measured 0.5 cm. The gallbladder was unremarkable. The visible portion of the common bile duct was unremarkable.

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Gastrointestinal

The **stomach** was considerably full at the time of the sonogram. The small intestines and colon were unremarkable.

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Pancreas

The **pancreas** was unremarkable.

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ULTRASONOGRAPHIC FINDINGS

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I can rule out all three major types of intrahepatic shunting as well as gastrocaval and gastroazygos shunting. However, I cannot completely rule out a splenocaval or splenoazygos shunt owing to interference from the gastric ingesta.

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19.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If post prandial bile acids are > 70 then I recommend a recheck sonogram under full sedation at n.p.o. or CT with contrast. Full urinary work-up is warranted in the meantime.

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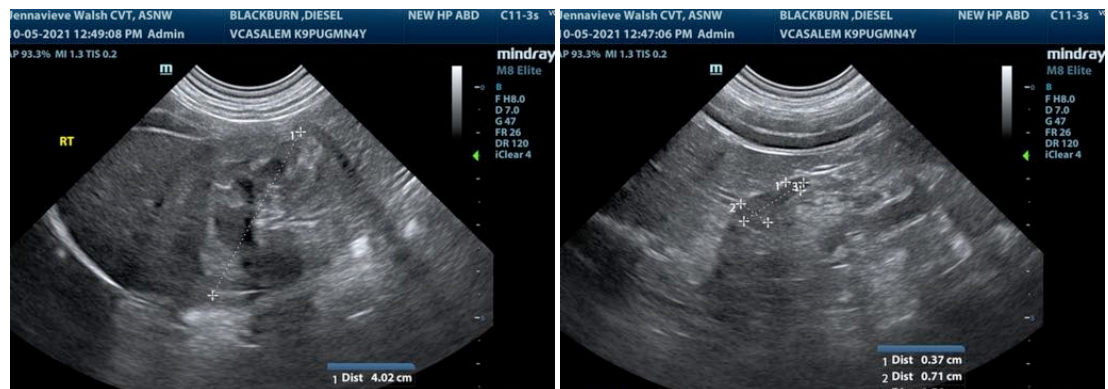
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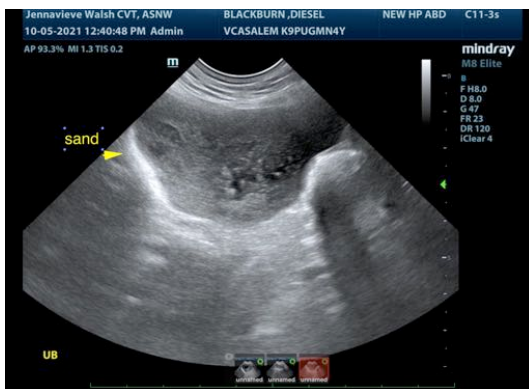
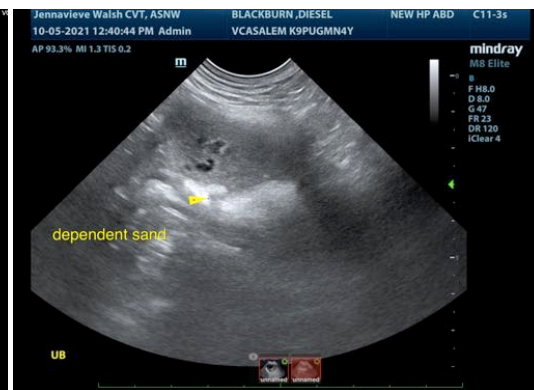
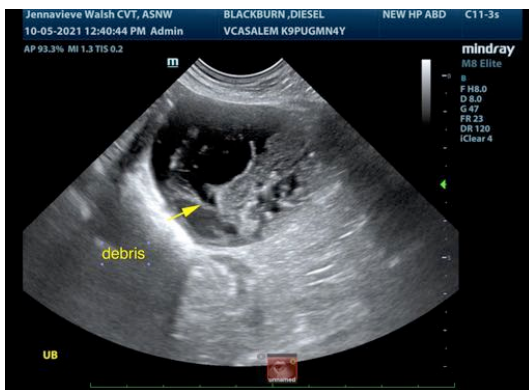
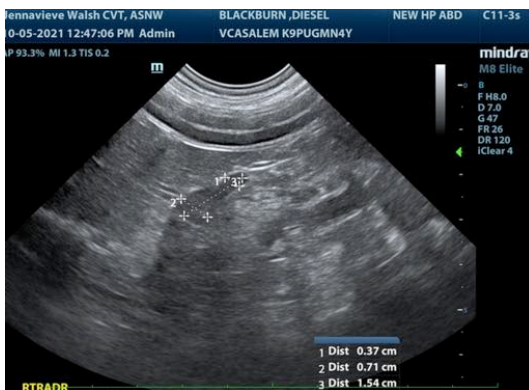
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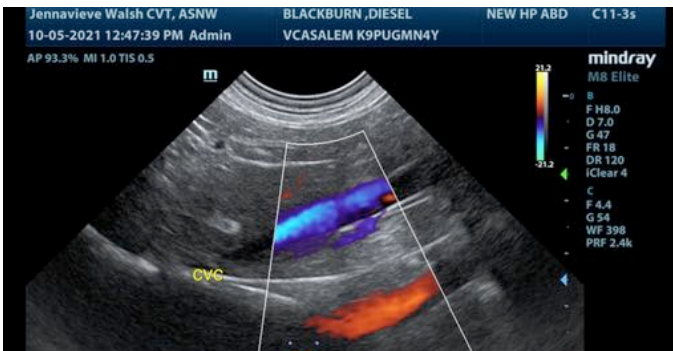
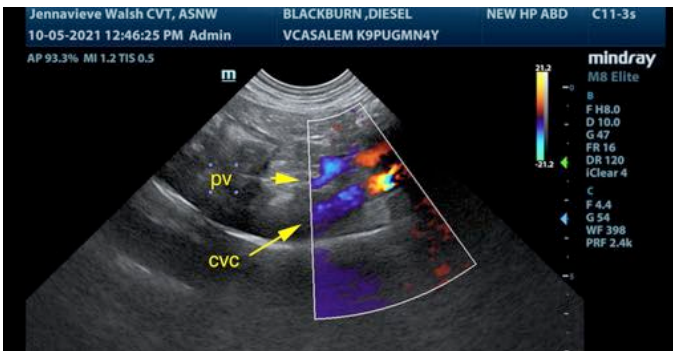
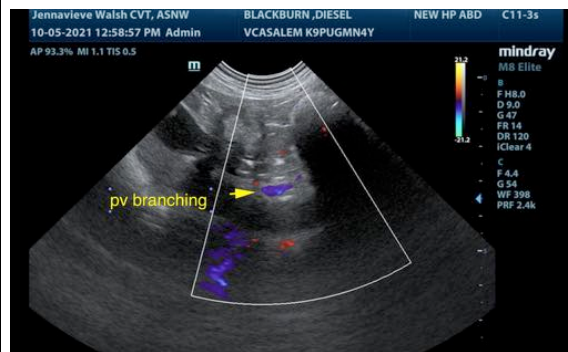
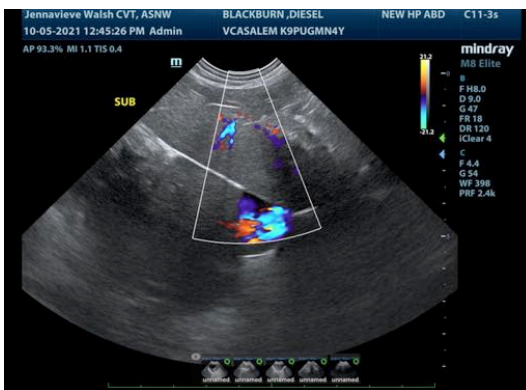
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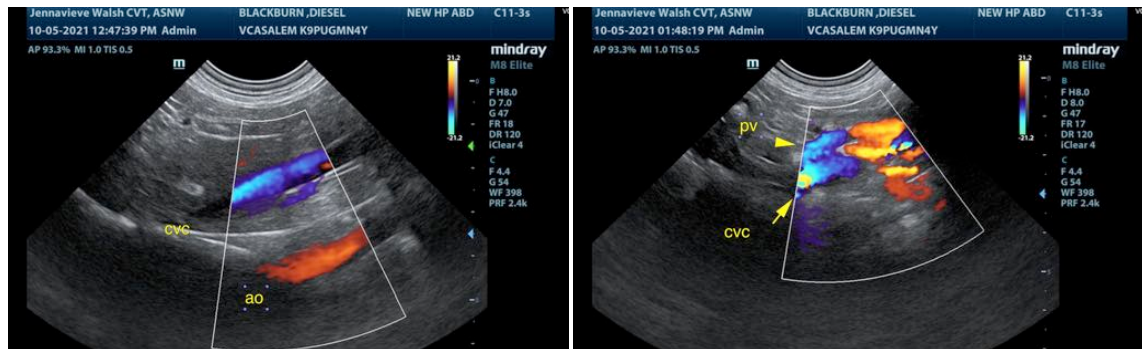
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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