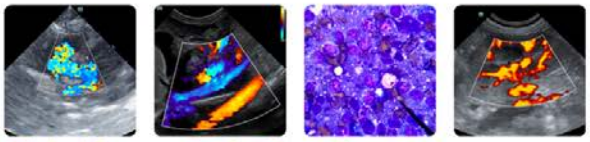

PATIENT

Silver Atkinson

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

5 Years

WEIGHT

9 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary Hospital

REFERRING VET

Dr. Amandeep Singh

INVOICE

73442

DATE

3/5/26

PRESENTING CLINICAL SIGNS

The owner reports a history of a urinary tract infection with bloody urine approximately 2 years ago. Presented 4 days ago to pDVM for vomiting a few times a day and lethargy. BW showed neutrophilia, CHem panel WNL. No UA reported. Rads concerning for retroperitoneal effusion, rec ultrasound. RX maropitant, clavamox, omeprazole

Abnormal PE/Chem/CBC/UA Results: WBC 22.76 Neut 19.86 Chem WNL (creat 97 umol/L, BUN 7.2mmol/L) See attached for full BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Within the trigone of the urinary bladder there are two hyperechoic, small (approximately 0.60 mm in diameter) uroliths present.

The right kidney presents normal size (4.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.8 cm). The renal pelvis is markedly dilated at 2.7 cm x 1.2 cm. In the renal pelvis there is an image that shows a 2.7 mm in diameter hyperechoic shadowing nephrolith. There is a scant pocket of free fluid surrounding the left kidney in the retroperitoneal space. There is marked hyperechoic fat surrounding the left kidney.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.0 mm in width at the caudal pole and 3.3 mm at the cranial pole.

The caudal pole of the left adrenal gland is normal, measuring 4.9 mm. The cranial pole measures 4.3 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size and contains a mild amount of aggregating hyperechoic debris, which appears insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. The stomach is gas-filled. Stomach wall measures 3.3 mm in width. The jejunum is diffusely normal in appearance and measures 3.9 mm in width with normal layering. The duodenum appears normal and measures 5.3 mm in width. The ileum presents normal

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thickness and layering. Colon contains soft stool. Colon wall is diffusely normal, measuring 2.3 mm in width.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Marked pyelectasia of the left kidney with surrounding hyperechoic fat and a nephrolith present within the renal pelvis.
- Mild gallbladder debris, most likely insignificant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the left kidney may be due to severe pyelonephritis, although a ureteral obstruction is the most likely cause of the appearance of the left kidney. The right kidney does not appear obstructed. A definitive ureteral obstruction was not seen on this scan. The ureteral obstruction is suspected to be a nephrolith that was trapped within the left ureter as it was passing from the kidney to the urinary blader. There are two small uroliths present within the urinary bladder that may represent nephroliths that have moved into the urinary bladder at this time.

Recommend aggressive fluid diuresis for the next 12-24 hours to attempt to pass the suspected ureterolith into the urinary bladder and relieve the suspected obstruction of the left kidney. If aggressive fluid diuresis does not resolve the dilation of the left kidney, then recommend referral of the patient for further imaging that may include a CT scan to evaluate further for possible left ureteral obstruction. If left ureteral obstruction is definitively identified, then placement of a subcutaneous ureteral bypass system into the left kidney would be recommended.

One other recommendation would be to submit a urine culture if not already performed to rule out severe pyelonephritis, although infection seems unlikely.

Prognosis is open pending determination as to the cause of the patient's pyelonephritis.

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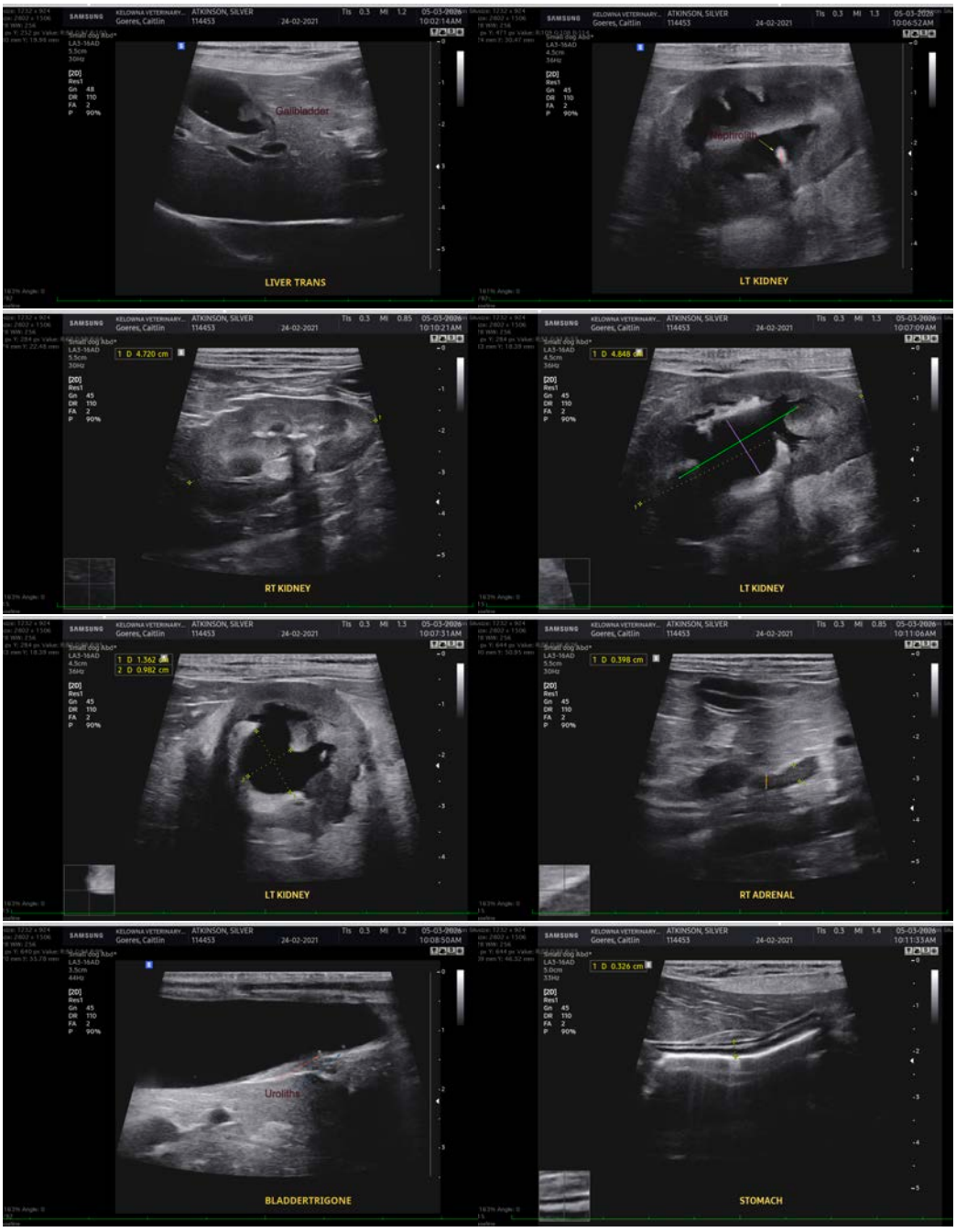

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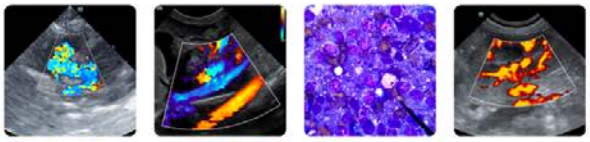

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com