



PATIENT PRESENTING CLINICAL SIGNS

Hulk Kelly

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

4 Years

WEIGHT

75 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradentown VH

REFERRING VET

Dr. Laurel Logas

INVOICE

44263

DATE

7/21/23

Hulk is a 4 year old neutered male pit bull who has a history of chronic diarrhea of unknown cause for about 3 years on and off. we changed his food thinking it was allergies and that helped significantly so we stopped there. he only had diarrhea during or after stressful events. he has significant fearfulness/anxiety issues which exacerbates his diarrhea. lately as of the past 4-5 months he has had diarrhea on and off and now it has escalated to every day. Hulk also has a history of urinary tract infections. at one time it was said that these were being caused by stress so we decreased exposure to stressful situations and that helped. at the time but now the issue is back. it was recommended that he be started on a urinary probiotic last year and he is currently on vetriscience UT strength pro chews . Hulk is a new patient for us. He had blood work at the other practice in January. His urine was never cultured. The urine symptoms are that he dribbles a dark colored urine where he sits or lays. The owner has not seen him squat and pee in the house.

Abnormal PE/Chem/CBC/UA Results: Normal physical examination. Blood work this past January was normal-cbc and chemistry. Pet has lost 5 pounds in the last month. A cysto urinalysis with culture is pending. The diarrhea is mixed small and large bowel. He is a very anxious pet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with mild sediment. The ureters were not visible with is normal. The bladder trigone appeared structurally normal, with no overt evidence of an ectopic ureter. The pelvic urethra was visualized to the depth of the prostate and was normal in thickness and tone.

The residual **prostate** was visualized and found to be normal in size and echogenicity. The prostate measured 1 cm in width.

The **iliac trifurcation** was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. The medial iliac lymph nodes were visualized and found to be normal in size, shape and echogenicity.

Both **kidneys** were subjectively normal in size for breed and body weight. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no evidence of pyelectasia or renoliths. The renal perfusion and vascularity were normal on power doppler. The left kidney measured 6.6 cm in length. The right kidney measured 7 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and found to be normal in size and shape for breed. The capsule of each gland was smooth with no evidence of capsular expansion. The echogenicity and echotexture of each gland was normal. There was no evidence of vascular invasion or inflammation around either adrenal gland. The left adrenal gland measured 0.5 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 1.3 cm at the cranial pole and 0.6 cm at the caudal pole.



PATIENT *Spleen*

Hulk Kelly The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. The parenchyma had a finely textured and homogenous echogenicity. The vasculature was normal in structure, with no evidence of thrombus on power doppler examination.

SPECIES

Canine

Liver

BREED

Pit Bull x

The **liver** was normal in size and shape with a smooth capsule contour. The liver lobe edges were appropriately sharp. The parenchyma had a normal coarse and homogenous texture. The hepatic and portal vasculature were normal in size and volume. There were no visible focal lesions, masses or inflammation present.

SEX

Neutered Male

The **gallbladder** was normal in size and shape. The gallbladder wall was thin and echogenic, with no sign of luminal or surrounding inflammation. The gallbladder contents were largely anechoic. The cystic duct and common bile duct were visualized and found to be normal in size and shape.

AGE

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Gastrointestinal

WEIGHT

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The **stomach** contained a small amount of ingesta with normal size, shape, and position. The stomach wall was normal in thickness and maintained appropriate layering. The **small intestine** displayed normal curvilinear patterns throughout, with normal wall thickness and layering. Normal peristalsis was present. The visible **colon** wall was normal in thickness and layering. There were no visible masses or focal lesions.

INTERPRETED BY

Pancreas

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Feline)

The left limb, body and right limb of the **pancreas** were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

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Free Abdomen

Dr. Laurel Logas

No peritoneal effusion or lymphadenopathy was noted on examination of the peritoneal cavity.

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ULTRASONOGRAPHIC FINDINGS

Bradentown VH

- Mild urinary sediment
- Structurally normal abdomen

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Laurel Logas

The GI appears normal on US, however food sensitivity, GI parasites and/or IBD can be present without significant visible wall changes. A GI panel is recommended (PLI, TLI, Cobalamin and Folate; [TAMU GI assays](#)), a fresh fecal smear and a resting cortisol to rule out Addison's disease.

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There was no overt evidence of an ectopic ureter to explain the longstanding incontinence in this young dog. If clinical signs persist, and fit with ectopic ureter, a CT with contrast or IVP would be the next step. Alternatively, if renal values and hydration are normal, the US could be repeated after a single dose of IV Lasix to help the ureters dilate and the ureteral jets to become more prominent. The pending urine culture and sensitivity should prove useful.



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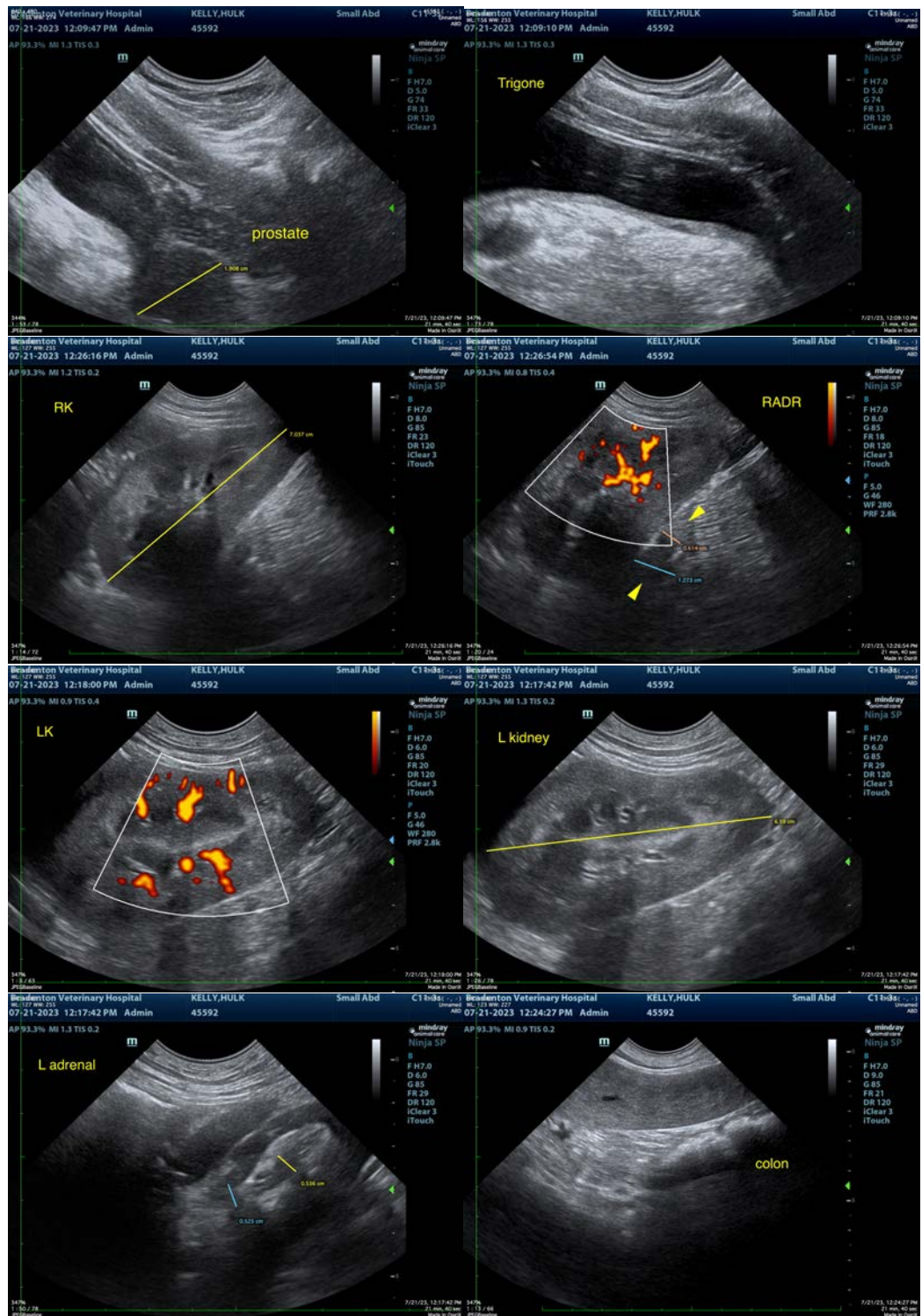
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
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