



**PATIENT**

Wednesday Allingham  
Employee Pet

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Intact Female

**AGE**

6 Months

**WEIGHT**

22 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Sixteen Mile VC

**REFERRING VET**

Dr. Gibbs

**INVOICE**

26012

**DATE**

10/1/21

**PRESENTING CLINICAL SIGNS**

recurring UTI signs, difficulty house training, treated for UTI, BW shows mild azotemia and anemia  
Abnormal PE/Chem/CBC/UA Results: SDMA 22, BUN 14, creatinine normal. USG 1.031, pyuria, white cells >50.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **right kidney** was enlarged at 10 cm with thickened irregular contour, loss of corticomedullary definition and displaced renal pelvis. The right renal pelvis presented echogenic and disrupted architecture. Blood flow to the right kidney appeared to be adequate in volume, yet disorganized. The right ureter presented irregular placement, measuring 4.0 mm in dilation, bypassed the trigone, and appeared to enter into the pelvic urethra. However, its exact termination could not be found.

No **left kidney** noted in this patient. The left renal fossa was imaged completely.

**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 left adrenal gland measured 3.03 cm x 0.63 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.66 cm x 0.58 cm at the caudal pole and 1.37 cm at the cranial pole.

**Spleen**

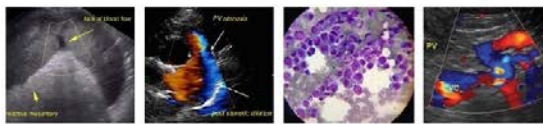
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

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.



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**Pancreas**

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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.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Left renal aplasia, no visible kidney
- Right renal dysplasia with disrupted architecture, pyelectasia, and right ectopic ureter (congenital anomaly)

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Boxer

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

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Urine culture and sensitivity, antibiotic treatment recommended. Surgical correction or interventional radiology approach to the ectopic ureter could be considered. However, long-term viability of the remaining kidney is precarious. Prognosis is poor long-term and guarded for the short term. 72 hour IV fluid protocol and injectable antibiotics likely in this patient's best interest. Blood pressure measurements and renal oriented diet recommended.

**AGE**

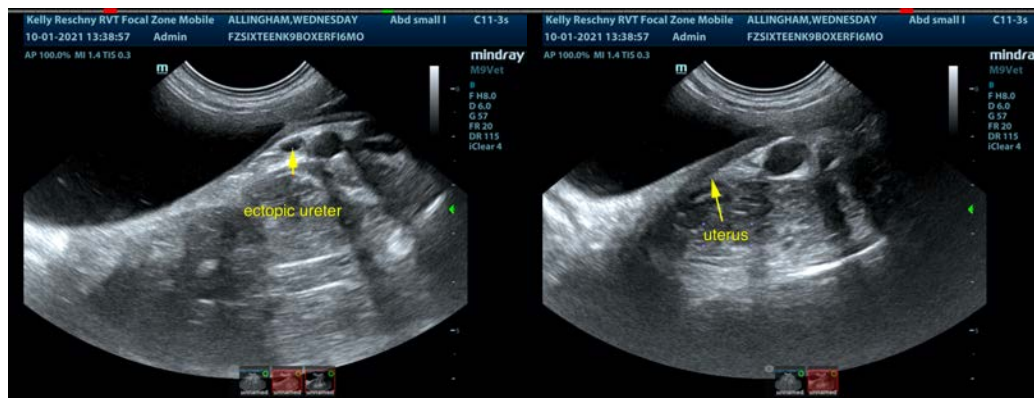
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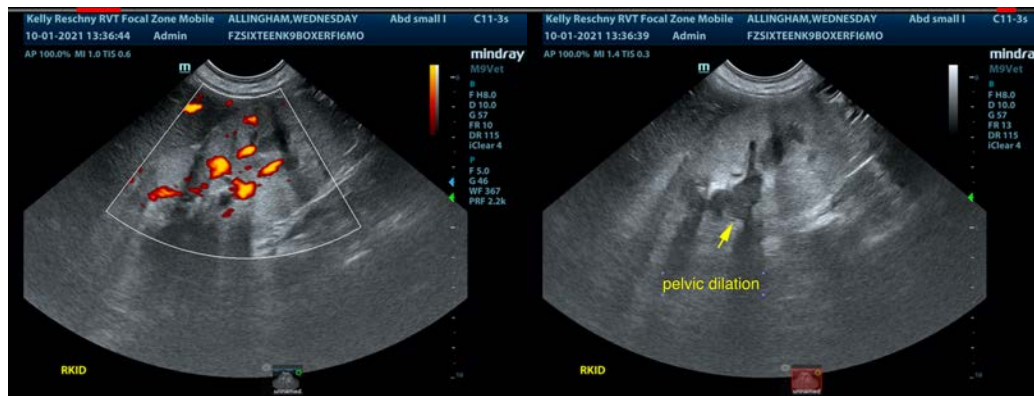
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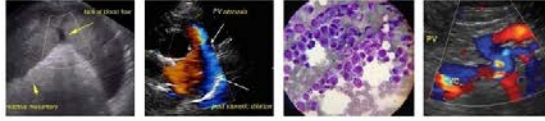
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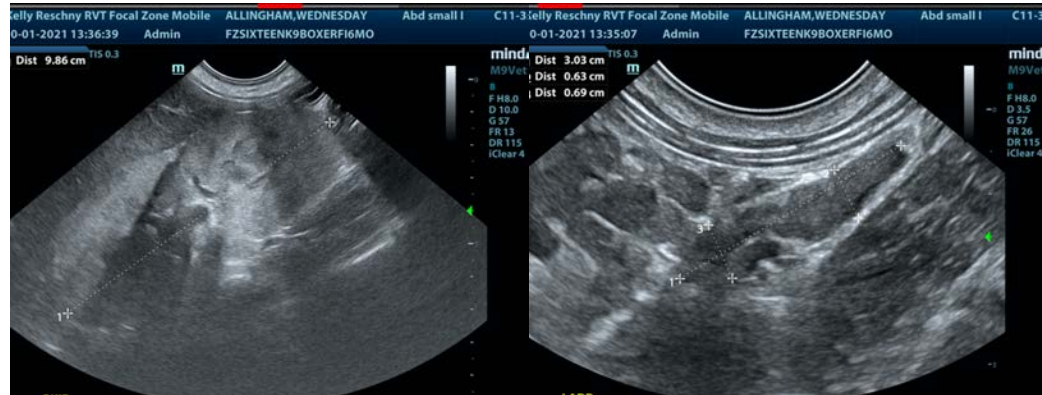
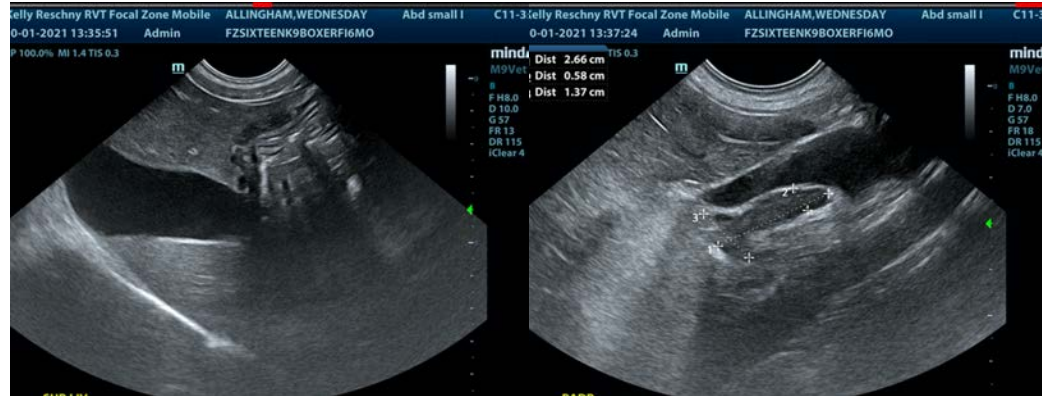
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com