



PATIENT

Boo Manzo

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Intact female

AGE

1 year

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Oakland AH

REFERRING VET

Dr. Pellicano

INVOICE

71085

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Blood in urine, frequent urination
- owner reports improves when on abx but regresses when tx is finished
- meds: Kesium 375 mg BID
- Urine: 3+ blood, 20-30 WBC, 1075 RBC, marked Rods, USG 1.049

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Calculus was noted in the bladder that measured 1.2 cm and was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed mildly increased cortical echogenicity and slight irregular contour. The kidneys are structurally unremarkable otherwise. The right kidney measured 6.11 cm. The left kidney measured 5.95 cm.

The left ovary was uniform and measured 0.8 cm. The right ovary was uniform and measured 1.0 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 2.01 x 0.43 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 2.0 x 0.42 cm at the cranial pole and 0.44 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** 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Idiopathic, increased renal cortical echogenicity and bladder calculus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy, cystotomy, stone analysis and culture as well as renal biopsy would be indicated. The hematuria is likely deriving from the bladder calculus. However, I cannot rule out renal origin as well. The renal presentation is non-specific.

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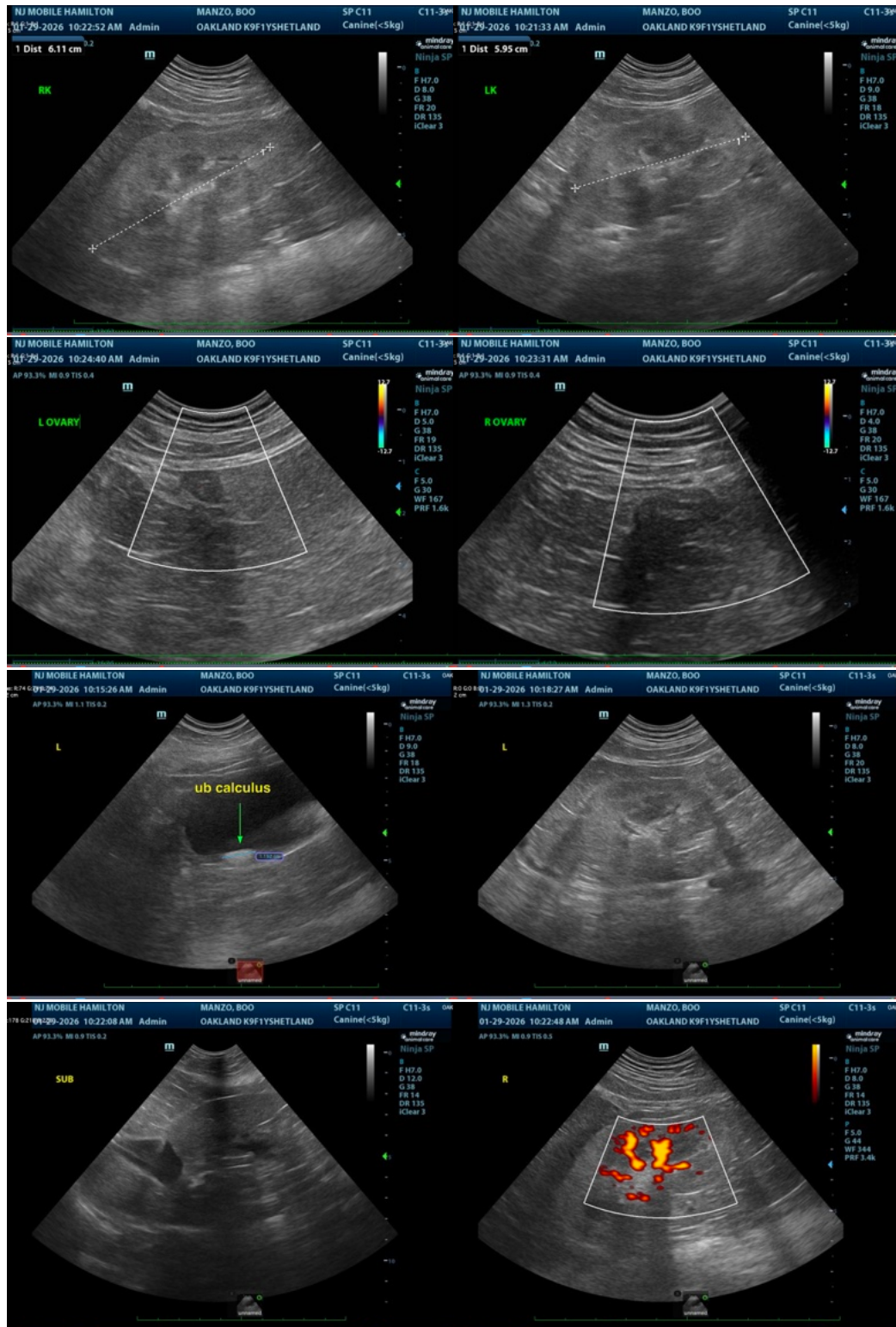
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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info@SonoPath.com

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