



DATE

6/5/22

PATIENT

Foxy Jones

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

2008

WEIGHT

23.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. King

INVOICE

38414

PRESENTING CLINICAL SIGNS

Presenting Complaint: Hematuria / Blood In Urine.

History: Date: 06-05-2022: Last time UTI, with us in 2020. Was getting frequently, then started Zesty paws bladder bite-- helpful bloody at home. Wears diapers, saw blood in diaper yesterday then tonight again more blood. Very bloody urine.

Had lab work 2 days ago was wnl, (chemistry for pheno).

Assessment: started with xray and UA.

Found active urine and what appears to be a very large right kidney vs other mass discussed with owner hydronephrosis vs cancer vs other.

Recommend AUS as next step. Held on abs.-- may need to start, may need to culture prior.

Lab Results: Attached.

Radiographs: large mass effect in region of right kidney some flecked debris in stomach.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 **left kidney** presented normal size and fairly normal contour. The left kidney measured 4.87 cm.

The **right kidney** presented severe hydronephrosis (8.5 cm) with echogenic debris. The right kidney measured 9.4 cm. The right ureter appeared to be strictured and dilated at 0.50 cm. Some blood flow was persistent upon the right kidney. The renal cortex was moderately compromised. The chronic UTI is likely being harbored in the right hydronephrosis.

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 2.01 cm x 0.57 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 1.65 cm x 0.47 cm at the caudal pole and 0.49 cm at the cranial 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was overdistended with striating bile and echogenic wall, consistent with emerging mucocele.

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

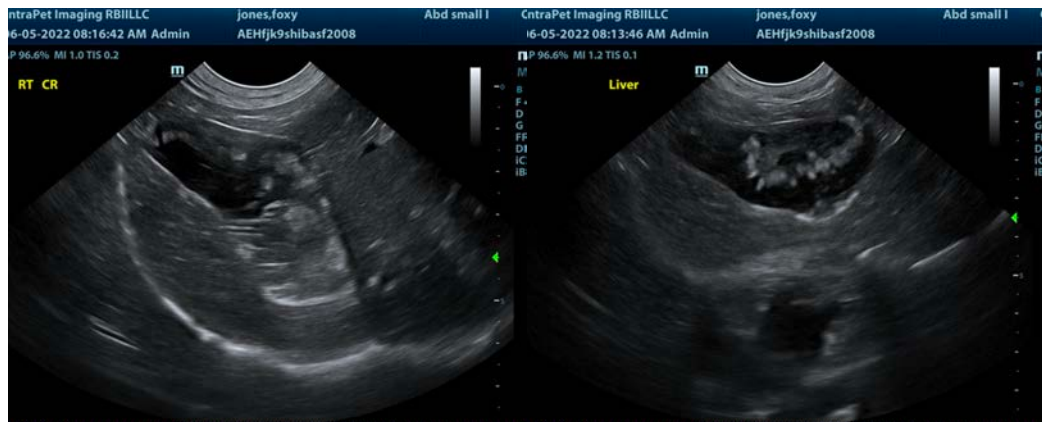
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

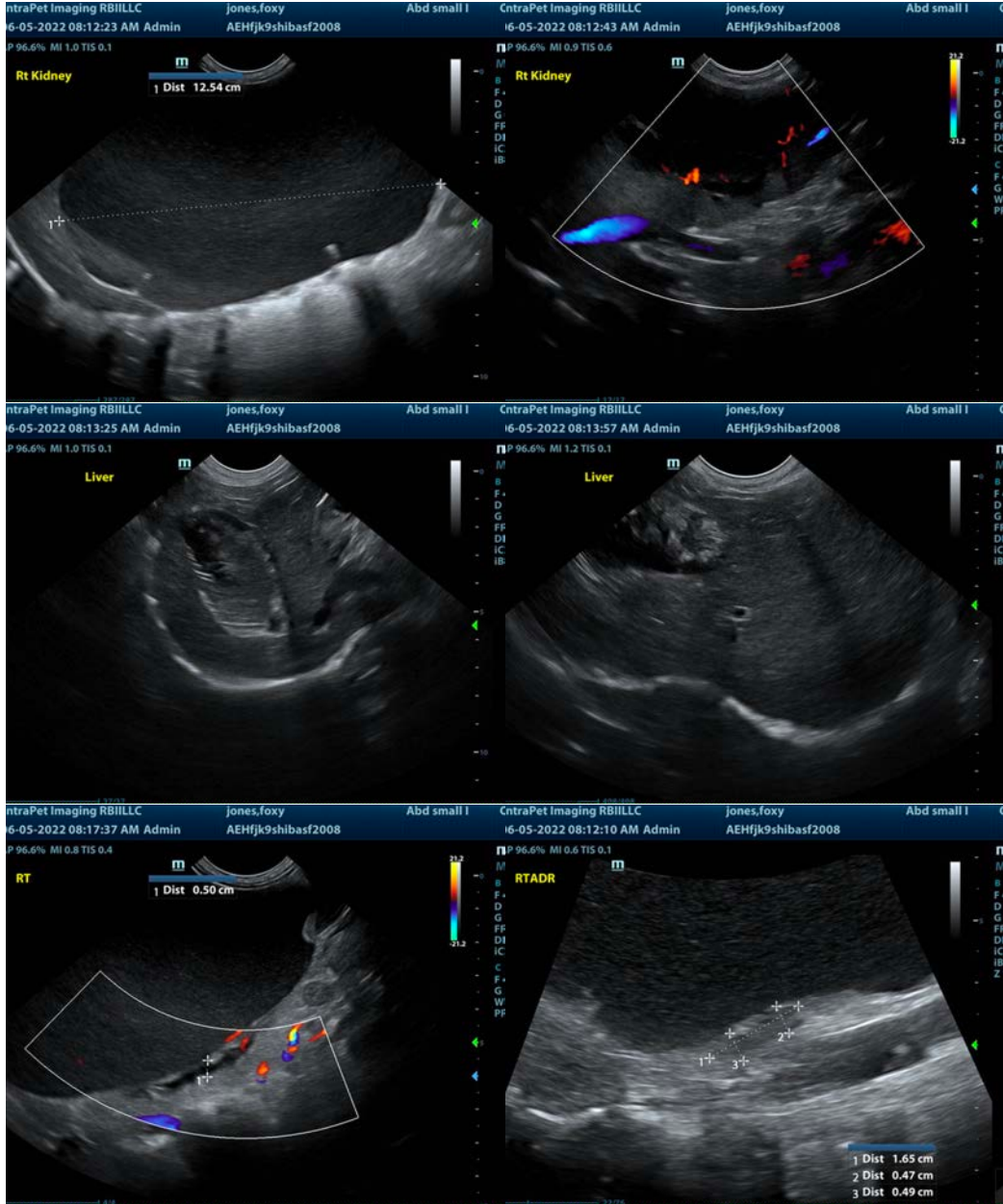
ULTRASONOGRAPHIC FINDINGS

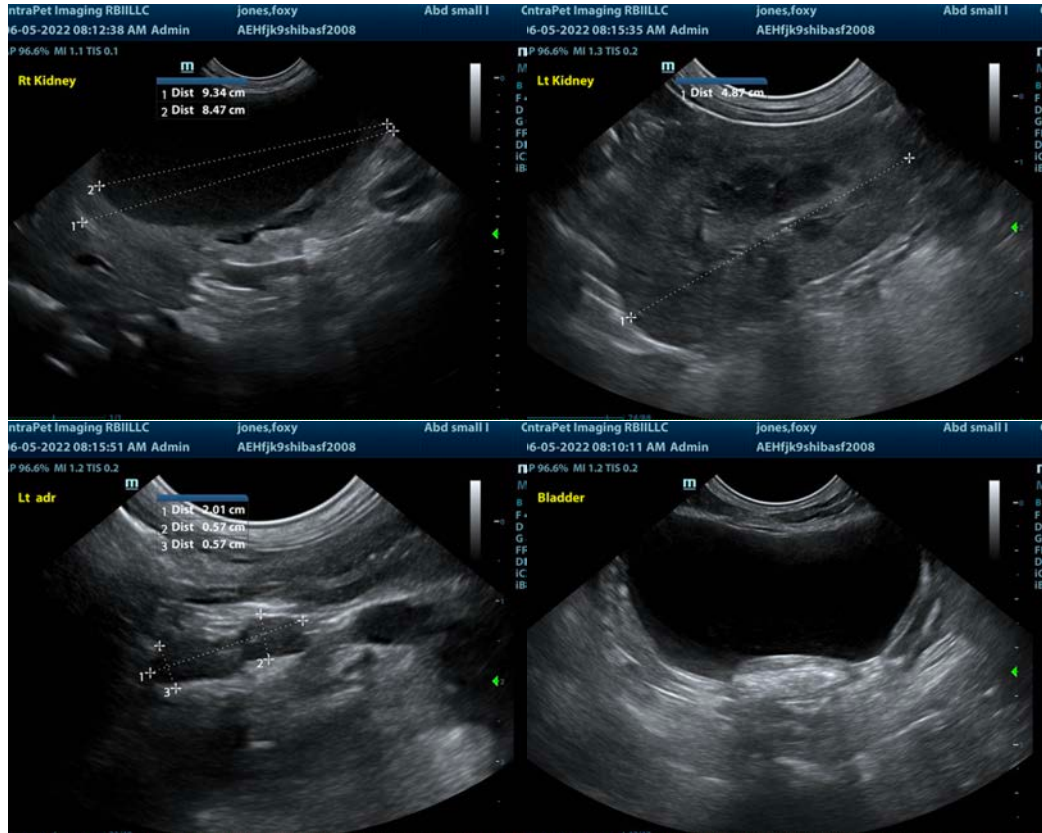
- Strictured right ureter with hydronephrosis – likely infected hydronephrosis.
- Emerging gallbladder mucocele.
- Age related hepatic and renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend cholecystectomy and either right nephrectomy or stent placement of the right ureter, as residual function from the right renal parenchyma may be present, or direct right nephrectomy and cholecystectomy warranted. Cholecystectomy is more preventative. However, all aspects of mucocele formation are present. No evidence of neoplasia. Stricture of the right ureter owing to a passing calculus, inflammatory event or other cause likely. CT with contrast could be considered for further definition of the right kidney and vascularity, as well as surgical planning.







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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