

**PATIENT**

Muffin Potter

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

SF

**AGE**

18 years

**WEIGHT**

-

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Jessie Fishbaugher

**INVOICE**

14512

**DATE**

8/4/22

**PRESENTING CLINICAL SIGNS**

Presented 7/25 to check urine. slightly decreased appetite, having small, frequent urination. Been urinating in house which is not unusual. Owner called again on 8/3, now urinating blood again, never really resolved after antibiotics, but seeing fair amount of blood within the urine now. Acting fine for the most part, may be slightly lethargic.

Abnormal PE/Chem/CBC/UA Results: Urinalysis showed blood, bacteria, WBC and RBC within the urine. No crystals seen. Treated with Convenia at that visit. May have a 1/6 murmur on the left side. Was sensitive to abdomen being palpated (owner reports she normally likes belly rubs). Chem panel WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention. A solitary, moderately sized, luminal calculus measuring approximately 2.0 cm in diameter was present. Mildly prominent homogeneous urinary bladder walls with minimal anechoic urine were present. The ventral urinary bladder wall width measured 0.52 cm. Lack of urine distention prohibited full evaluation of the urinary bladder walls. No evidence of neoplastic criteria was noted. Cystitis pattern is likely. The urethra was overtly normal in structure and tone to a depth of 2.0 cm. No overt evidence of urinary bladder or proximal urethral neoplastic criteria was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination were present in the kidneys with evidence of cortical infarction. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral were present in the right kidney. The left kidney exhibited a nonobstructive central medullary renolith measuring 0.76 cm in diameter. No evidence of pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 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 2.1 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.53 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary hyperechoic nodule was present in the mid splenic parenchyma adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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**Liver/ Gallbladder****SPECIES**

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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, dependent, hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

**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****Primary Findings**

- Solitary cystic calculus with likely secondary to concurrent cystitis
- Bilateral chronic renal changes with nonobstructive medullary mineral / renolithiasis

**Secondary Findings**

- Benign splenic nodule - consistent with benign myelolipoma
- Minor vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity even with recent antibiotic administration, or post antibiotic therapy to assess for underlying infection is likely Ideal. Cystotomy +/- urinary bladder mural biopsies for histopathology and tissue C/S may be considered.



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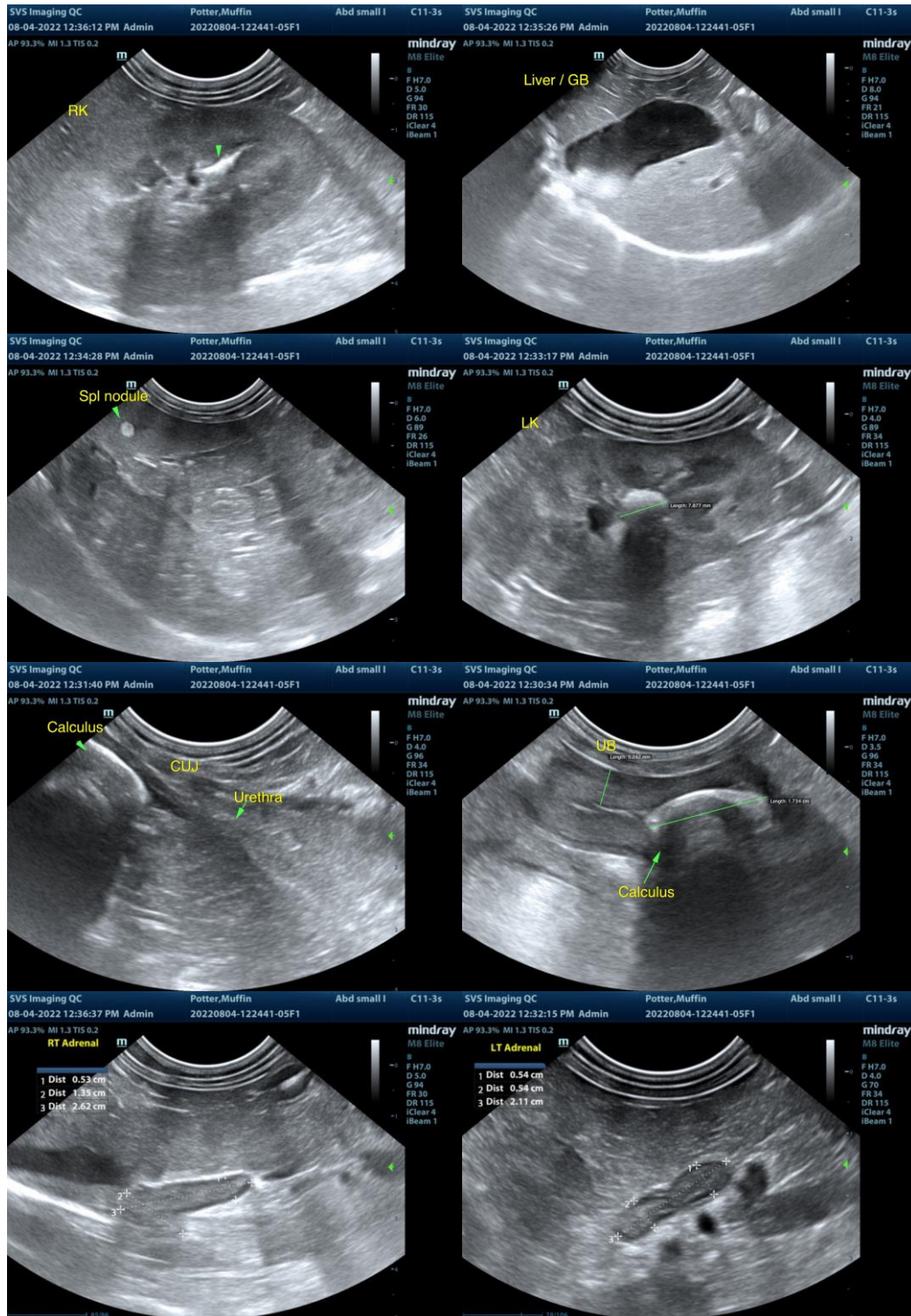
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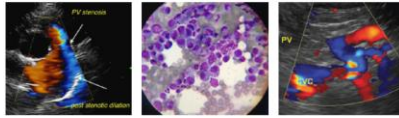
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectology

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

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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.

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**info@SonoPath.com**

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