



**PATIENT PRESENTING CLINICAL SIGNS**

**Puck Henderson-Smith** History: persistent hematuria, negative culture but PH is 6.5 with crystals was given trazadone 100mg - 1 tablet in am before scan with a little bit of peanut butter needed additional sedation - gave 0.04mL acepromazine IV, gave 0.35mL torbugesic IV

**SPECIES** Abnormal PE/Chem/CBC/UA Results: last bw performed 4/27/23 - lymph - 31 (hi) u/s - RBC 21-50 (hi) , struvites 21-50/ hpf (hi) , wbc 2-3/hpf, SG - 1.049

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Dachshund Mix** *Urinary System*

**SEX**

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Small amount of floating, hyperechogenic sediment present. Multiple uroliths present.

**Neutered Male** Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

**AGE**

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

2 years, 7 mos

**WEIGHT**

Normal renal size (left kidney 3.80 cm / right kidney 4.70 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

39 lbs

**INTERPRETED BY**

*Reproductive System*

**Remo Lobetti, BVSc,** Small, hypoechogenic prostate.

MMedVet (Med),  
PhD, Dipl. ECVIM

*Adrenal Glands*

Normal shape, echogenic appearance, size (left 0.60 cm / right 0.55 cm), position, and appearance of the visible peri-renal vasculature.

**IMAGING PERFORMED BY**

*Spleen*

**Heather** Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**HOSPITAL NAME**

*Liver*

**Animal Care Clinic of Flanders** Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**REFERRING VET**

*Gallbladder*

**Dr. Hallihan** The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

**INVOICE** *Gastrointestinal*

13633

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

**DATE**

*Pancreas*

7.10.23

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



**PATIENT** *Free Abdomen*  
Normal mesenteric lymph nodes.

Puck  
Henderson-Smith No ascites evident.

**SPECIES** *Thorax*  
Normal appearance of the heart. No pleural or pericardial effusion evident

Canine **ULTRASONOGRAPHIC FINDINGS**

**BREED**  
**Primary Findings**

Dachshund Mix  

- Urinary bladder uroliths

**SEX**  
**Secondary Findings**

Neutered Male  

- Urinary bladder sediment

**AGE**  
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2 years, 7 mos  
**WEIGHT** Further assessment would be urine culture.

39 lbs Specific therapy would be cystostomy, with further management dependent on the mineral content of the uroliths.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

Animal Care  
Clinic of Flanders

**REFERRING VET**

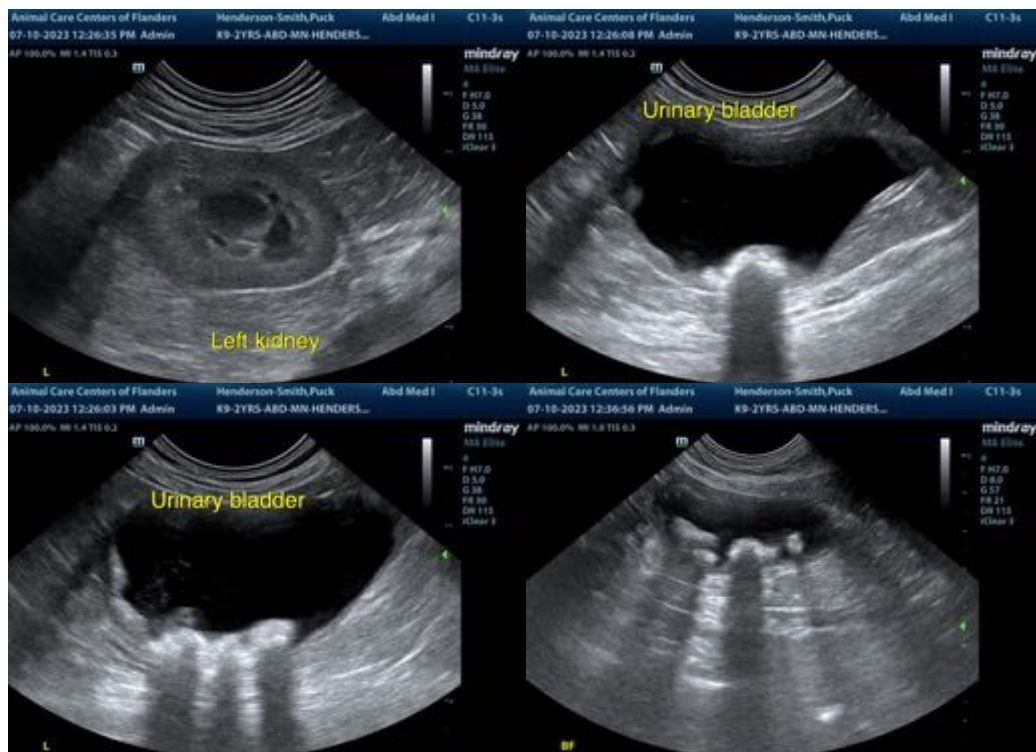
Dr. Hallihan

**INVOICE**

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**DATE**

7.10.23





**PATIENT**

Puck  
Henderson-Smith

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

Neutered Male

**AGE**

2 years, 7 mos

**WEIGHT**

39 lbs

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**IMAGING  
PERFORMED BY**

Heather

**HOSPITAL NAME**

Animal Care  
Clinic of Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

13633

**DATE**

7.10.23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)  
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