

**DATE PRESENTING CLINICAL SIGNS**

7/13/23 History: Recheck.

PATIENT

Eating well. Foley catheter in place.

Cooper Low

Current Medications: IVF, Amoxicillin, Baytril, Gabapentin, Ondansetron.

Lab Results: See attached.

SPECIES

Date of Previous IntraPet Ultrasound: 7/10/23. Attached.

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Pitbull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Neutered Male

The **urinary bladder** revealed persistent calculi, measuring up to 1.0 cm. Foley catheter was in proper position. The bladder wall was mildly thickened, uniform. Urine was largely anechoic. Trace hydroureter was noted. The urethra and residual prostate were unremarkable.

AGE

6/1/2020

The **kidneys** appeared to be largely resolved. The left kidney measured 8.0 cm. Minor pyelectasia was noted in the left kidney (0.28 cm). Blood flow appeared to be adequate. The right kidney revealed similar changes to the left. No pericapsular inflammation was noted. Pyelectasia in the right kidney measured 0.47 cm. The right kidney measured 7.89 cm.

WEIGHT

100.4 Pounds

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 right adrenal gland measured 3.74 cm x 0.85 cm at the caudal pole and 0.82 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Ruby

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.

INVOICE

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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

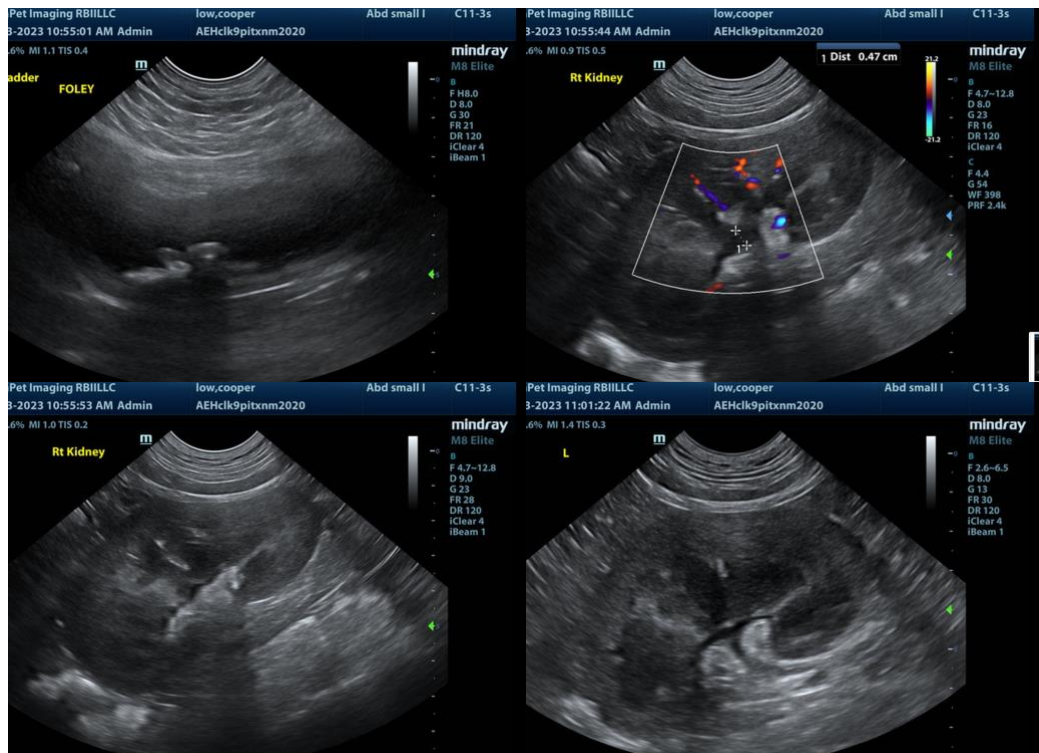
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

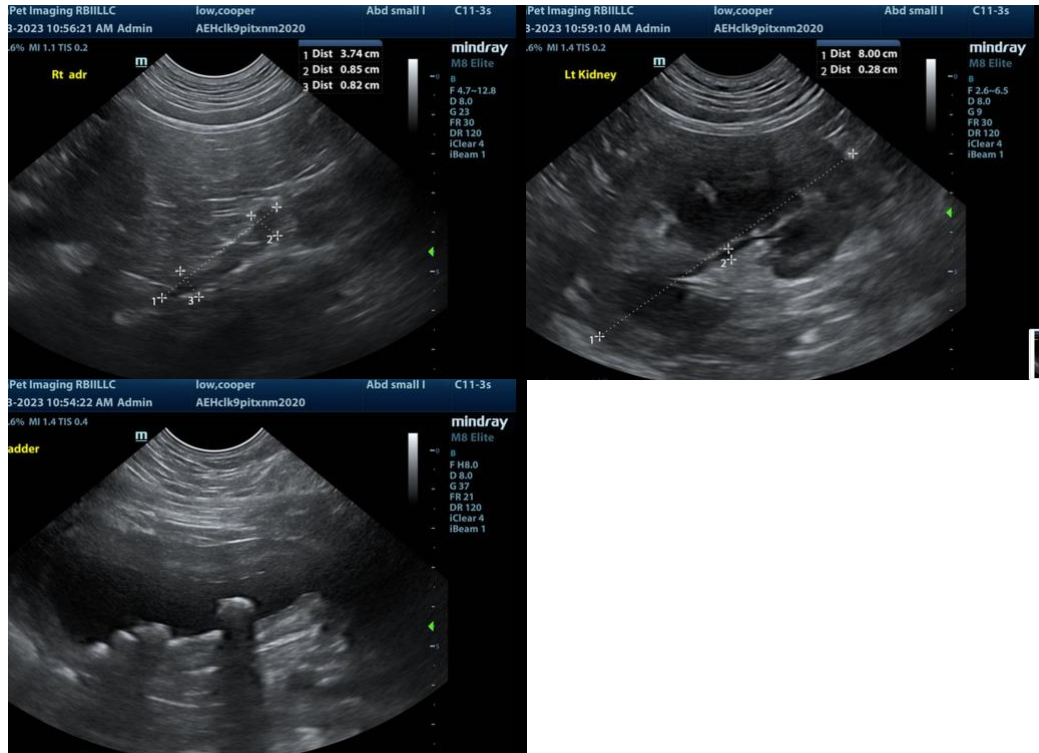
ULTRASONOGRAPHIC FINDINGS

- Persistent bladder calculi and trace hydroureter
- Minor renal pyelectasia and resolution of the nephritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend cystotomy, stone analysis, culture and inspection of the ureteral papillae. Surgical intervention is recommended once the azotemia is been stabilized yet the kidneys appeared to have only minor residual insult.





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.

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