**DATE**

10/27/22

**PRESENTING CLINICAL SIGNS**

Recurrent UTI's and intermittent bouts of urinary incontinence for at least 7 months. Right kidney appears enlarged on radiographs.

Current Medications: 5 day course of Baytril ended 10/22.

**PATIENT**

Nova Schuster

Radiographs: Right kidney appears enlarged on radiographs. Difficult to visualize left kidney.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Dalmatian

**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 was noted. Ureteral papillae were normal. The right ureter appears to bypass the trigone, dilate and irregularly terminated near the proximal pelvic urethra. The left ureter appears intact.

**SEX**

Spayed female

The **right kidney** reveals severe hydronephrosis at 11.0 cm. The left kidney measured 6.19 cm and is normal in size and contour. The left kidney is structurally unremarkable. Blood flow to the left kidney appeared to be normal.

**AGE**

12/5/21

**WEIGHT**

40.8 lbs

**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.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 was noted.

**HOSPITAL NAME**

Bay Country VH

**REFERRING VET**

Dr. McLean

**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.

**INVOICE**

42189

**Gastrointestinal**

The stomach revealed shadowing material in the pyloric outflow measuring 2.5 cm. There was a minor amount of stasis noted. The small intestine and colon were unremarkable.

### **Pancreas**

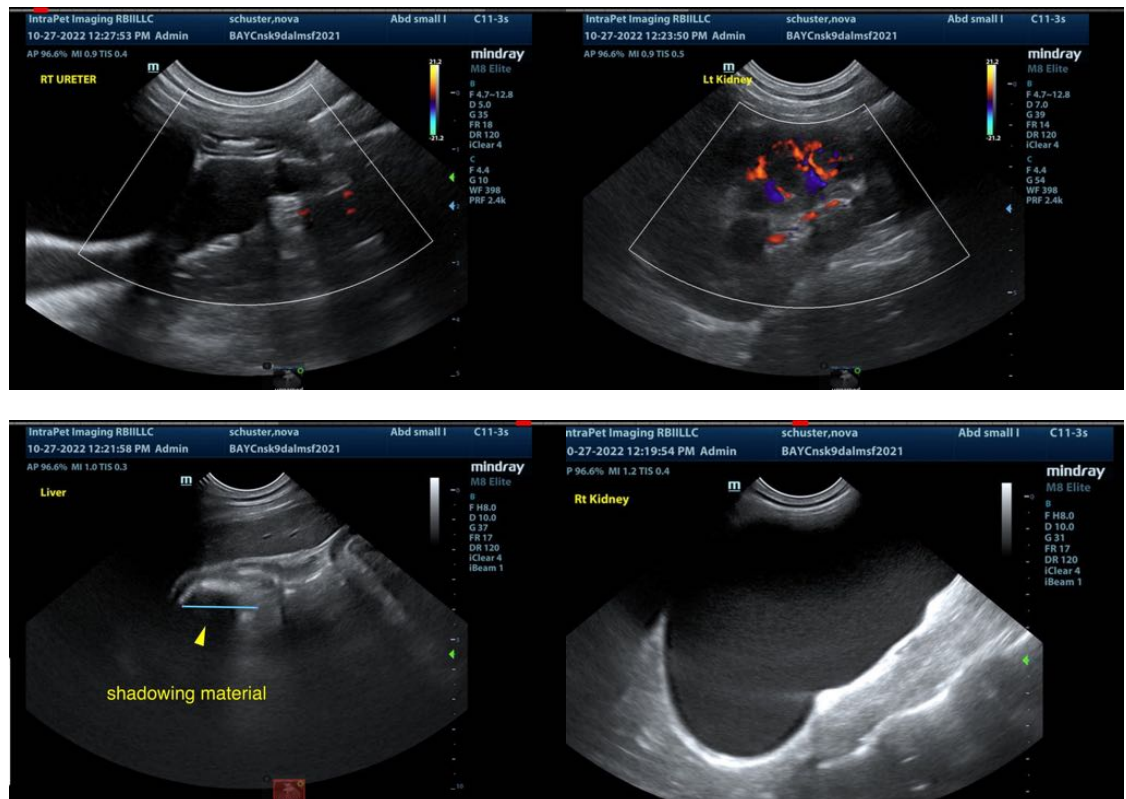
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

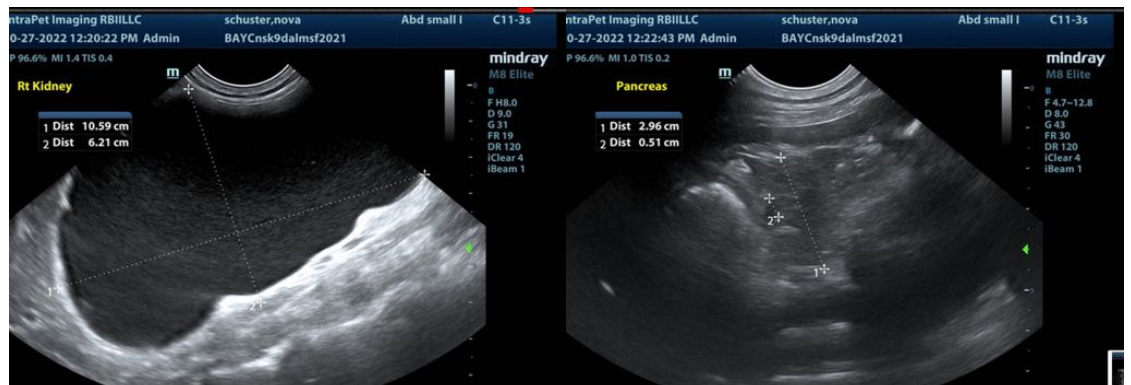
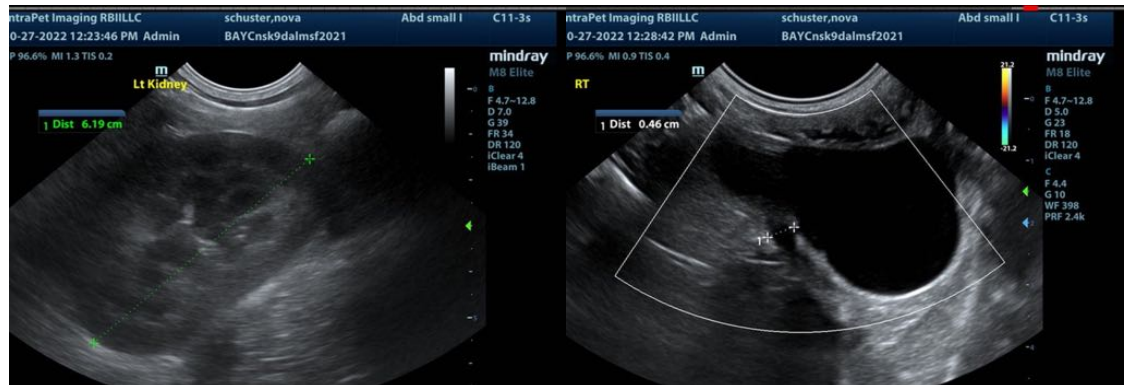
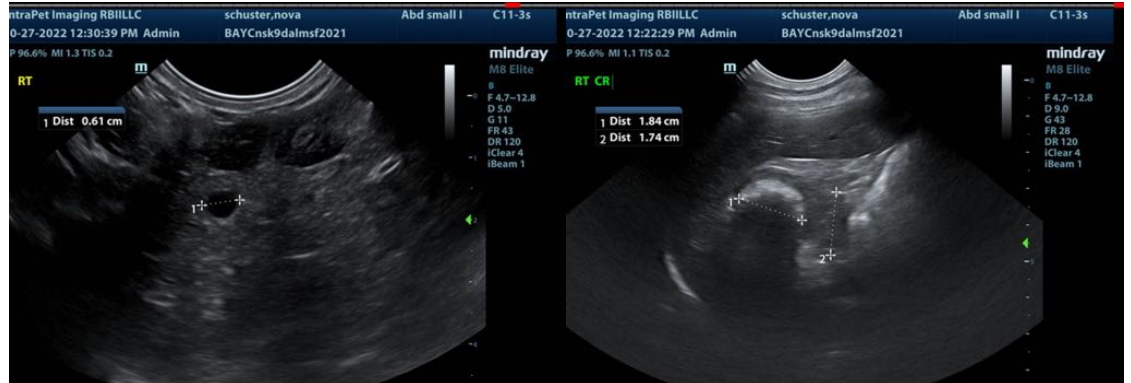
### **ULTRASONOGRAPHIC FINDINGS**

Severe right renal hydronephrosis with ectopic right ureter. Right kidney is not likely functional.

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

Right nephrectomy and ureterectomy is warranted. Inspection of the pyloric outflow is also indicated. Given the recurrent UTI's and urinary incontinence this is likely owing to ectopic ureter. CT evaluation with contrast would be ideal for surgical planning.





**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