



## PATIENT

Mugsy Rubino

## SPECIES

Canine

## BREED

English Bulldog

## SEX

Neutered male

## AGE

2 years

## WEIGHT

68 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Kitz

## HOSPITAL NAME

Woodlands AH

## REFERRING VET

Dr. Kitz

## INVOICE

71105

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

- Presented about three weeks ago with lethargy, fever, blood in urine.
- See ultrasound report from that date which was submitted to Sonopath.
- Patient completed course of antibiotics and is back to normal behavior per owner with no blood in the urine or straining observed.
- Discussed referral vs. having us try to scan a little more to get more information about ureteral dilation - owner elected to have us try
- Urine culture negative • Recheck U/A shows no microscopic blood, pH-6.5 no crystals or WBCs BAR on recheck exam, normal vitals, no abdominal discomfort Recheck CBC shows resolution of platelet issues we had previously. Wondering if cystotomy would be indicated, with submission of stones we can obtain to Minnesota urolith lab. Not sure if owner is going to want to pursue any type of advanced referral procedure. We did discuss prevention of additional stones is going to be important to protect the left kidney. Not seeing any crystals at all in the urine. Did not see any stones on initial radiographs.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Two calculi were noted in the bladder. One measured 0.32 cm and 0.5 cm. A separate calculus was noted and measured. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.26 cm. The **right kidney** revealed persistent pyelectasia noted and measured 2.5 x 0.72 cm with corticomedullary calculi that measured up to 0.33 cm. Slight pericapsular inflammatory pattern was noted at the dorsal cortex of the right kidney. The right ureter was persistently dilated and measured 0.51 cm. The hydroureter extended for 5.0 cm distally and appeared to be strictured. This is likely owing to passage of calculi. No embedded calculi were noted within the right ureter. Some echogenic debris was noted in the right ureter. This is suggestive for blood clots and/or infection. The right kidney measured 5.0 cm.

## ULTRASONOGRAPHIC FINDINGS

Right hydroureter, pelvic calculi, pyelectasia, nephritis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation has improved from the prior sonogram, yet persistent right ureteral stricture is present as well as small urinary bladder calculi. Ureteral stent placement with cystotomy can be considered in this patient. However, there was no evidence of persistent inflammation and probable infection in the right kidney.



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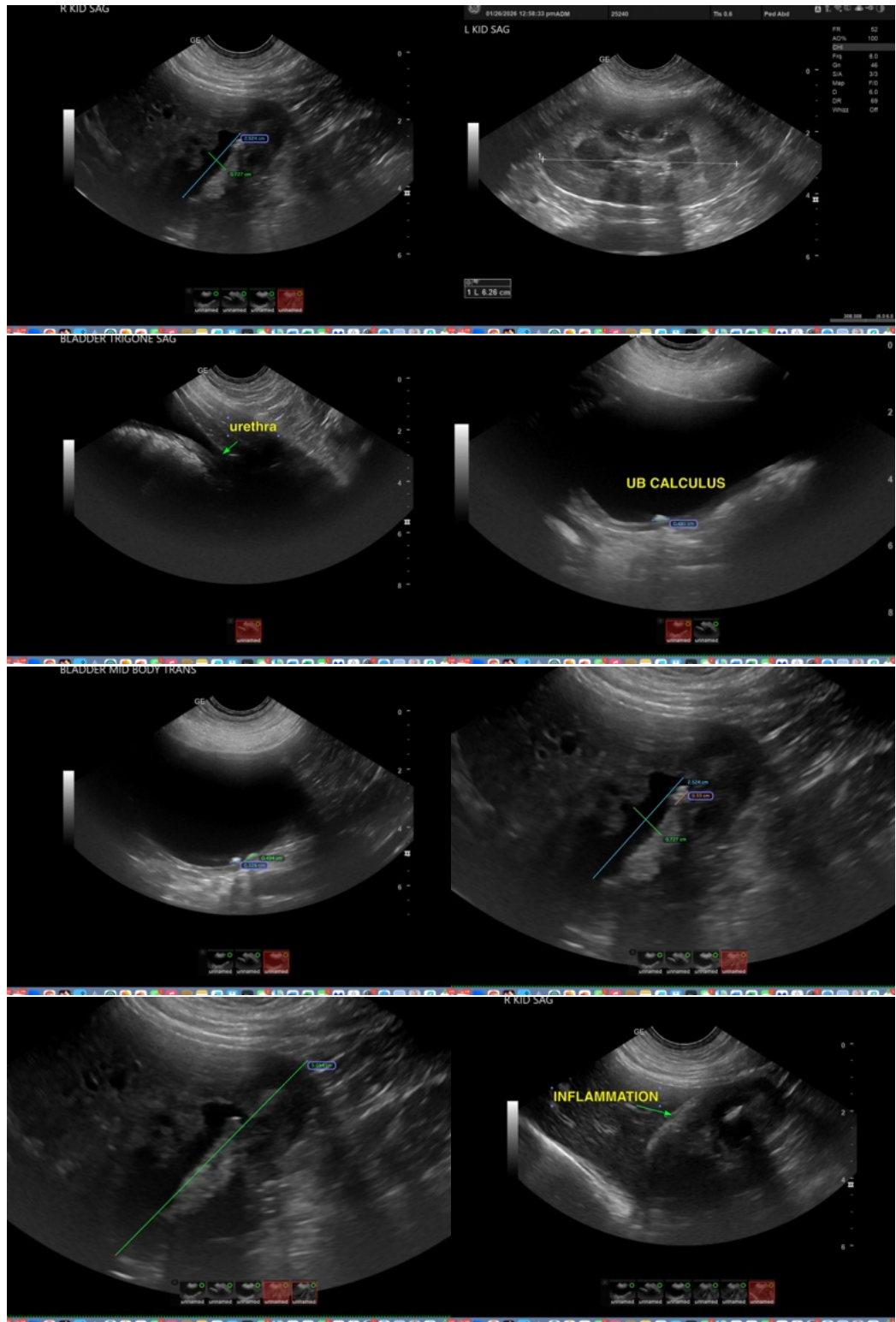
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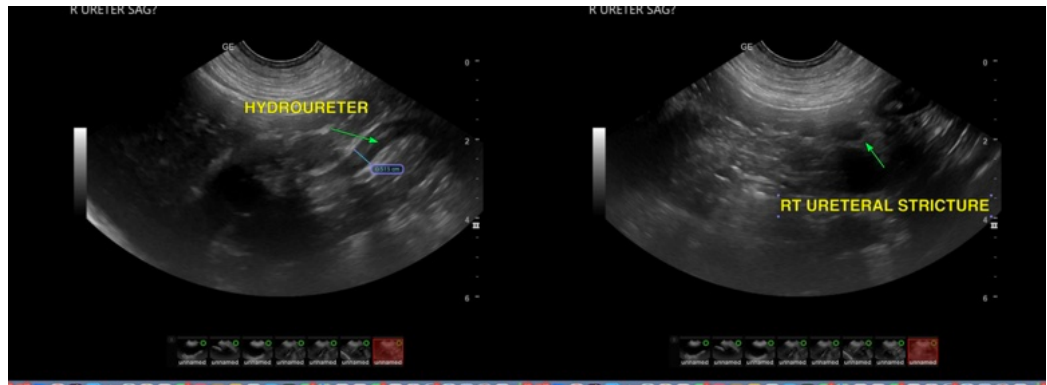
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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