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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE**

9/29/22

**PATIENT**

Crixco Cardenas

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Neutered Male

**AGE**

8/22/16

**WEIGHT**

65.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Eastern AH

**REFERRING VET**

Dr. Kaufman

**INVOICE**

41744

**PRESENTING CLINICAL SIGNS**

Dysuria - previous history of U bladder stones ( cystotomy - 8- 2022 ) and Neutered . This is a recurrent problem and he has responded to NSAIDS in the past but not so well this episode . Grade 2 physiologic murmur

Current Medications: Enrofloxacin 5mg/kg sid, Prazosin 3 mg po bid, indwelling u cath - closed collection system

Date of Previous IntraPet Ultrasound: 8/12/22. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The **urinary bladder** presented significant cystitis pattern with hypertrophied wall measuring 1.25 cm in width at minimal repletion. Minor amount of bladder sand noted. Foley catheter in proper position.

The residual prostate was mildly heterogeneous with minor hypertrophy. No evidence or suspicion of neoplasia.

The **kidneys** were swollen. The left kidney measured 7.86 cm. The right kidney measured 7.59 cm. Multiple corticomedullary and pelvic calculi noted.

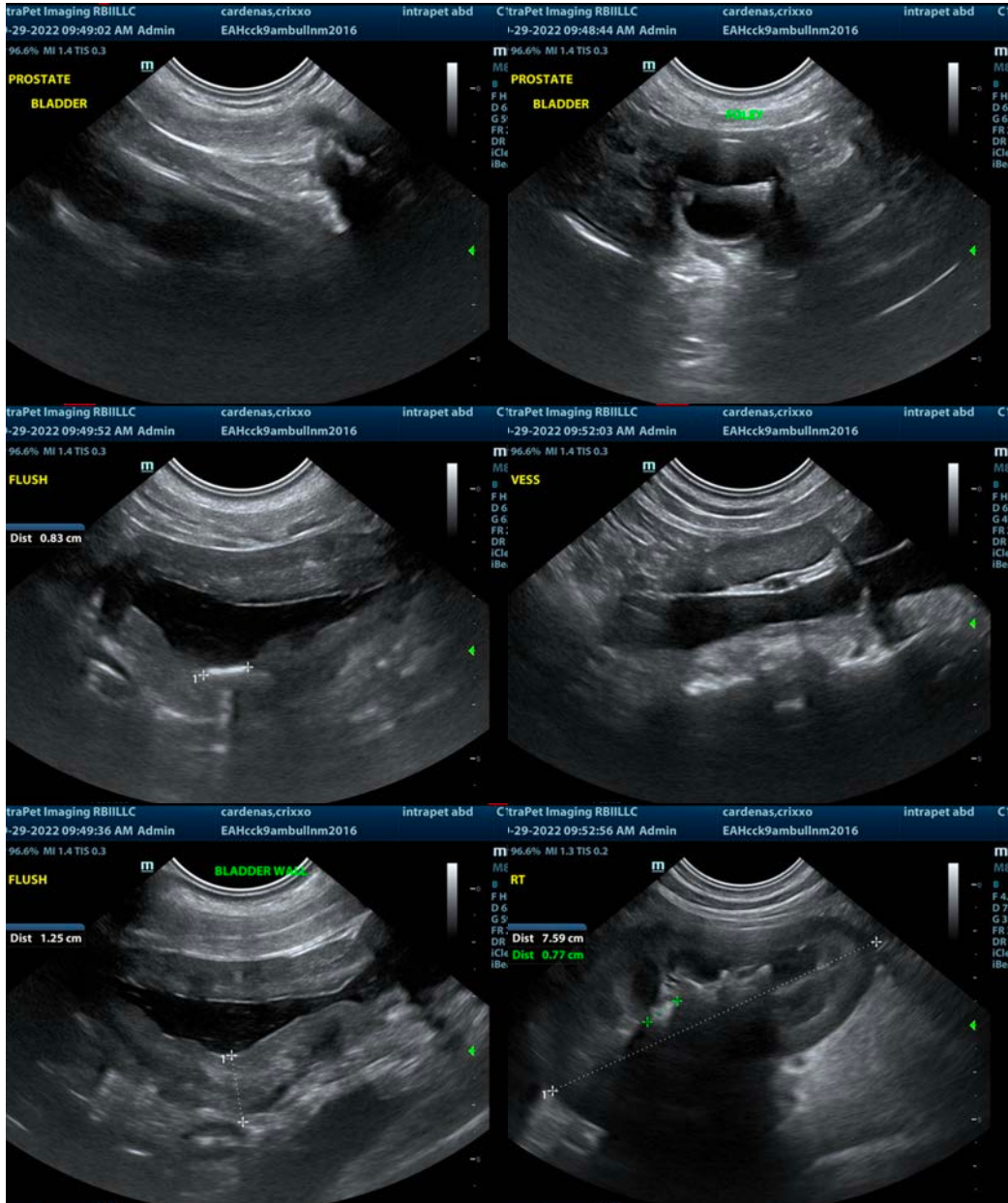
Reactive iliac lymph nodes noted, measuring up to 7.0 mm. Sublumbar lymph nodes noted up to 0.9 cm in width.

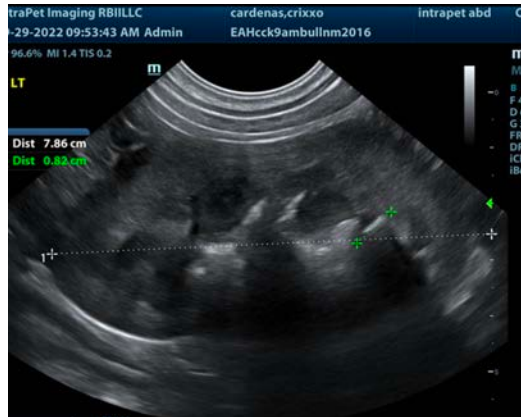
**ULTRASONOGRAPHIC FINDINGS**

- Chronic cystitis pattern with minor bladder sand and foley catheter in place
- Swollen kidney with calculi, non-obstructive at the time of the sonogram

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient may have been obstructed recently and will likely continue to pass calculi from the kidneys to the lower urinary tract. The prostate is consistent with remodeling owing to prior prostatic issues. However, neoplasia is not suspected. Traumatic catheterization could be considered to ensure underlying neoplasia is not an issue. I do not believe that cystotomy will be necessary in this patient, unless continual obstruction occurs, as the sand is minor. If cystotomy is to be performed, then bladder biopsy indicated as well as culture. However, supportive care with urinary bladder flushing with saline to help dissolve the sand should prove adequate. Recheck sonogram ideally after catheter is removed.





**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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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