



PATIENT

Teddy McFadden

SPECIES

Canine

BREED

Foxhound

SEX

Neutered Male

AGE

14

WEIGHT

39

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy & Dani

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Lauren Semanchik

INVOICE

21997

DATE

4/14/23

PRESENTING CLINICAL SIGNS

Long history of hypothyroidism - on supplementation. Renal values started to increase in Feb 2023 - AUS revealed a right renal cyst that was ultimately surgically removed & biopsied as a cyst - pet was clinically "normal" following surgery (2/9/23). Pet arrived today due to hyporexia & burping - these are the same symptoms pet had last time renal cyst was noted. Kidney values today are stable from earlier this week (had a wellness appt) - SDMA 12, Crea 1.6, BUN 38, K 3.4. Guts palpate a little thickened on PE, but belly supple. Normal vitals.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The ureters were not visible which is normal. 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm.

The **right kidney** was dystrophic, irregular with hydronephrosis and hydroureter. The right ureter appeared to be dilated to at least 4.0 cm caudal to the right renal pelvis. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

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. Cranial folding of the spleen 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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Minor dependent gallbladder debris was noted, not pathological.



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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

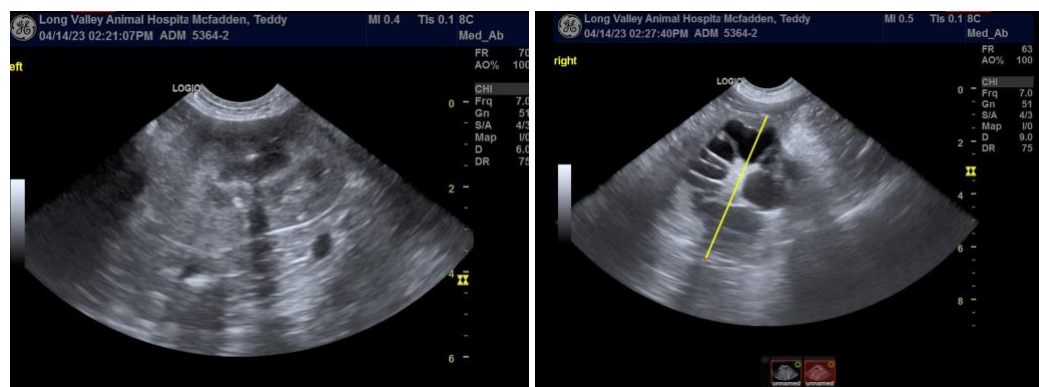
- Right kidney hydronephrosis/hydroureter (moderate to severe) with secondary dystrophic changes
- Mild degenerative left kidney changes with pinpoint mineralizations
- Splenic fold
- Minor dependent gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the right ureteral obstruction is unclear. Further imaging would be necessary to define this change, however, right nephrectomy is likely in this patients best interest. Potential obstructive causes would be nonvisible ureteral tumor, calculus or stricture, or possible congenital lesion (less likely). CT evaluation with contrast will allow for further definition.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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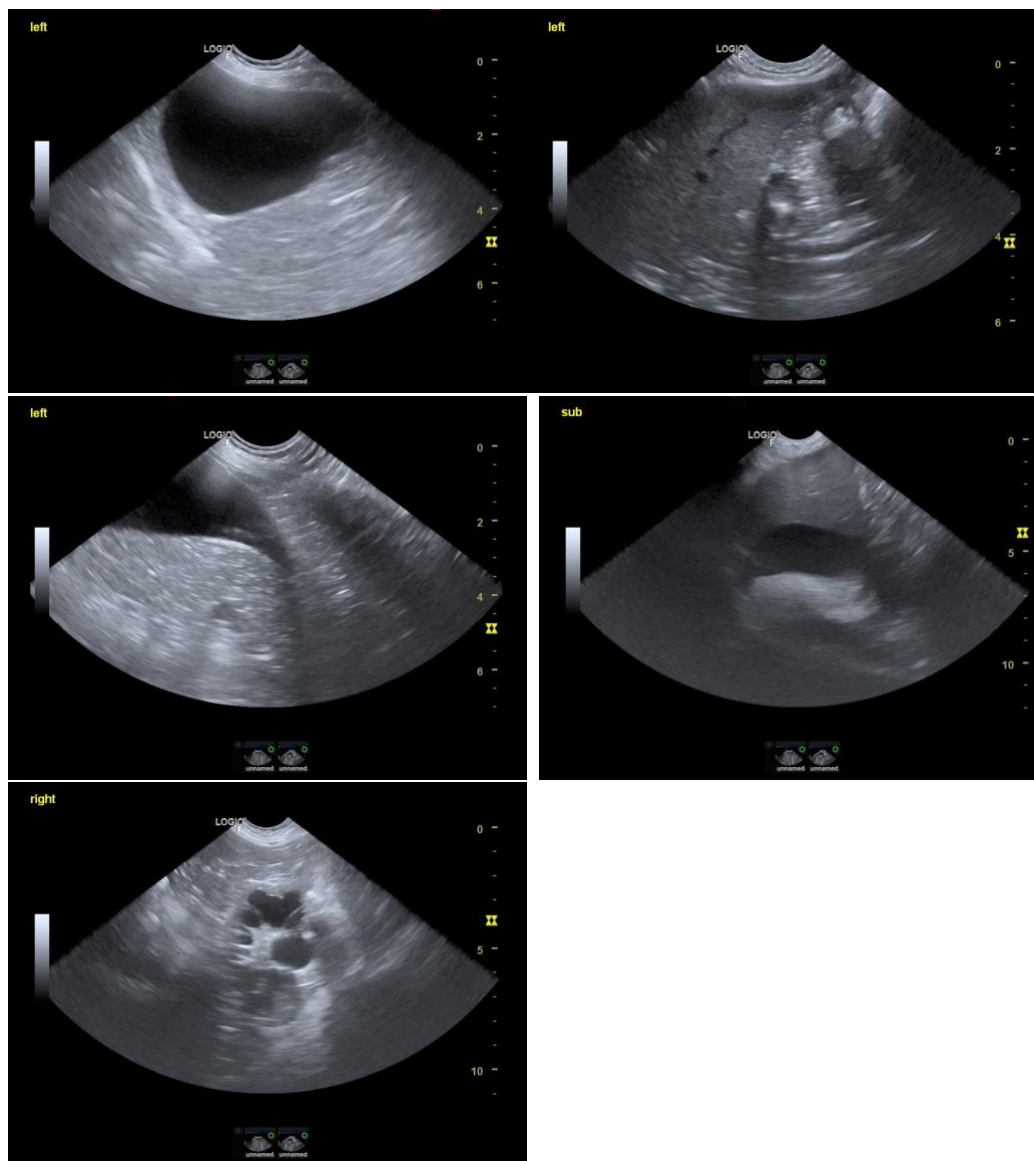
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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