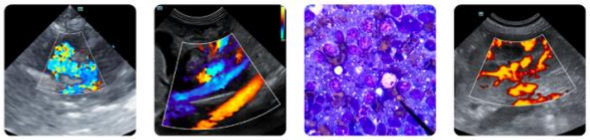

PATIENT

Mugsy Rubino

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

2 Years

WEIGHT

64 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Danielle Kitz

INVOICE

35318

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Patient presented 1/7 with history of lethargy, vomiting and diarrhea Monday and none since, not eating since Monday, and blood observed at the end of the urine stream. Owner cannot r/o potential for FB ingestion, does eat caps from water bottles. He has a history of UTI back in Sept. No known toxin exposure. Treatment with broad-spectrum antibiotics, D5W to correct hypernatremia, GI support medications, and bland diet overnight. Recheck exam today shows a much brighter patient, normal vitals, ate last night with no v/d, still having some blood at the end of urinations but a solid stream. Recheck labs show correction of hypernatremia, all else normal on CDP.

Abnormal PE/Chem/CBC/UA Results: Exam: sl febrile with temp 102.9, rectal soft stools with no blood, penis normal with no blood or tumors, skin and lymph nodes normal. Slight head bob/tremor while at rest. No petechiations or ecchymoses present. Labwork shows low platelets at 72K, confirmed sl low but platelet clumps observed on blood smear. HCT and RBC normal with sl elevated HGB. Globulins and TP sl elevated, WBC elevated at 22K, sodium sl elevated at 161, creatinine borderline high, BUN normal, phosphorus borderline high. Urinalysis shows significant WBCs, RBCs, large amounts of blood and protein, elevated pH at 8, no crystals, and some cocci in clumps (free catch sample). Culture pending Radiographs showed generalized gastroenterocolitis but no intestinal obstruction; splenomegaly reported on rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculus and debris. The urinary bladder itself was unremarkable.

The **right kidney** presented hydroureter, inflammatory pattern at the dorsal cortex, loss of structural detail, and calculi in the pelvis. The cranial aspect of the right revealed a pelvic clot or purulent accumulation. Significant inflammation was noted around the entire renal capsule that localized focally and more dramatic in the cranial aspect of the right kidney. The hydroureter was followed approximately 2.0 cm distal from the right kidney, however, the dilatative termination was not evident. The right kidney measured 7.78 cm.

The **left kidney** was normal in size, contour and structure. No evidence of pathology. The left kidney measured 6.72 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.63 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 0.46 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with subtle heterogenous parenchymal changes. Caudal folding of the spleen was noted. This change is most consistent with reactive spleen.

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

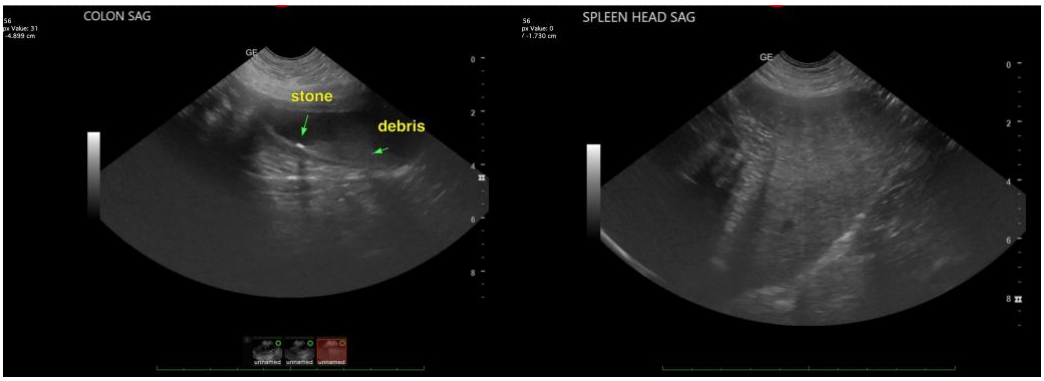
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hydroureter with nephrolithiasis and severe pyelonephritis right renal pattern- cannot completely rule out neoplasia. Pericapsular inflammation was also noted. Some inflammation was noted around the right ureter as well. Purulent accumulation is suspected.
- Reactive spleen
- Small urinary bladder calculus and debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend further imaging of the right ureter in this patient to assess if likely calculus is embedded in the distal ureter or stricture. Referral for stent placement or surgical intervention for ureteral obstruction is indicated. Full urinalysis, IV fluid support, pain management, and broad-spectrum antibiotics are all indicated. Nephrotomy and ureterotomy are likely necessary in this patient depending upon determination of the cause of right hydroureter.



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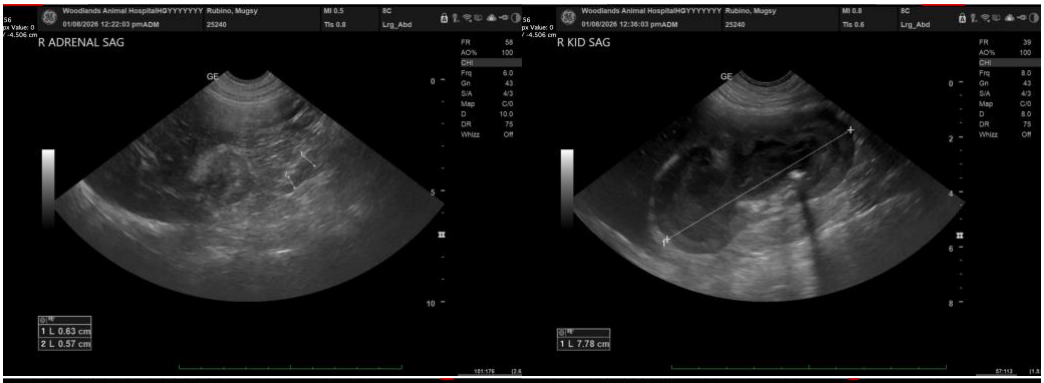

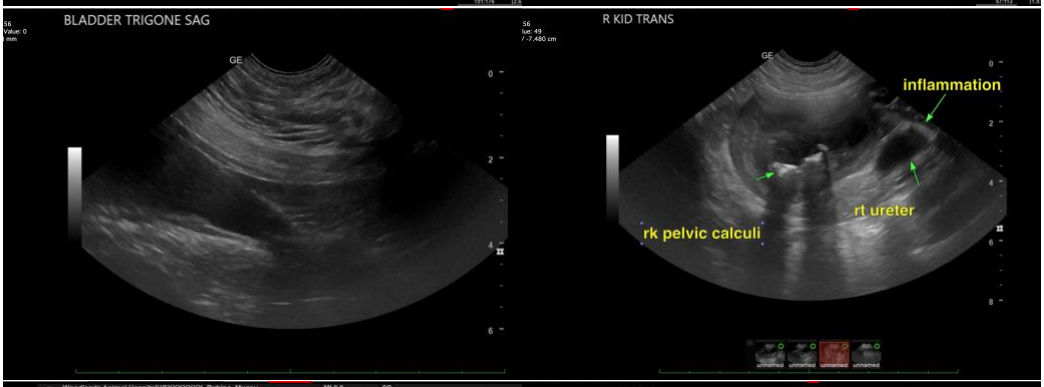

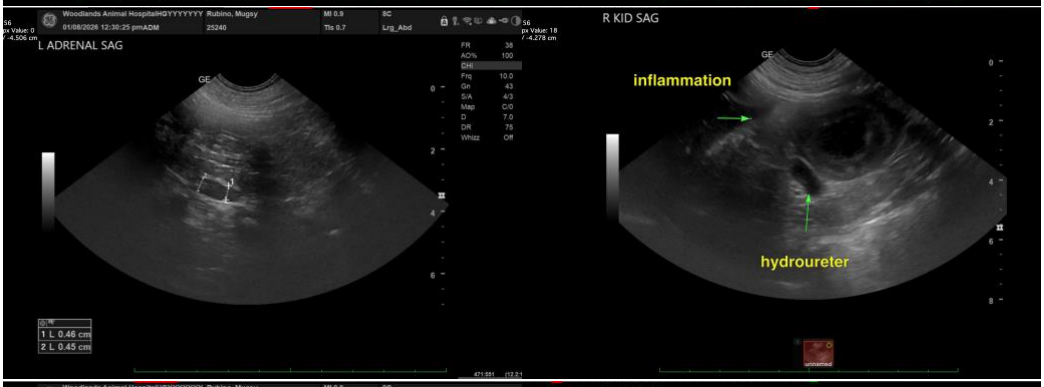

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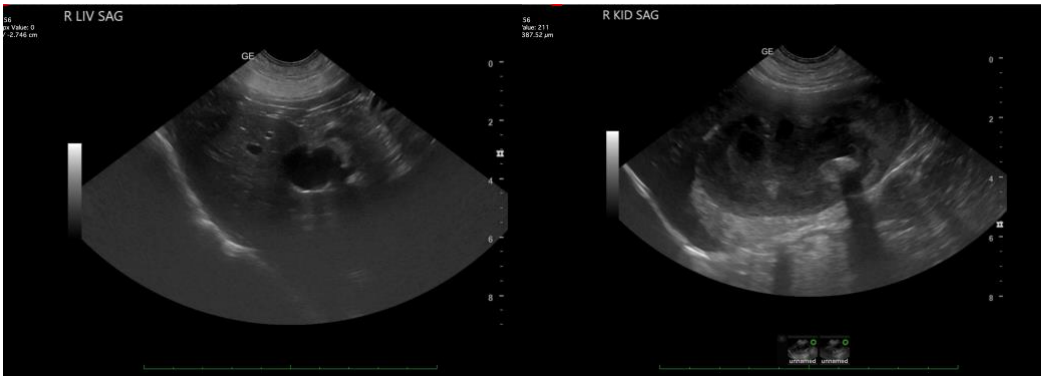

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com