

**DATE**

12/23/21

**PRESENTING CLINICAL SIGNS**

History: Hx intermittent chronic hematuria, stranguria, crystalluria, pyuria, tx'd twice for uti with rods present (Amoxi 100 mg PO BID x 7 days then 10 days), c/s yielded Proteus (sensitive to everything except Doxy). Recently developed worsening inappropriate urination/incontinence, leaks large volumes of urine or actively urinates large volumes after recent voiding. UA 12/3/21 wnl, c/s pending, blood work from 9/21/21 showed mild anemia and sl decreased TP, no rads performed. Patient otherwise stable.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: IV sedative.

Stat Report: Not requested.

**PATIENT**

Murphy Boucher

**SPECIES**

Canine

**BREED**Chesapeake Bay  
Retriever**SEX**

Intact male

**AGE**

7/15/21

**WEIGHT**

58 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**

Bay Country VH

**REFERRING VET**

Dr. Sabella

**INVOICE**

94895

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** itself was unremarkable with anechoic urine. The curvilinear patterns were normal. Right ureteral jet was found on Power Doppler assessment. The left ureter was dilated at 0.4 cm and continued intra-murally into the deep pelvic urethra approximately 2.0 cm from the cystourethral junction.

The prostate was uniform and measured 1.0 cm. The testicles were imaged and found to be uniform. The iliac lymph nodes were reactive and measured 2.35 x 0.94 cm.

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. The capsules were acceptably uniform without significant irregularities. The left kidney is normal with slight pyelectasia that measured 0.39 cm. The left kidney measured 6.37 cm with normal vascularity. The right kidney is normal and measured 6.7 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 left adrenal gland measured 2.71 x 0.59 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.58 x 0.58 cm at the cranial pole and 0.59 cm at the caudal 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 was 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.

### ***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.

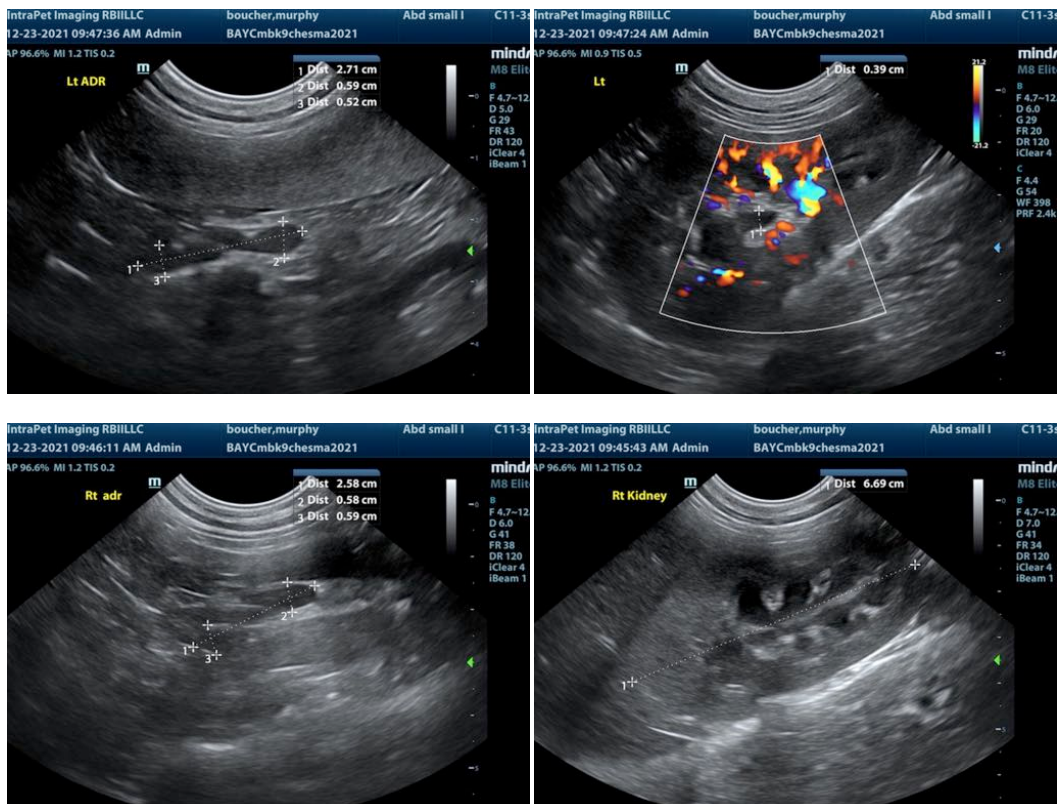
### **ULTRASONOGRAPHIC FINDINGS**

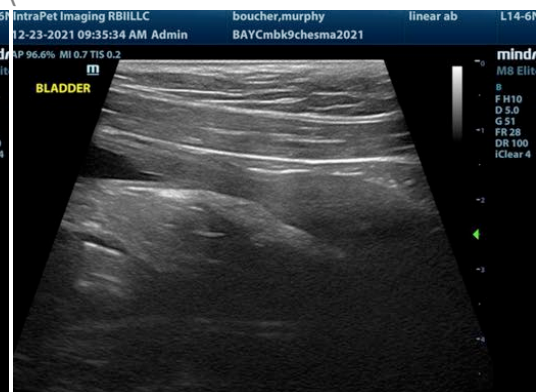
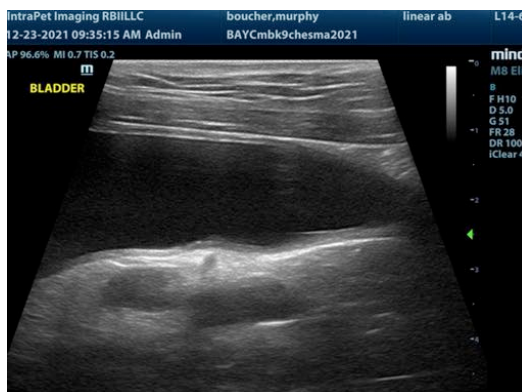
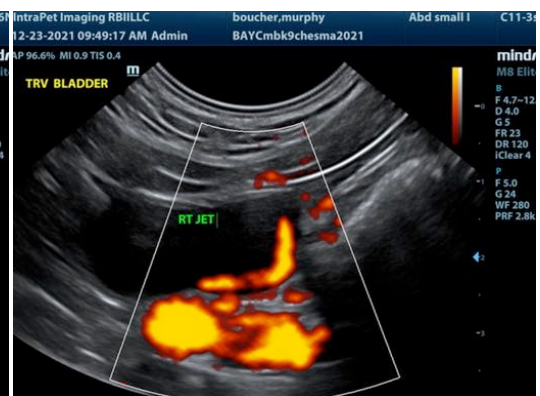
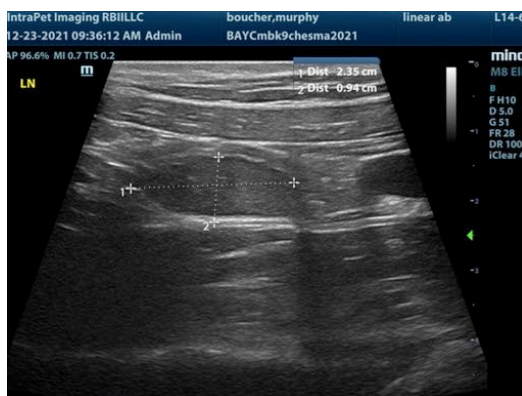
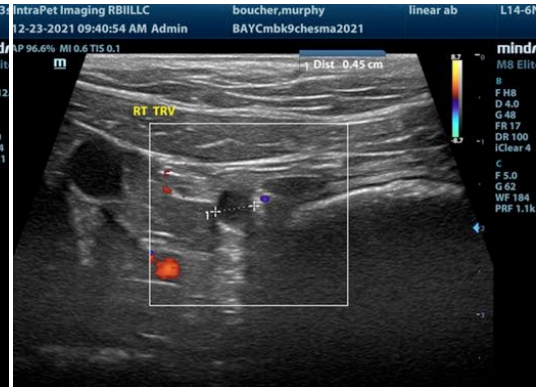
Left ectopic ureter.

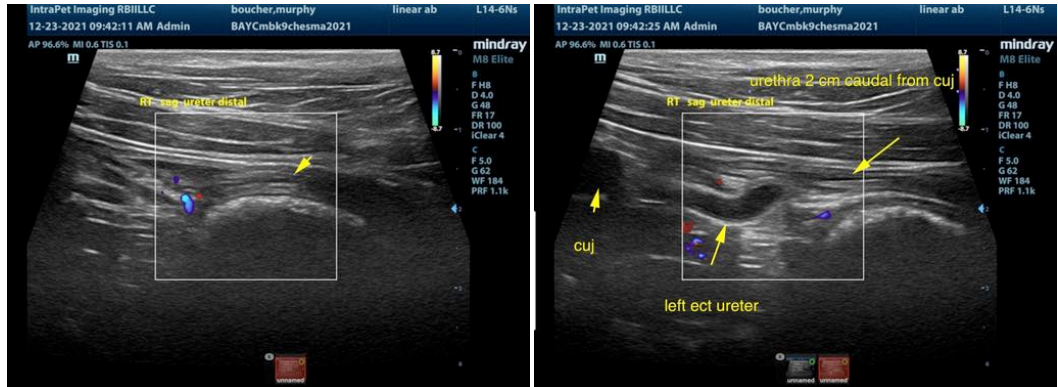
Left renal pyelectasia.

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

Surgical consultation is recommended for correction of the left ectopic ureter.







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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