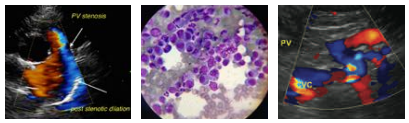
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
6/1/22

PATIENT
Jeremiah Klawa

SPECIES
Guinea Pig

BREED

SEX
Intact male

AGE
12/1/16

WEIGHT
2.11 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Warm and Fuzzy

REFERRING VET
Dr. Urie

INVOICE
30835

PRESENTING CLINICAL SIGNS

Urinary stone with hematuria, trying to differentiate if in the bladder or ureter.
Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. A mineralizing mass measuring 2.17 cm was noted deriving from the caudal pole of the left kidney with pyelectasia that measured 0.41 cm. The right kidney was structurally unremarkable with slight mineralization. Left hydroureter was noted in this patient and was dilated to 0.3 cm with embedded calculi at the level of the trigone. The largest of which measured 0.32 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Microcystic changes were noted in the cranial pole of the liver with mild remodeling. The gallbladder and common bile duct were unremarkable. This is likely a benign polycystic manifestation. Some biliary mineralization is also noted.

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

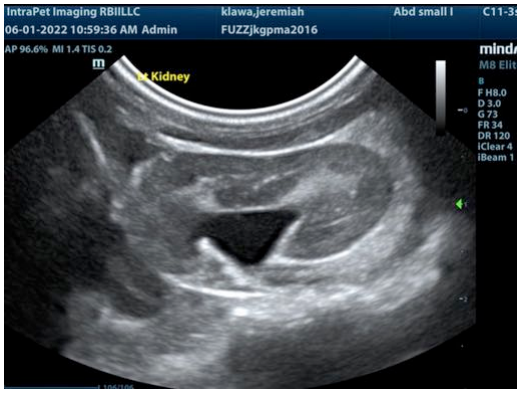
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

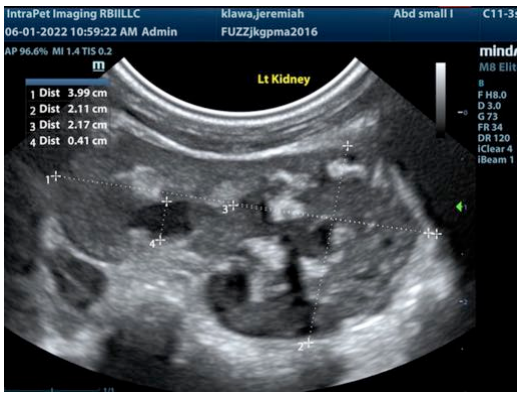
ULTRASONOGRAPHIC FINDINGS

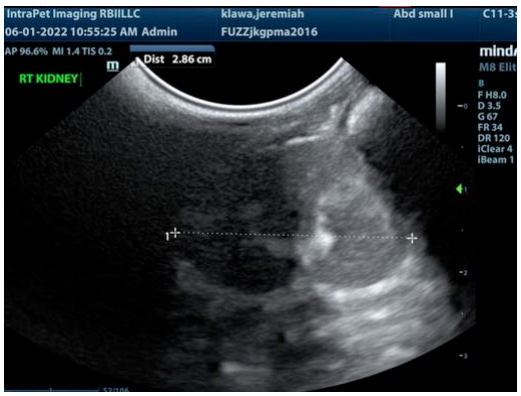
Left hydroureter, hydronephrosis with mineralizing mass type structure at the caudal pole of the left kidney.

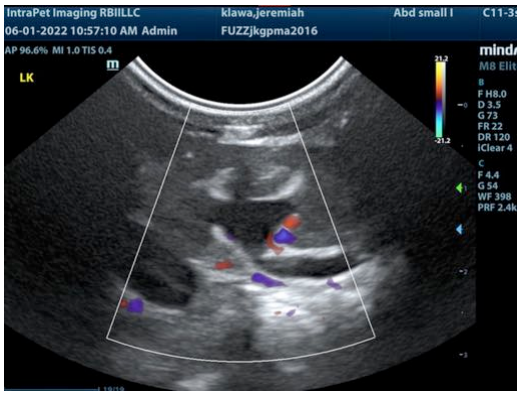
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

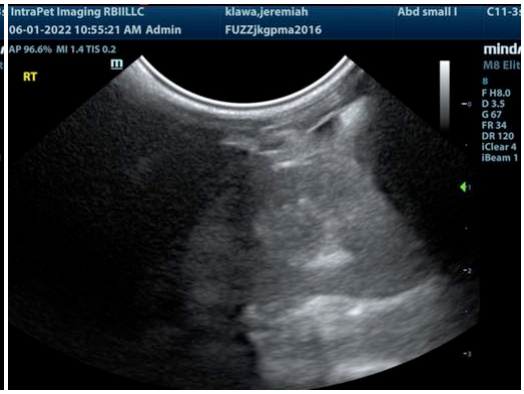
Exploratory surgery is necessary in this patient. Left nephrectomy and ureterectomy may be the best option in this patient as the right kidney degenerative changes appear to be minor. There is a strong potential for left renal carcinoma versus granulomatous changes secondary to nephrolithiasis.

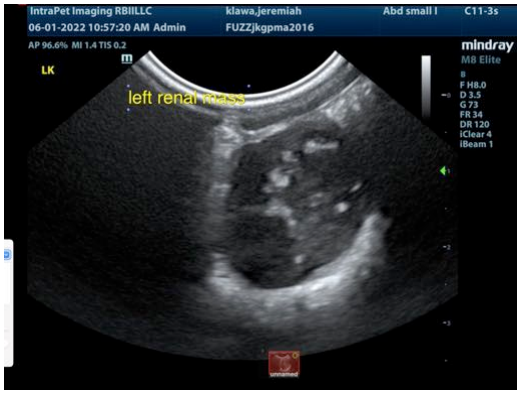












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com