



PATIENT

Sammie George
Wallie

SPECIES

Canine

BREED

Lhasa Apso

SEX

MN

AGE

11 years 10 months

WEIGHT

8.9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Dr. Michael Roppolo

HOSPITAL NAME

Pennsauken AH and
Ursent Care

REFERRING VET

Dr. Michael Roppolo

INVOICE

14184

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Patient presented for an episodes of acute distress and pain, followed by intense licking of prepuccial area. Workup included BW and UA. Ultrasound guided cystocentesis revealed 2-3 hyperechoic spherical objects within bladder wall. UA revealed >50 rbc's but no other significant findings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine primarily present with a solitary to several small dependent calculi. An example measured 0.4 cm in diameter. Very minor concurrent nondependent particulate sediment was also noted. No evidence of inflammatory or neoplastic urinary bladder mural changes was present. The urethra exhibited normal structure and tone without evidence of urethral mineral or calculi to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Multifocal pinpoint areas of medullary mineralization were noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.74 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

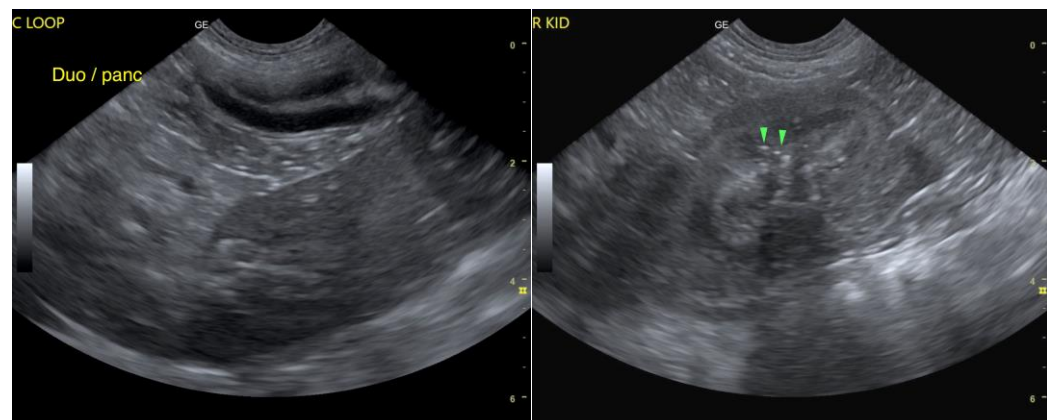
ULTRASONOGRAPHIC FINDINGS

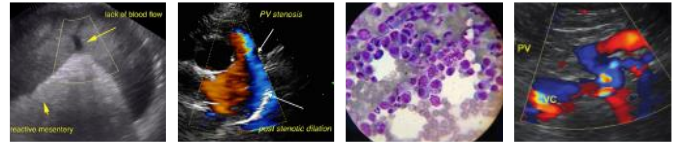
- Focal to several dependent cystic calculi with minor nondependent sediment
- Sonographically unremarkable residual prostate and visible proximal urethra - no evidence of current urethral calculi
- Mild chronic renal changes with pinpoint medullary mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder with potential passage of previous calculus, given the patient's recent episode of distress and preputial licking. No obvious evidence of current urethral obstruction is evident.

Urine culture and sensitivity on a sterile urine sample is suggested to rule out underlying infection. A dissolution diet may be considered with sonographic monitoring of the cystic calculi, as well as for recurrent signs of possible calculi passage.





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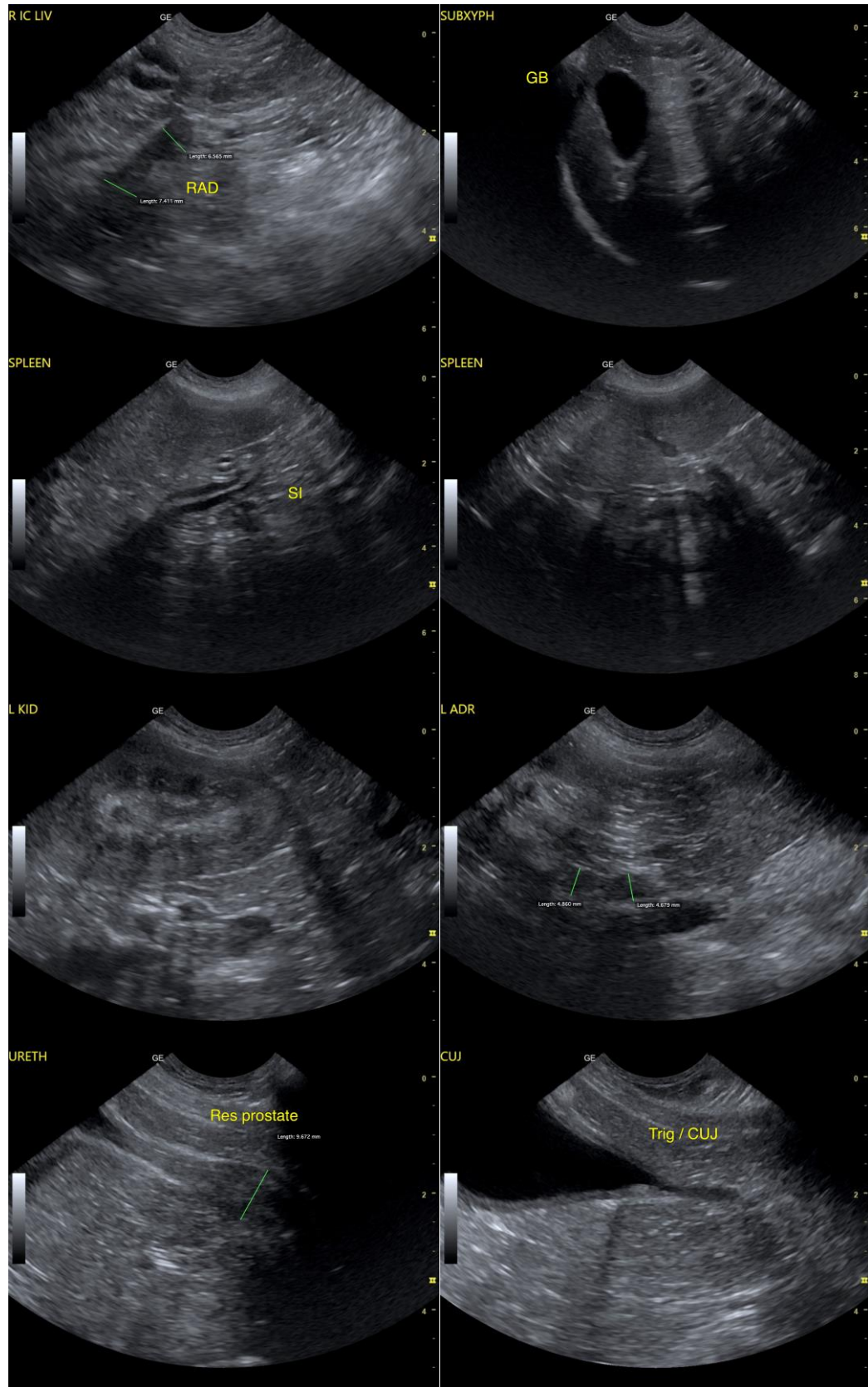
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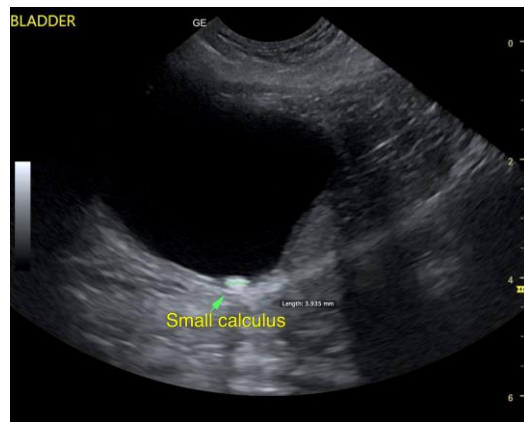
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com