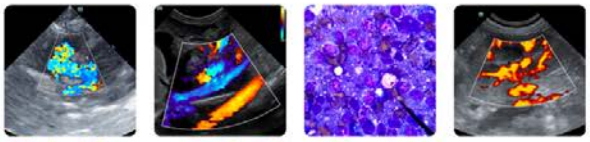


PATIENT

Hank Lindenback

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

32.9 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary Clinic

REFERRING VET

Dr. Fraser

INVOICE

73324

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Hx of R ectopic ureter, corrected by boarded surgeon in 2023, ureters confirmed patent then. In the last week, very lethargic, vomited twice, leaking urine, foul smelling urine. UTI and bloodwork at another vet consistent with UTI and mild neutrophilia, normal renal values. Urine culture pending. Concerns for ascending UTI into R kidney. Suspect material in the stomach is rice-containing Gastro food. Saw ureteral jets from both papillae.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a significant amount of suspended and dependent echogenic debris. The Bladder wall appears normal with no evidence of wall thickening, mucosal irregularities or masses. The region of the trigone and proximal urethra appear normal with no calculi or mass lesions. Both ureteral papillae are visualized. Ureteral jets are not prominent. There is no evidence of a visible obstruction in this region.

The prostate is normal in size (1.45 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.93 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.66 cm) with mild pyelectasia at 0.39 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

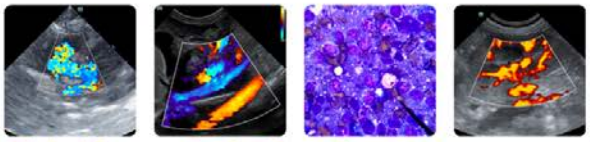
Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 cm at the cranial pole and 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.9 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.50 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. A prominent jejunal lymph node is visualized measuring 0.55 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Significant amount of dependent and suspended echogenic debris in the urinary bladder – Findings are suggestive of cystitis. Recommend urinalysis and culture.
- Mild right-sided pyelectasia – Possible differentials could include pyelonephritis, PU/PD, less likely an obstructive process (not severe enough).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant amount of suspended and dependent debris visualized in the urinary bladder. The regions of both ureteral papillae appear relatively normal with no evidence of significant dilation, obstruction, etc. Visualization of ureteral jets is present but not prominent. Consider administration of Furosemide in the future to make these more prominent and easier to identify. There is mild pyelectasia noted associated with the right kidney. This would increase my concern for possible pyelonephritis, although this could represent PU/PD secondary to a UTI or persistent dilation from before surgical correction.

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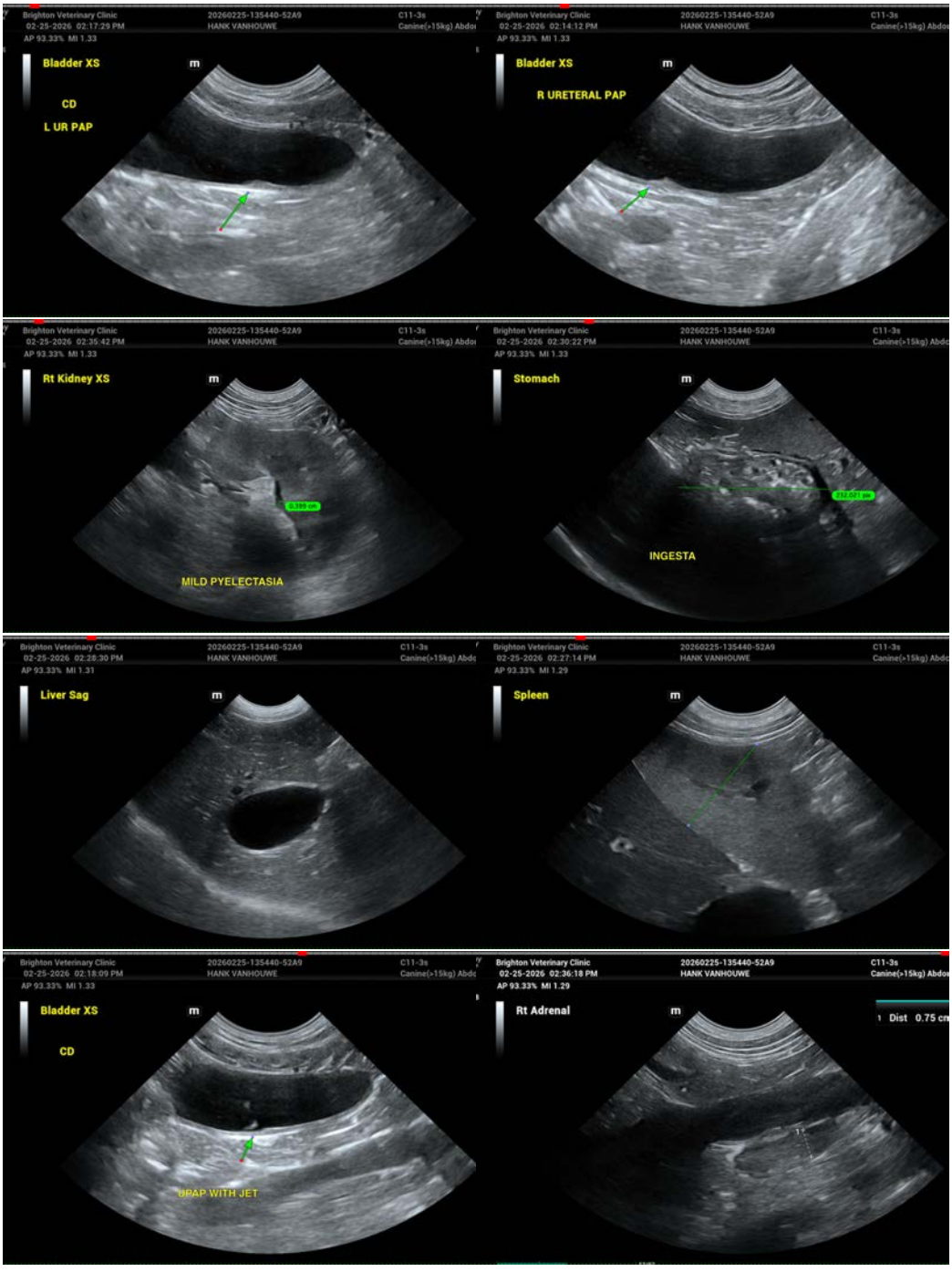
Recommend empirical treatment for pyelonephritis based on urine culture and sensitivity results. If infections become recurrent, reevaluation likely with a contrast CT scan would be warranted.



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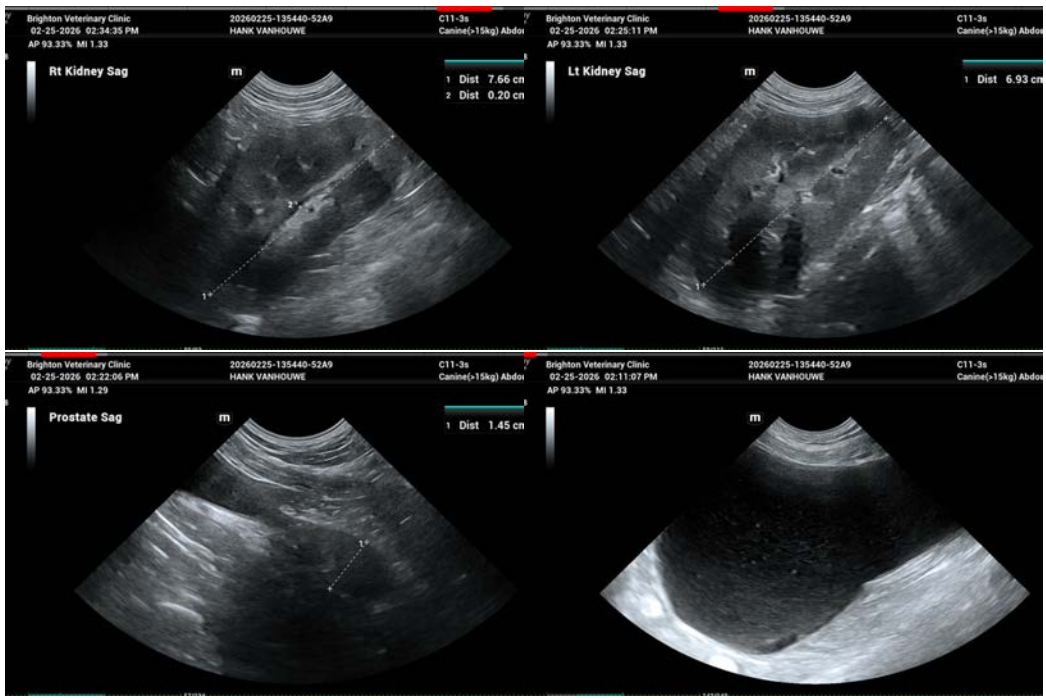

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com