



DATE PRESENTING CLINICAL SIGNS

05/07/26 Patient History: Presented with history of urinary stones leading to obstruction. Presented in shock, low temperature. Severely elevated kidney values potassium.

PATIENT Current Medications: Sucralfate, Enrofloxacin, Ondansetron, Amp/Sulb, Buprenorphine, Labwork Results: Labwork submitted.

Nina Szymanik Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: DVM requested.

SPECIES Imaging Performed by: Andi Parkinson RDMS

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Dachshund Mix

The **urinary bladder** revealed multiple calculi measuring 1.4 cm and 1.1 cm as well as multiple smaller calculi. Cystourethral junction and proximal urethral calculi was noted as well. The bladder wall measured 0.56 cm and appeared hypertrophied.

SEX

Spayed Female

The **kidneys** revealed normal size and contour with swollen hyperechoic pericapsular inflammatory pattern. Pelvic calculi was noted in the left kidney measuring up to 0.60 cm and 0.30 cm. The right kidney revealed pelvic calculi, slight pyelectasia and pericapsular inflammatory pattern. Pyelectasia in the left kidney measured 0.57 cm. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

AGE

05/05/21

WEIGHT

10.6 lbs

The region caudal to the right kidney in the retroperitoneal space revealed an undifferentiated hypoechoic area measuring approximately 3.0 cm to 4.0 cm with mixed echogenic changes. Mixed hypoechoic parenchyma with hyperechoic surrounding fat and fluid accumulation were also present, strongly consistent with ruptured right ureter.

INTERPRETED BY

Adrenal Glands

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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 1.5 cm x 0.66 cm width at the cranial pole and 0.68 cm width at the caudal pole. The right adrenal gland measured 1.5 cm x 0.24 cm width at the cranial pole and 0.42 cm width at the caudal pole.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

REFERRING VET

Dr. Reynolds

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.

INVOICE

Liver

15885

The **liver** revealed minor lobar biliary calculi. The gallbladder and common bile duct were unremarkable.

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. A minor amount of ingesta was present in the stomach.

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.

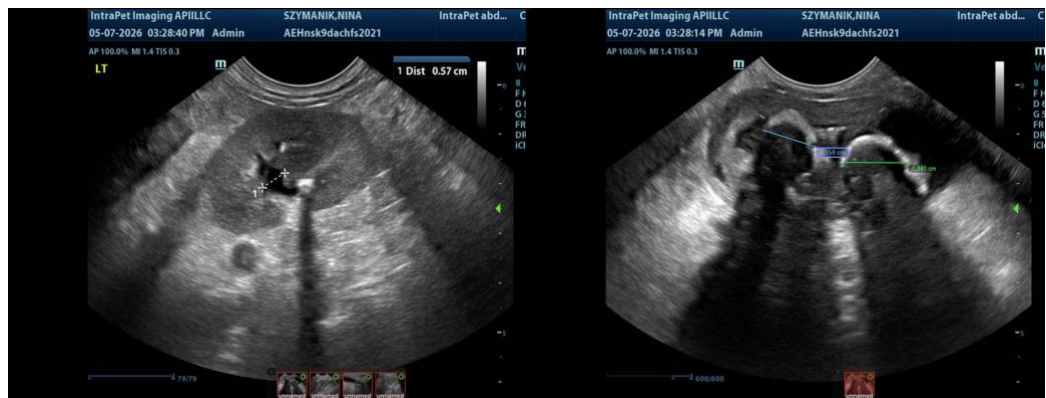
ULTRASONOGRAPHIC FINDINGS

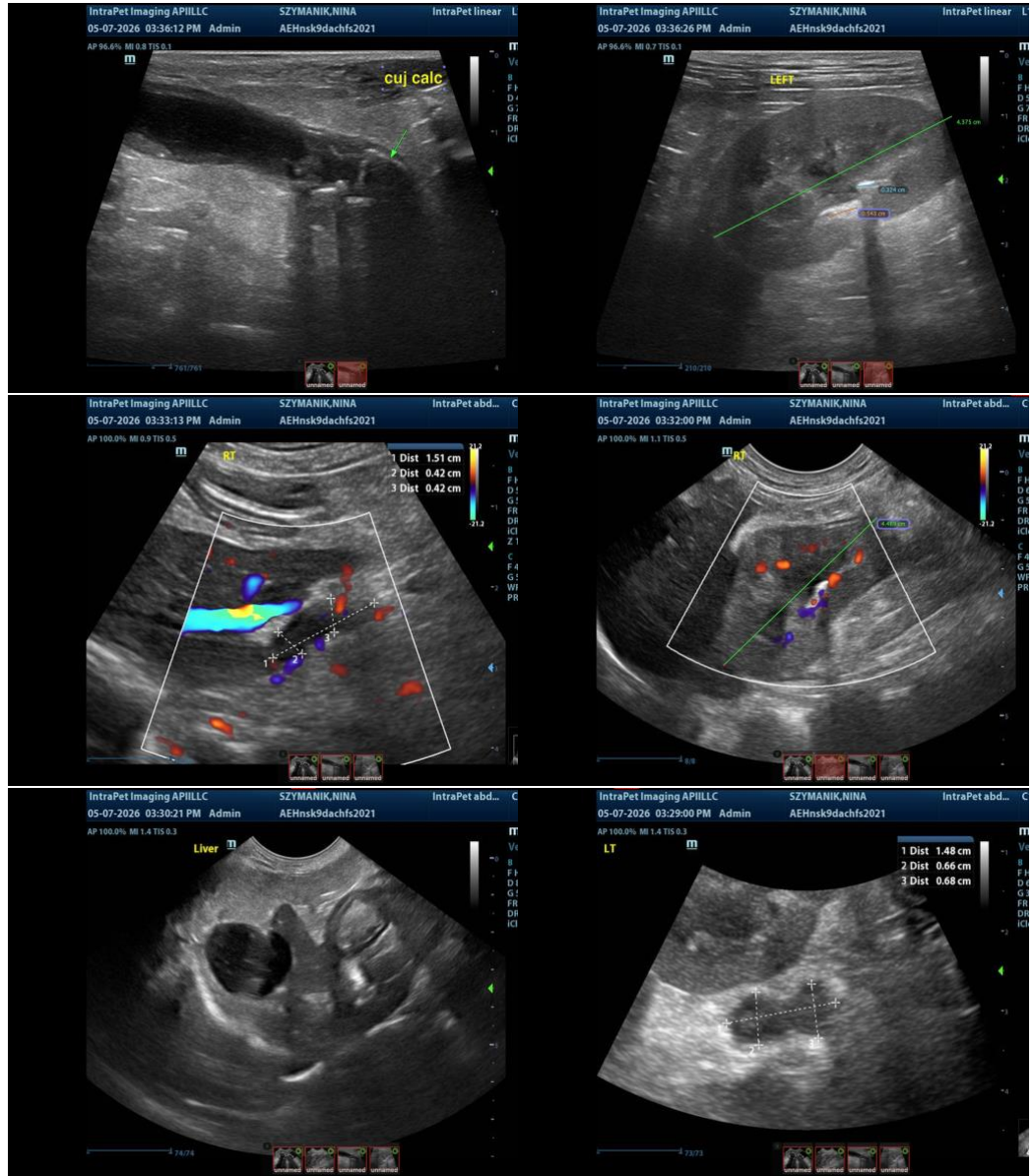
- Multiple urinary bladder calculi/chronic cystitis bladder pattern.
- Urethral calculi- partially obstructive pattern.
- Bilateral pyelectasia with nephrolithiasis- pyelonephritis is suspected.
- Lobar biliary calculi.
- Gastric ingesta.
- Retroperitoneal collection of fluid/tissue- strong concern for ruptured right ureter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely has been passing calculi periodically with secondary nephritis/pyelonephritis. IV fluid support, urine culture and sensitivity, eventual cystotomy, stone analysis and culture are all indicated. A concern for sepsis is also an issue. Prognosis is guarded depending upon the ability to stabilize the renal failure in this patient and response to therapy. Blood pressure measurements are also indicated. 6-8 week antibiotic protocol is likely necessary.

Exploratory surgery is necessary in this patient as soon as stabilization. Potential right nephrectomy as well as cystotomy, stone analysis and culture.





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.

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