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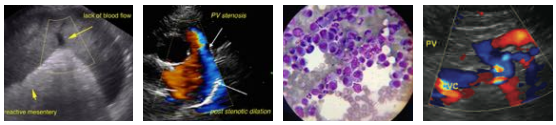

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Chihiro Ormston

SPECIES
Canine

BREED
Shiba Inu

SEX
Spayed Female

AGE
3 years

WEIGHT
12.13 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
The Ark VC

REFERRING VET
Dr. Byers

DATE
12/8/21

Invoice
94400

PRESENTING CLINICAL SIGNS

History: Abdomen moderately painful on firm palpation of the bladder. No masses palpated. Abnormal PE/Chem/CBC/UA Results: Abnormality in bladder (mass vs. stone) is still present but alot more clear after antibiotics. Abnormality is not gravity dependent nor do we see any signs of radio-opacity on X-rays

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The deep urethra revealed accumulation of calculi that measured 0.7 cm. The calculus was embedded in the deep pelvic urethra approximately 3.0 cm distal from the cystourethral junction. Suspended debris and structurally unremarkable wall was noted. The proximal urethra was thickened and dilated.

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 4.25 cm. The left kidney measured 4.05 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 left adrenal gland measured 1.38 x 0.44 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.34 x 0.37 cm at the cranial pole and 0.46 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 with increased portal markings and abnormal tributary pattern in the intrahepatic vasculature. This may be related to intrahepatic shunting especially given the young age and calculi that could be consistent with ammonium biurate. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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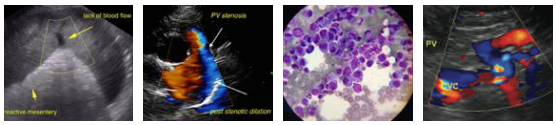

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Gastrointestinal

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

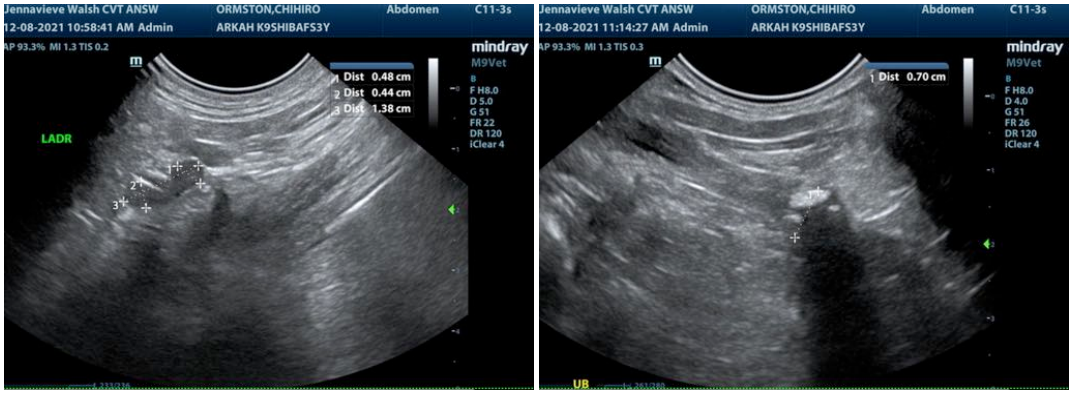
Bladder calculus.

Deep urethral calculus.

Thickened urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia. Cystotomy, normal and retrograde flushing of the pelvic urethra is recommended. The calculus or grouping of calculi in the deep pelvic urethra may be difficult to dislodge as they have an expansive contour upon the pelvic urethra. Bile acid profile is warranted and if elevated, given the microhepatica, ammonium biurate calculi may be present and further definition of the intrahepatic vascular pattern is warranted either via sonographically or CT. This should be defined prior to the urinary surgical intervention unless the clinical signs are dramatic and surgical intervention is essential prior to further definition of the hepatic presentation.



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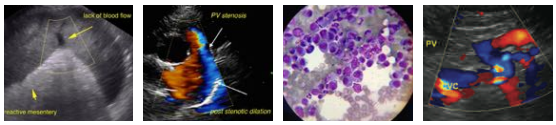

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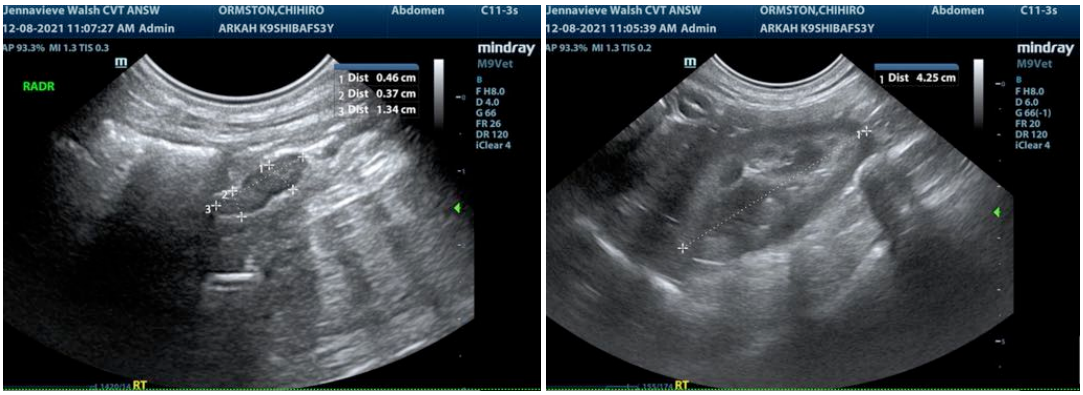

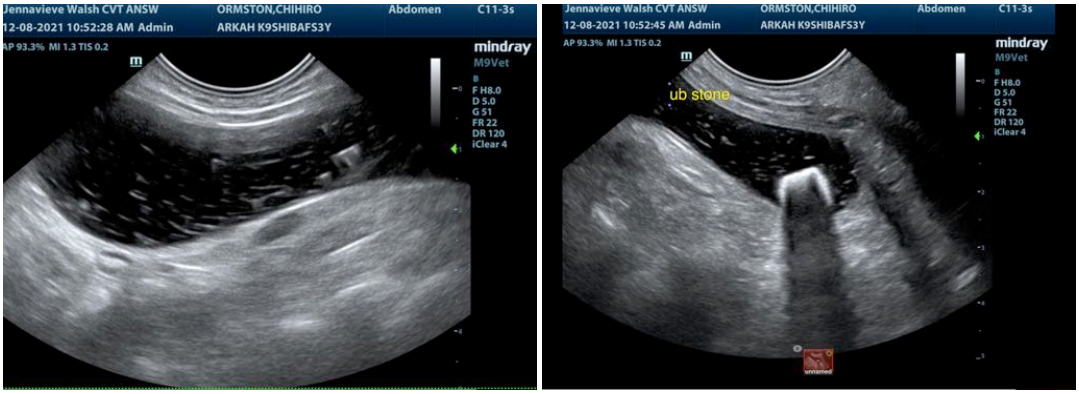

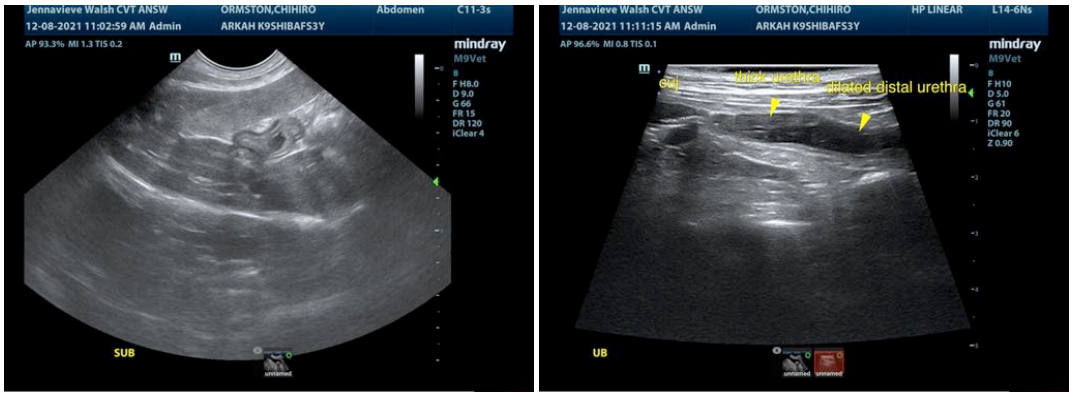

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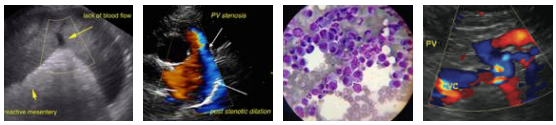

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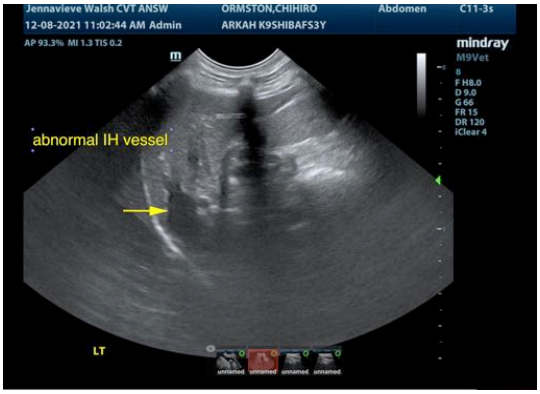

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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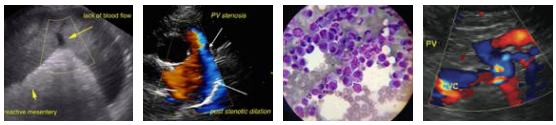

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