



PATIENT

Bolt Tingley

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

8 Years

WEIGHT

35 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

K. Peerson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

C. Ebert

INVOICE

33486

DATE

12/16/21

PRESENTING CLINICAL SIGNS

pet presents for straining to urinate CBC HCT 62.7 WBC 4.24 Neut 3.01 Chem 10: Creat 2.1 BUN 17 Lytes: wnl 2 view radiographs: No obvious radio-opaque stones 8Fr RR was placed easily with no resistance. UA in house: USG 1.042 Protein 500 RBC: >50/HPF no bacterial, possible unclassified crystals (visualized looked on vet connect, no obvious crystals seen) Culture pending Abnormal PE/Chem/CBC/UA Results: WBC and RBC in U/A

LIMITED ULTRASONOGRAPHIC EXAMINATION

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The distal urethra was not visualized.

The **kidneys** 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. Trace pyelectasia noted in both kidneys. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

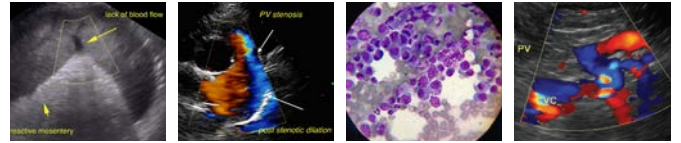
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable urinary tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the straining to urinate, recommend sedation passage of a catheter to assess any deep pelvic urethral pathology. However, from a position of 1.0 cm caudal to the cystourethral junction cranially, there is no significant structural pathology other than minor excessive debris. Neurogenic issues should be considered as a potential.





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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
info@SonoPath.com