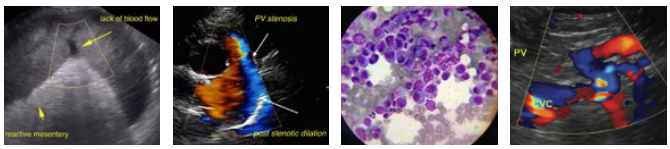
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Leo Rivera

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Male

AGE
17 weeks

WEIGHT
16 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Englewood VC

REFERRING VET
Dr. Ezik

INVOICE
42494

DATE
1/4/23

PRESENTING CLINICAL SIGNS

History: Chronic hematuria, unilaterally cryptorchid, recent uti responded to treatment well with clinical improvement with negative follow-up culture. Blood clots still visible sonographically in urinary bladder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation and suspended debris. The cystourethral junction was unremarkable. The urethra revealed sand. The bladder had mild repletion.

The prostate measured 0.8 cm. A cryptorchid was noted intraabdominally. The right cryptorchid was positioned approximately 1.7 cm cranial to the apex of the urinary bladder. The left testicle was extra abdominal, uniform and descended.

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 5.43 cm. The left kidney measured 5.3 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 1.79 x 0.33 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 1.7 x 0.33 cm at the caudal pole and 0.5 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** was mildly subnormal in size. There was no evidence of intrahepatic or extrahepatic shunting. The portal vein and vena cava ratio was 1:1 measuring 0.5 cm each. The gallbladder and common bile duct were unremarkable.

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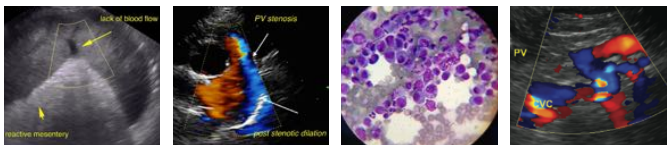

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Gastrointestinal

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. The mesenteric lymph nodes were reactive and juvenile measuring up to 1.0 x 0.5 cm.

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.

Free Abdomen

Intraabdominal space adjacent to the body wall cranial to the urinary bladder measured 1.3 cm.

ULTRASONOGRAPHIC FINDINGS

Right intraabdominal cryptorchid with bladder sand and debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend intraabdominal neuter in this patient with removal of the right cryptorchid as well as normal and retrograde bladder lavage and sand retrieval, culture and analysis. I recommend bile acid profile in this patient to assess if the bile acids are elevated even though no macroscopic shunts are present. If bile acids are elevated given the mild microhepatica, portal hypoplasia may be an issue. Liver biopsy can be taken at the time of surgery. Given that it is odd to have urinary bladder sand at this age this may be secondary to UTI; however, underlying metabolic disease may be an issue.

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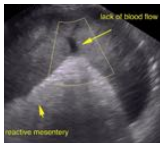
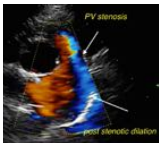
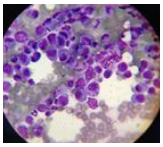
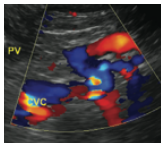

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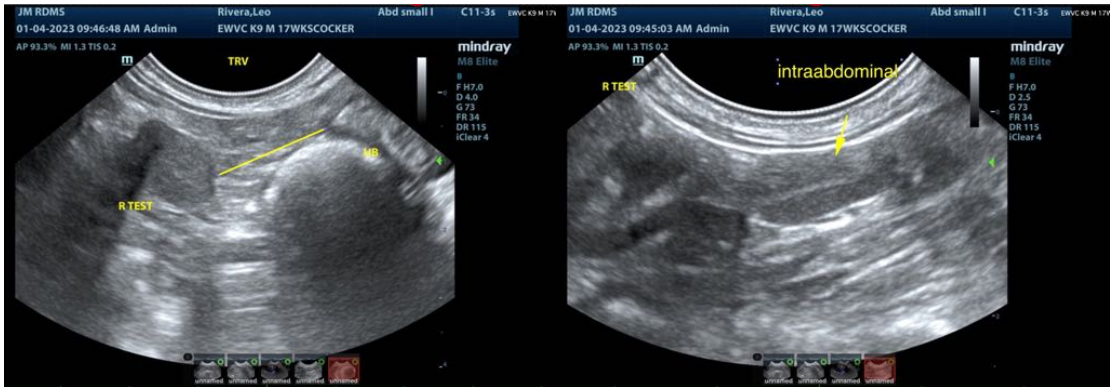

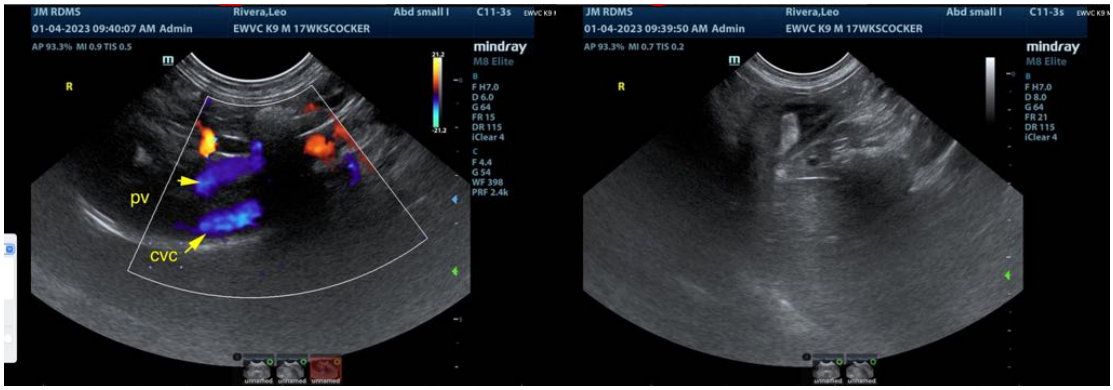

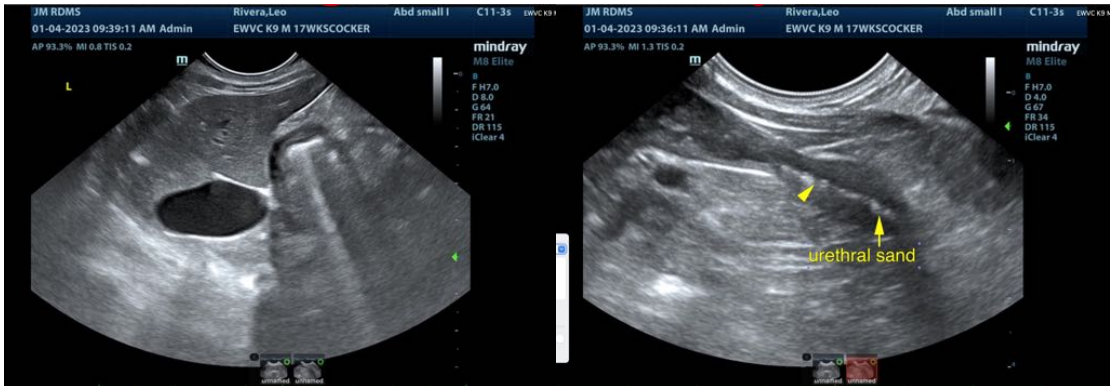

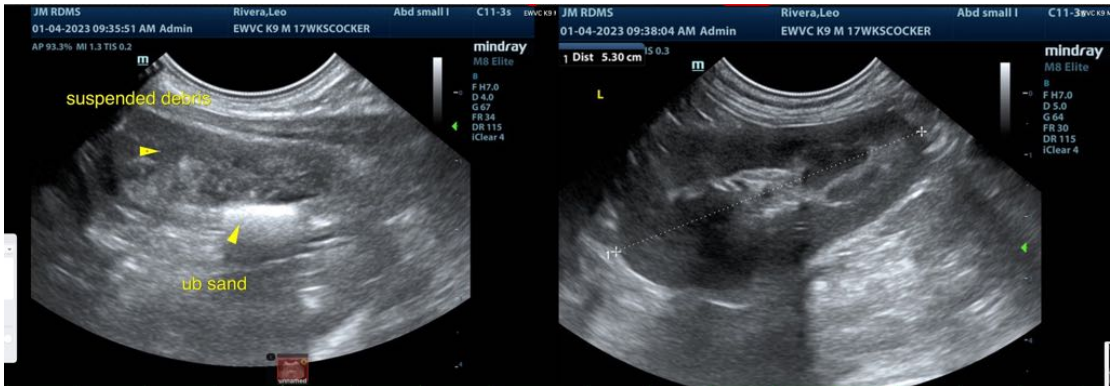

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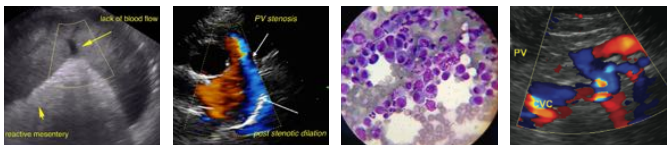

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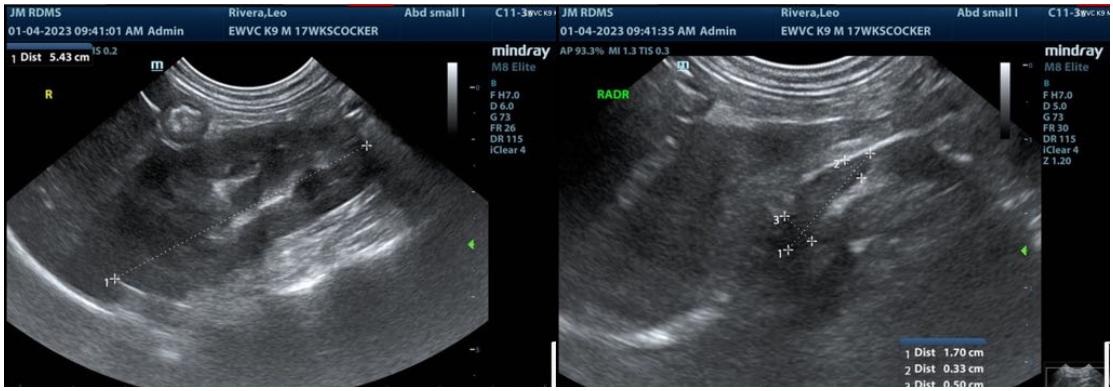

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com