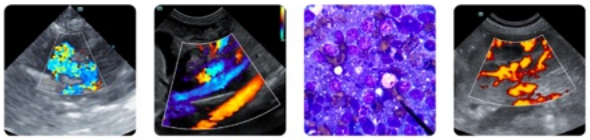


PATIENT

Yoda Wilde

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

61 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight Imaging

REFERRING VET

Dr. Frankenberger

INVOICE

75115

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: Acting strange, vomiting, appetite reduced, PU/PD, urine accidents in house. Abdomen painful on palpation. Sedated with butorphanol for the first half of the ultrasound. Once scanning the right abdomen, sedated with 0.1ml dexdomitor 0.5mg/ml IV once. Adequate to relieve abdominal tension for acoustic penetration.
Abnormal PE/Chem/CBC/UA Results: CBC elevated WBC 22.52 (5.05-16.76), Neutrophils 16.10 (2.95-11.64) and Mono 2.76 (0.16-1.12). Panel elevated ALP 247 (23-212) and Chol 325 (110-320). Urinalysis via cysto obtained today and submitted/pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed bladder wall hypertrophy with a minor amount of suspended debris. There was no evidence of calculi. The left ureter appeared to enter into the deep pelvic urethra approximately 2.0 cm distal from the cystourethral junction. Severe dilation was noted in the proximal left ureter.

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 renal pelvis was dilated to 2.9 cm with echogenic debris. The left kidney measured 7.05 cm and appeared malpositioned. Blood flow to the left kidney appeared to adequate on color flow assessment. The right kidney measured 6.07 cm.

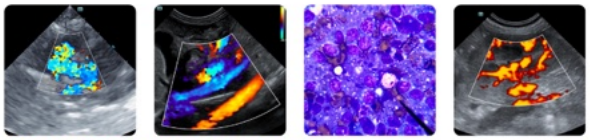
The residual prostate measured 0.87 cm.

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 0.48 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 0.62 cm at the cranial pole and 0.55 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. The spleen measured 2.05 cm.



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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

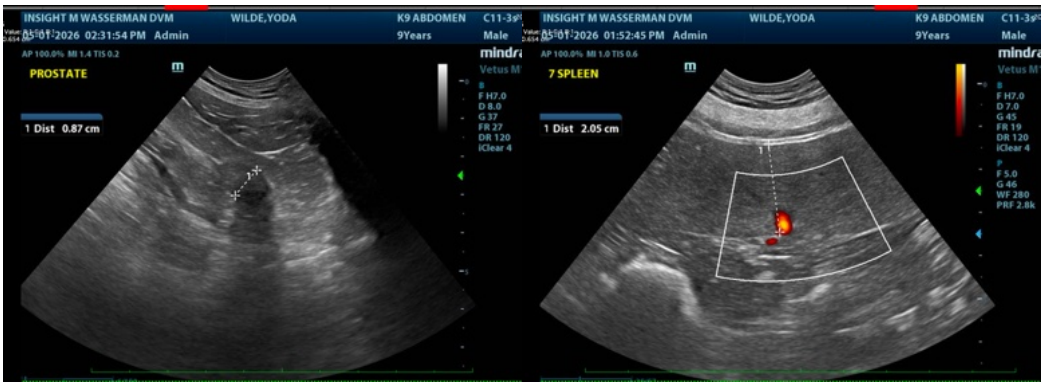
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Left ectopic ureter with secondary hydronephrosis, likely concurrent UTI.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT with contrast and surgical intervention is recommended in this patient. The left kidney appears to have viable tissue and should be amenable to decompression and redirection of the ectopic ureter.



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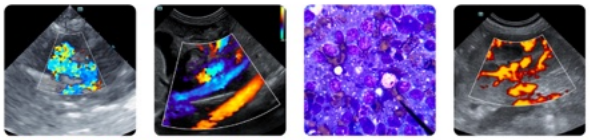

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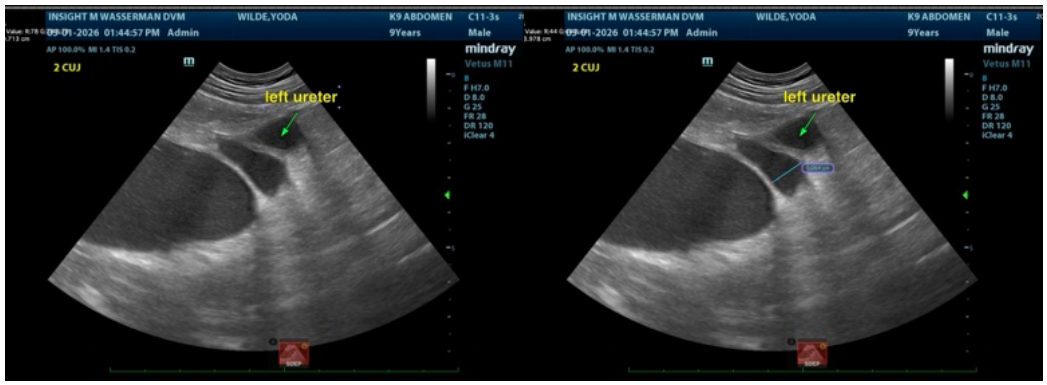

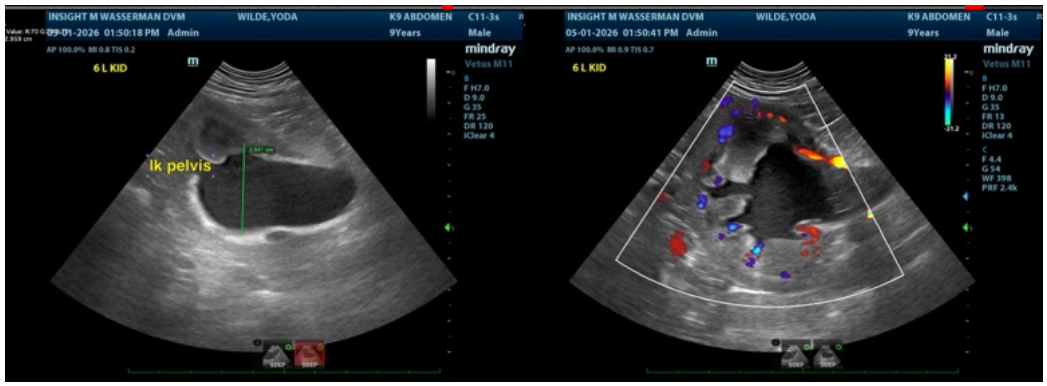

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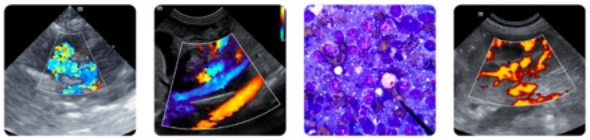

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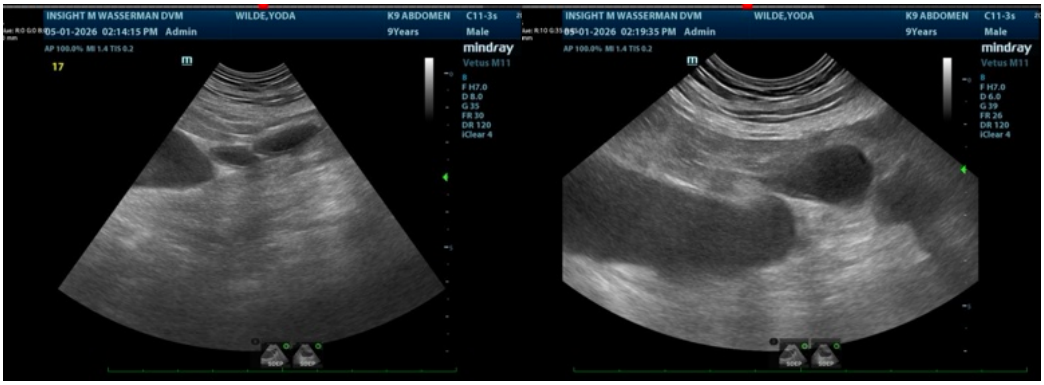

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com