

PATIENT PRESENTING CLINICAL SIGNS

Scout Booz Vomiting, owner concerned for foreign body, history of incontinence Ampicillin, Pepcid, Cerenia, Metronidazole, Amoxicillin, Incurin, Entyce

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Echogenic debris noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

Pit Bull

SEX

The **right kidney** presented trace pyelectasia and corticomedullary mineralization. The right kidney measured 7.64 cm.

Spayed Female

The **left kidney** was swollen with pyelectasia and mild hydroureter at the renal pelvis measuring 1.0 cm. Progressively dilated left ureter up to 1.7 cm. The ureter was followed to the level of the urinary bladder, and tissue thickening was noted there, measuring approximately 1.5 cm. Echogenic debris was noted in the renal pelvis, ureter and the bladder. The left kidney measured 7.4 cm.

AGE

2015 An enlarged iliac lymph node was noted measuring 2.0 cm x 1.0 cm.

Adrenal Glands

WEIGHT

The **right adrenal gland** was 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 3.13 cm x 0.65 cm at the caudal pole and 0.67 cm at the cranial pole.

68 Pounds

INTERPRETED BY

The **left adrenal gland** was slightly irregular, measuring 2.7 cm x 0.62 cm at the caudal pole and 0.66 cm at the cranial pole

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

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.

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Liver

Barton Heights VH

The **liver** presented swollen increased portal markings. The gallbladder was unremarkable.

REFERRING VET

Gastrointestinal

Dr. Dicker

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.

INVOICE

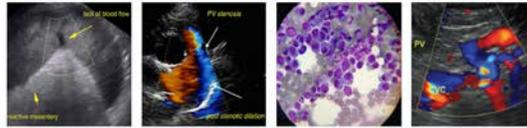
Pancreas

40730

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.

DATE

8/25/22



PATIENT ULTRASONOGRAPHIC FINDINGS

- Scout Booz
- Obstructive nephritis pattern of the left kidney
 - Mild hepatic remodeling

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine
Recommend exploratory surgery in this patient with inspection of the distal left ureter. Ureteral transposition may be necessary or possible left ureterectomy/nephrectomy, depending upon findings at the terminal aspect of the left ureter. No evidence of GI foreign bodies. Recommend focusing all surgical and therapeutic efforts upon the urinary tract, as the GI signs are likely secondary.

BREED

Pit Bull

SEX

Spayed Female

AGE

2015

WEIGHT

68 Pounds

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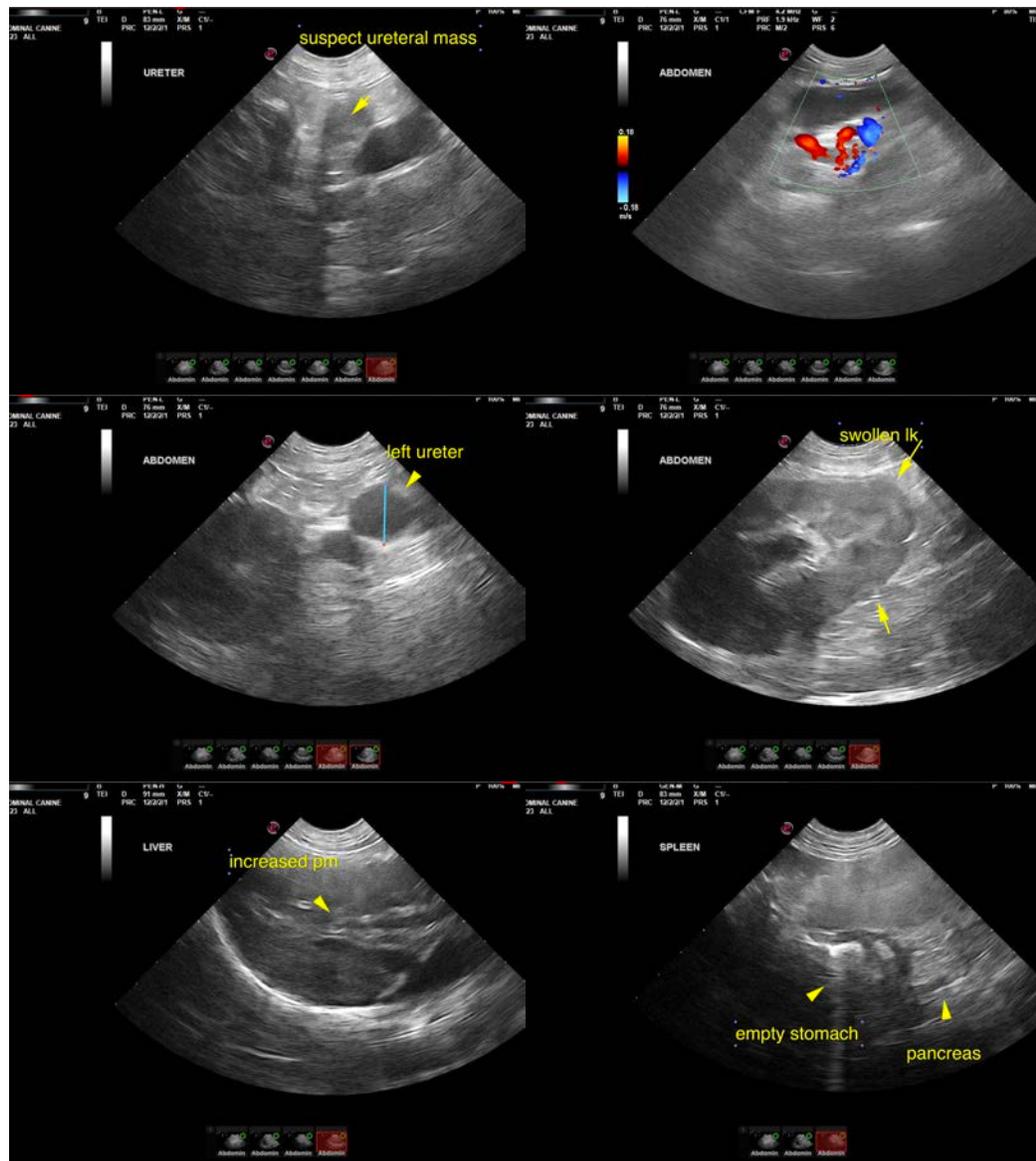
Dr. Dicker

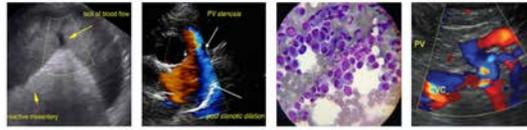
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PATIENT

Scout Booz

SPECIES

Canine

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Pit Bull

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Spayed Female

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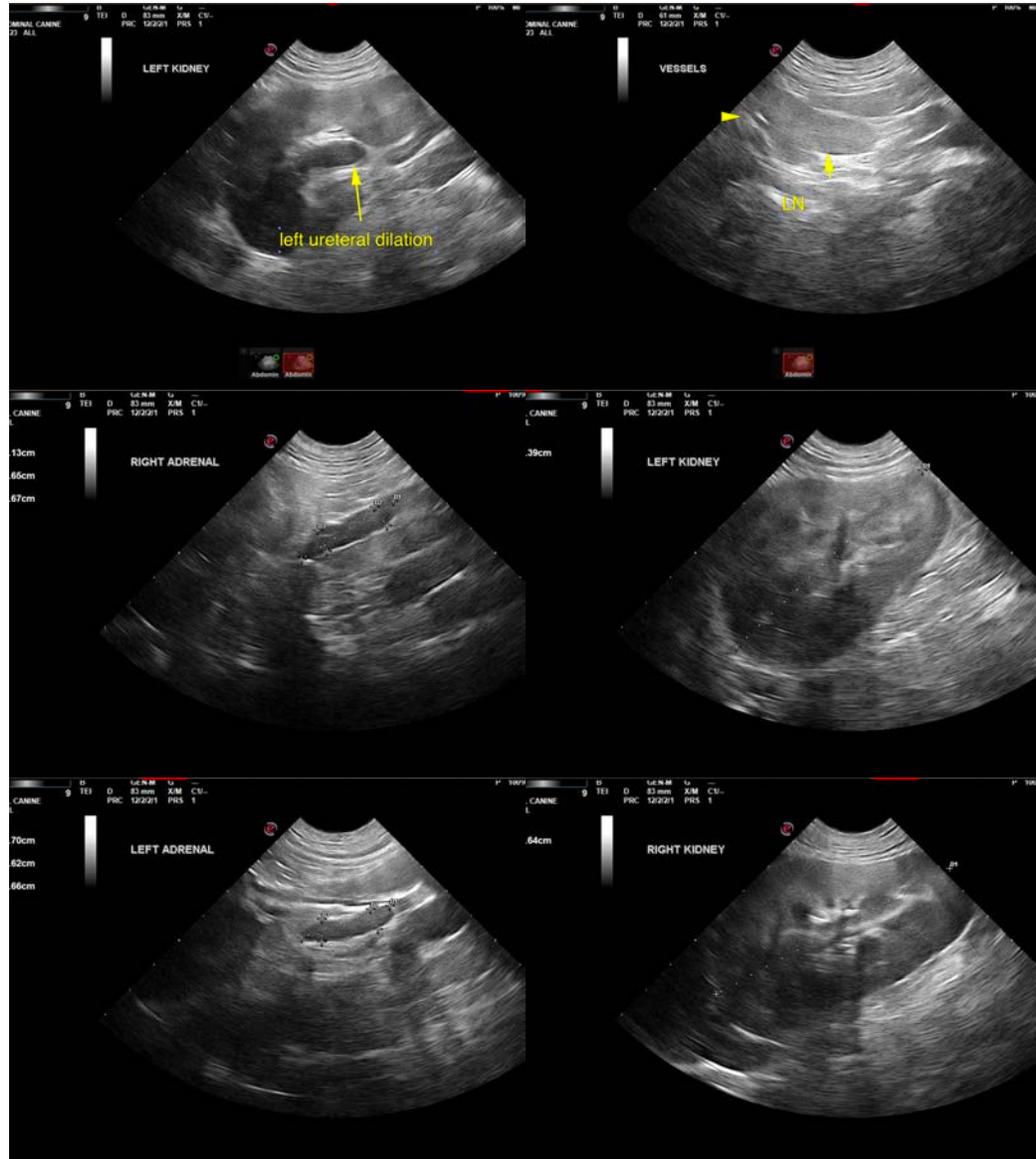
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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