



**PATIENT**

Sky Yudichak

**PRESENTING CLINICAL SIGNS**

History: Bladder lesion seen on in-house U/S 2 weeks ago. Current meds: Piroxicam started on 9/29

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a polypoid thickening at the apex measuring 1.18 x 1.02 cm.

**BREED**

Pitbull

The **kidneys** are normal in size and contour with slight, heterogenous cortical changes primarily in the right kidney. This appears stable and there is no active evidence of inflammation noted. The right kidney measured 7.14 cm. The left kidney measured 7.04 cm.

**SEX**

Spayed female

**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 2.41x 1.25 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 2.54 x 0.45 cm at the caudal pole and 0.37 cm at the cranial pole.

**AGE**

6 years

**WEIGHT**

58.9 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

North Warren AH

**REFERRING VET**

Dr. Corrado

**Gastrointestinal**

**INVOICE**

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**DATE**

10/12/22



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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.

**Free Abdomen**

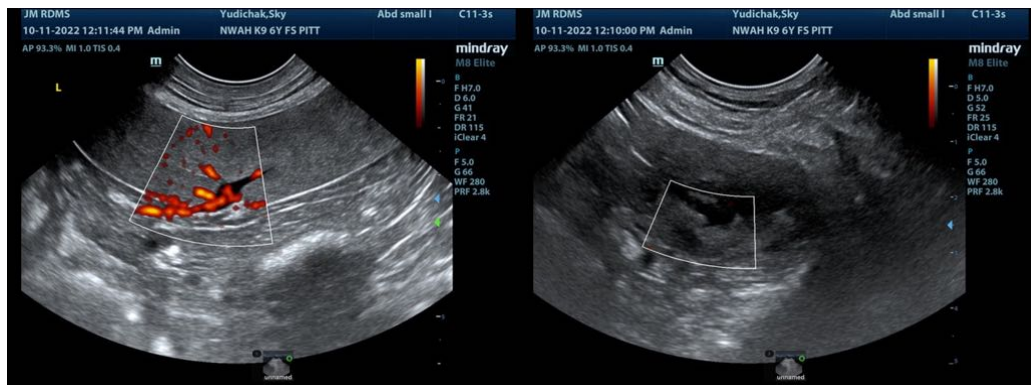
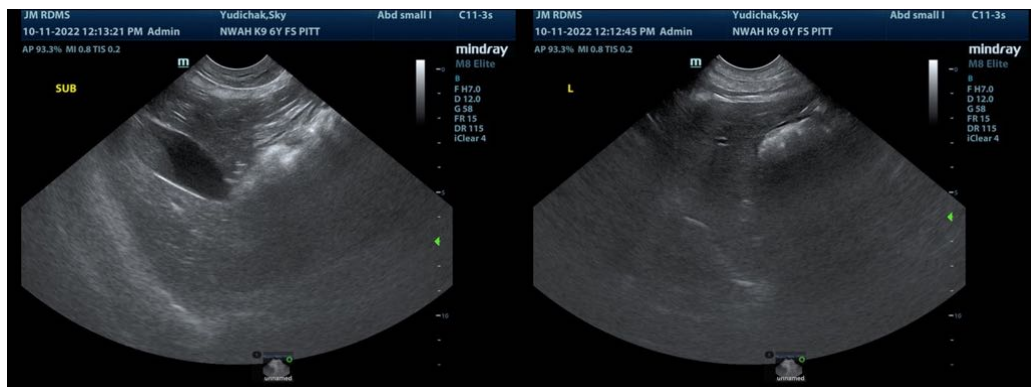
The iliac trifurcation was unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

Mild polypoid cystitis bladder presentation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinalysis is warranted. If any inflammatory sediment is present then treatment for UTI with Enrofloxacin or similar is warranted over a 4 week period with a recheck sonogram. Cystoscopy would be ideal. Cytospin of a free catch urine sample can also be considered to assess for abnormal transitional cells.





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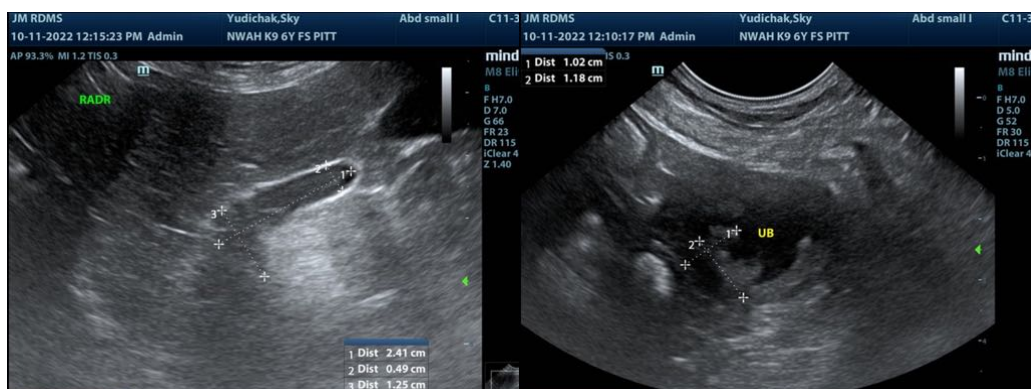
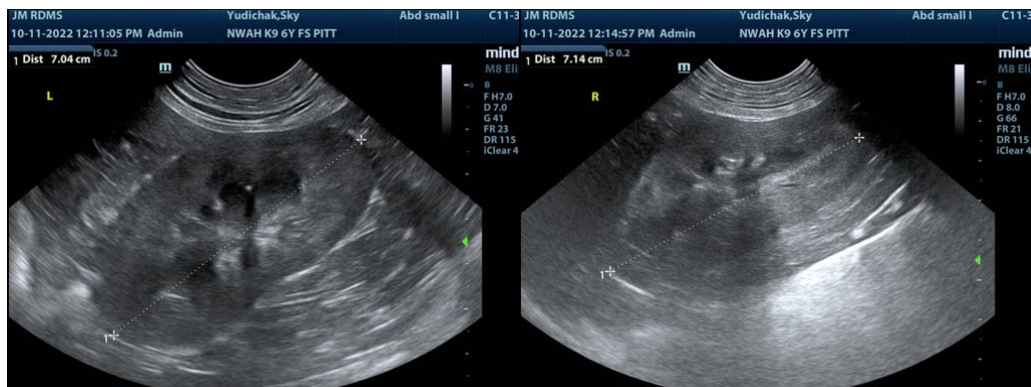
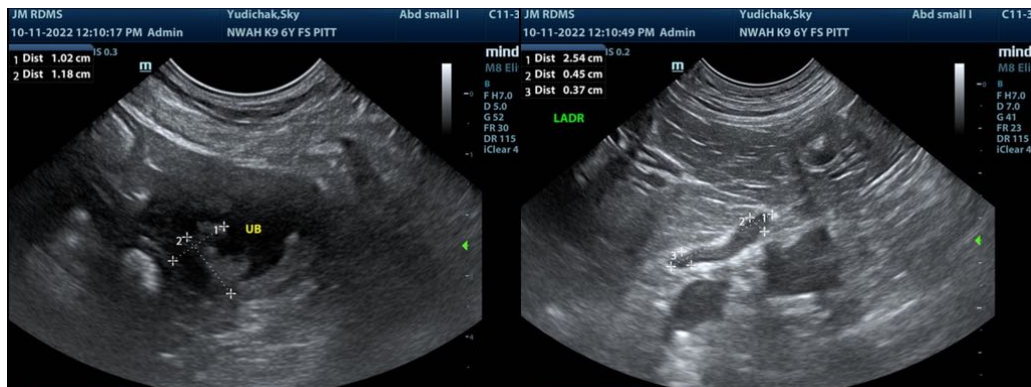
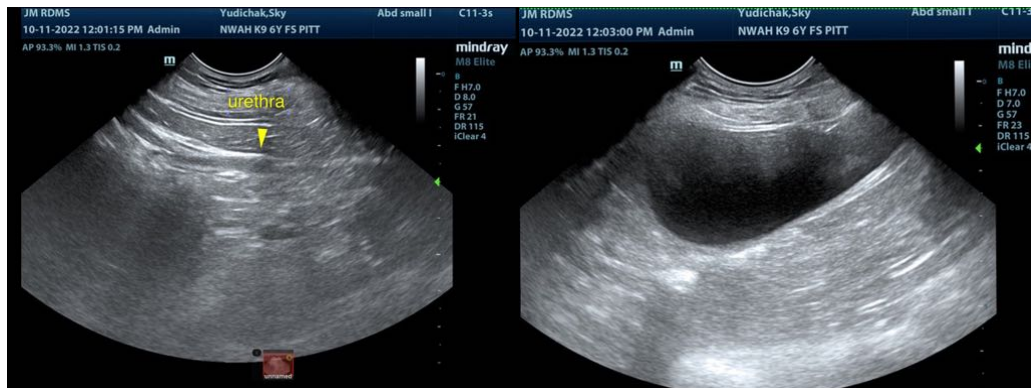
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

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