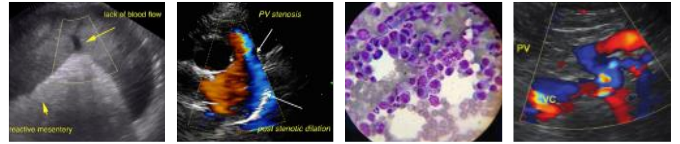



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Winston Ceballos

**SPECIES**

Canine

**BREED**

Eng Bulldog

**SEX**

CM

**AGE**

11 yrs.

**WEIGHT**

55 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of Queens

**REFERRING VET**

Dr. Thomas

**INVOICE**

14938

**DATE**

9-21-22

## PRESENTING CLINICAL SIGNS

Hx of Hematuria for the past few week, Hx of skin issues
Abnormal PE/Chem/CBC/UA Results: BAR BCS 6/9 DDZ gr 1-2/4 Generalized dermatitis No BW or UA performed.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was normal in size and tone containing anechoic urine primarily with two small dependent calculi present in the urinary bladder lumen. An example measured 0.53 cm in diameter. No evidence of inflammatory or neoplastic mural changes was noted. The ureteral papillae were normal. The ureters were not visible which is normal.

No obvious evidence of pathology in the area of the residual prostate, although not definitively visualized.

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 pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

### *Adrenal Glands*

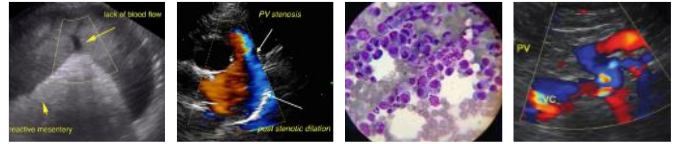
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily dependent, mildly hyperechoic debris. The gallbladder and peripheral gallbladder were sonographically normal. 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 contained echogenic, nonshadowing ingesta most consistent with recent meal ingestion without 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

- Two small dependent cystic calculi
- Mild age-related renal changes
- Minor hepatic parenchymal remodeling
- Mild gastric ingesta

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including urinalysis as well as screening C/S to rule out underlying infection as a contributing factor to the cystic calculi is suggested.

No obvious evidence of significant cystitis secondary to the calculi, although minor urinary bladder irritation is certainly possible.

Pending urinary workup including C/S, a dissolution diet may be beneficial. Close monitoring for evidence of stranguria, dysuria, or similar going forward is suggested, as the small cystic calculi may potentially move into the proximal urethra.

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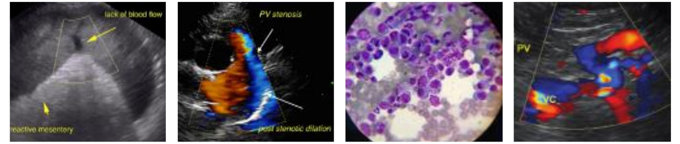


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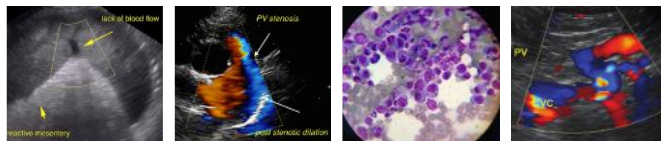

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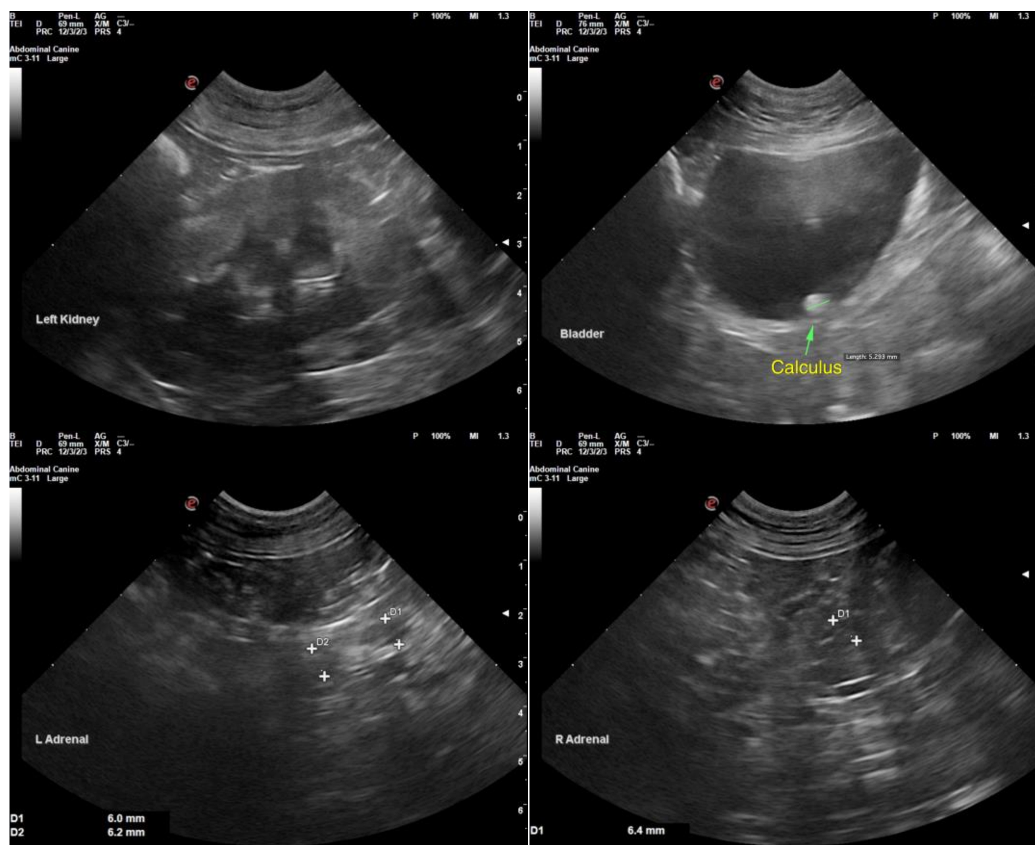


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
**info@SonoPath.com**