IMAGING PERFORMED BY

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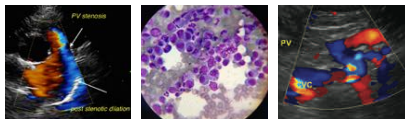

SonoPath
Clinical Sonography & Telecytology
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DATE
11/15/21

PATIENT
Lexi Ruggs

SPECIES
Canine

BREED
Yorkipoo

SEX
Spayed Female

AGE
11/15

WEIGHT
7.5 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Padonia VH

REFERRING VET
Dr. Youssef

INVOICE
93107

PRESENTING CLINICAL SIGNS

History: recurrent UTIs, struvite stones, and bloody urine even on antibiotics and urinary diet. First went to Erdman for issue in October. Was already on Royal Canin SO urinary diet and has hx of struvite crystals. previous vet prescribed enrofloxacin. Recheck with Erdman 11/1- ran blood and urinalysis and culture. 11/9 with Erdman, rads found no stones but possible mass around bladder per o. Blood urine was noted on exam. 11/11 hospitalized with Erdman.
Current Medications: was given Clavamox and Enrofloxacin, when hospitalized gave Baytril and Polyflex.
Lab Results: Struvite stones, hematuria.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The lower **urinary tract** revealed concentric thickening of the cystourethral junction and urethra. The urethra measured 0.61 cm in thickness. Wall thickness on the dorsal aspect of the cystourethral junction measured 0.57 cm. The ventral aspect measured 0.4 cm. There was approximately 2.17 cm of sand accumulation noted in the pelvic urethra. This appeared to be strictured. The remainder of the bladder was unremarkable.

Slight iliac lymphadenopathy was noted and measured 0.82 x 0.53 cm and was mildly heterogenous.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.5 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 1.53 x 0.59 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Pancreas

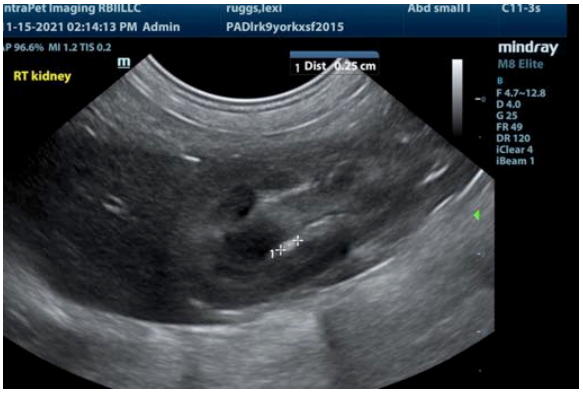
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

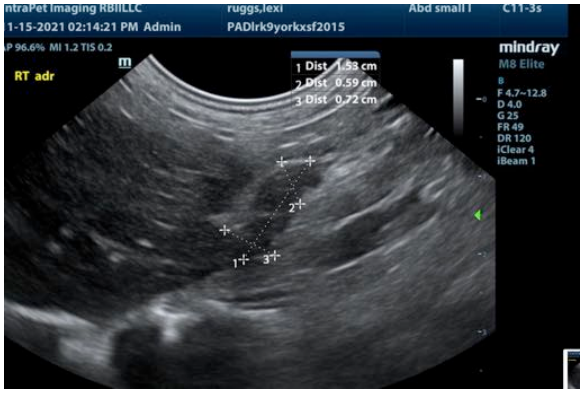
ULTRASONOGRAPHIC FINDINGS

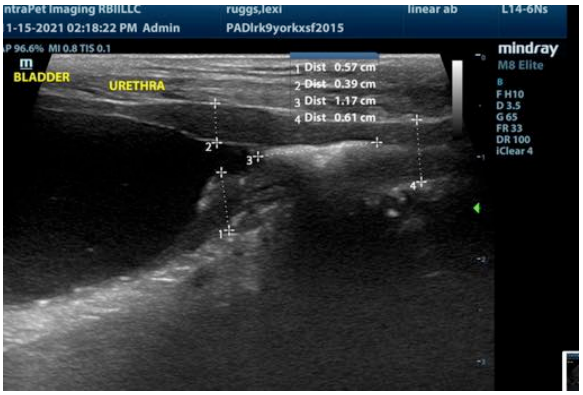
Urethral and cystourethral junction stricturing pattern with embedded sand. There is a potential for carcinoma versus urethritis and sand accumulation and ureteral stricture.

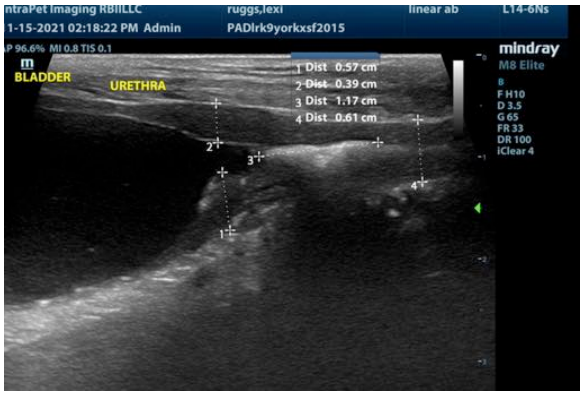
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

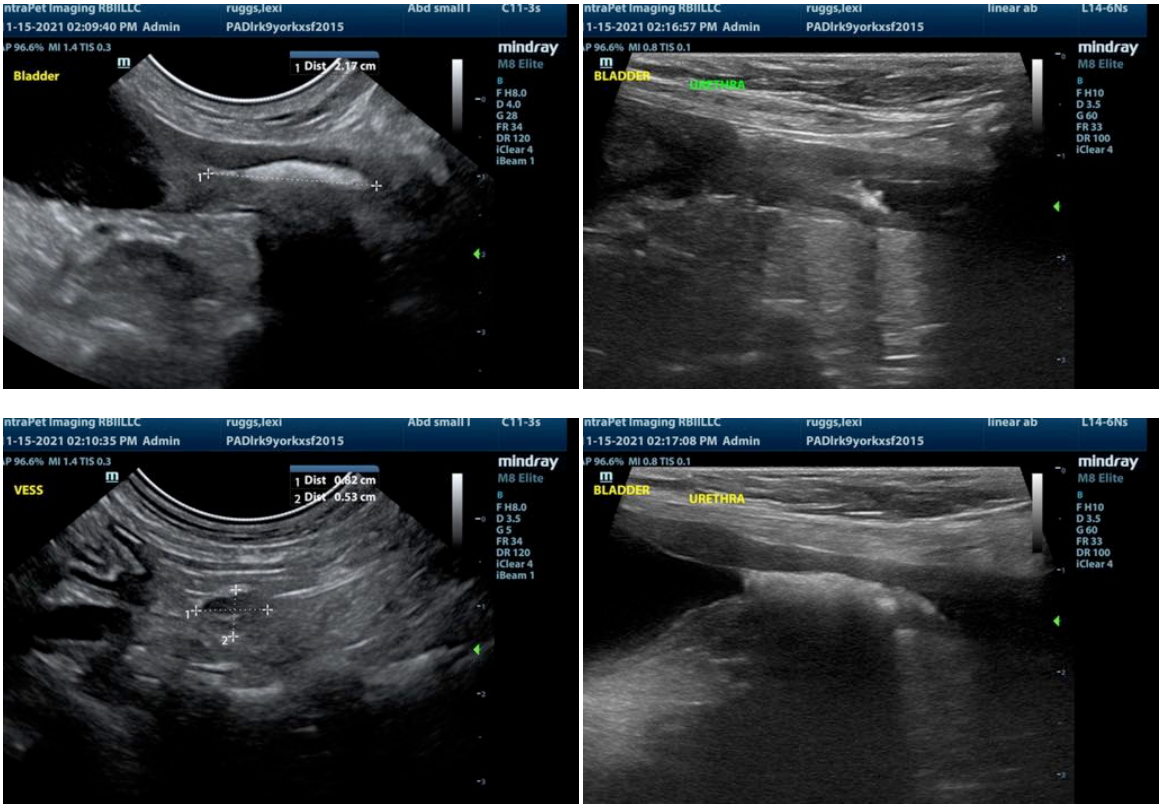
A cystoscopy with proximal urethral and cystourethral junction biopsies as well as bladder lavage is recommended. Traumatic catheterization can be considered if possible to catheterize a female to liberate the sand from the strictured area of the proximal urethra as well as obtain cytology/histopathology. Guarded prognosis. There was no overt evidence of metastatic disease.











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.

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