

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Willy Sorensen  
**SPECIES** Canine  
**BREED** AST  
**SEX** MN  
**AGE** 13 Years  
**WEIGHT** 64.5 lbs

\*\*\*\*not sedated, uncomfortable with ultrasound probe pressure, seems painful\*\*\*Referring veterinarian: Kevin Willitts, DVM Patient's Name: Willy (Sir William Blu) Owner's first and last name: Jesse Sorensen Species: Canine Gender(altered?) N Age: 13Y Weight in #: 64.5 Breed: American Staffordshire Terrier History: Progressive neuropathy over the last few years. Urinary incontinence secondary to neuropathy. Started noting elevated renal values in may of this year. Physical exam findings: Pelvic limb ataxia and weakness, urinary incontinence. Oral mass Abnormal CBC values: WNL Abnormal Chemistry Values: Cre 2.7(0.5-1.8), BUN 39(7-27), ALT 194(10-125) Abnormal UA Values: Mild hematuria and pyuria. Mild protein. ok concnetration at 1025. Off a free catch sample Radiograph Findings(email radiographs if available): N/A Reason for Ultrasound: Evaluate kidneys for evidece of Chronic renal disease vs pylenphritis. Also overall scan for other abnormalities.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**MN** The urinary bladder exhibited subnormal size owing to lack of urine distension. Minimal anechoic urine was present without evidence of calculi. Full evaluation of the urinary bladder walls was somewhat limited owing to lack of urine distension, however, a pinpoint mineralized mass lesion suspected to be in the area of the urinary bladder trigone measuring approximately 3.6 cm in diameter was present. The mass lesion did not overtly appear to extend or involve the area of the residual prostate which exhibited normal size measuring approximately 0.72 cm in diameter. The cystourethral junction and visible pelvic urethra, measuring to a depth of 2.0 cm, exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The left kidney exhibited generalized replacement of medullary parenchyma with anechoic fluid and pinpoint mineral. Remaining left kidney cortex parenchyma exhibited mild generalized non-homogeneous echotexture. The right kidney was mildly enlarged compared to the left kidney with moderate to marked pelvis dilation extending into the lateral diverticuli with primarily anechoic fluid and pinpoint mineral. The left kidney measured 6.2 cm in length. The right kidney measured 8.6 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not overtly visualized owing to bilateral hydronephrosis.

**HOSPITAL NAME**

Alpine Animal Hospital

**Spleen**

**REFERRING VET**

Dr Lindsay Sjloin

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent subtle non-expansive hypoechoic parenchymal nodules were present. An example of a splenic nodule measured 1.0 cm diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**INVOICE**

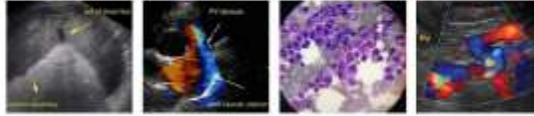
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**Liver / Gallbladder**

**DATE**

8-7-21

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



**PATIENT**

Willy Sorensen

The gallbladder was non distended in size with moderate nondependent yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

***Gastrointestinal***

**SPECIES**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**BREED**

AST

Normal visible colon wall layers were present with apparent formed feces in lumen.

***Pancreas***

**SEX**

MN

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

***Free Abdomen***

**AGE**

13 Years

A moderately dilated tubular structures were noted caudal to both the left and right kidney in the caudal abdomen at the level of the urinary bladder consistent with bilateral moderate to marked hydronephrosis. An example of a ureter measured 1.1-1.2 cm in diameter. Overt evidence of calculi within the dilated ureters was not overly evident.

**WEIGHT**

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No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)

**Primary**

- Pinpoint mineralized mass in the area of the urinary bladder / urinary bladder trigone.
- Left kidney end stage hydronephrosis.
- Right kidney moderate to severe hydronephrosis.
- Age related spleen with intermittent non-expansive subtle nodules - likely benign.

**Secondary**

- Bilateral moderate to severe hydronephrosis to level of urinary bladder.
- Moderate gallbladder debris (non-mucocele).

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

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Dr Lindsay Sjoin

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings in this study are consistent with pinpoint mineralized urinary bladder mass with bilateral ureteral obstruction and secondary hydronephrosis. Potential for extension of the mass into the left or right ureter cannot be excluded.

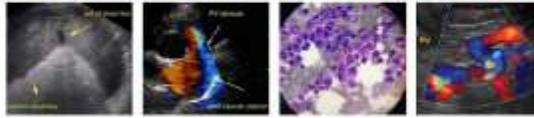
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Functionality of the left kidney is unlikely with compromised right kidney functionality. Unfortunately, this case does not appear to be surgical. Transitional cell carcinoma is suspected.

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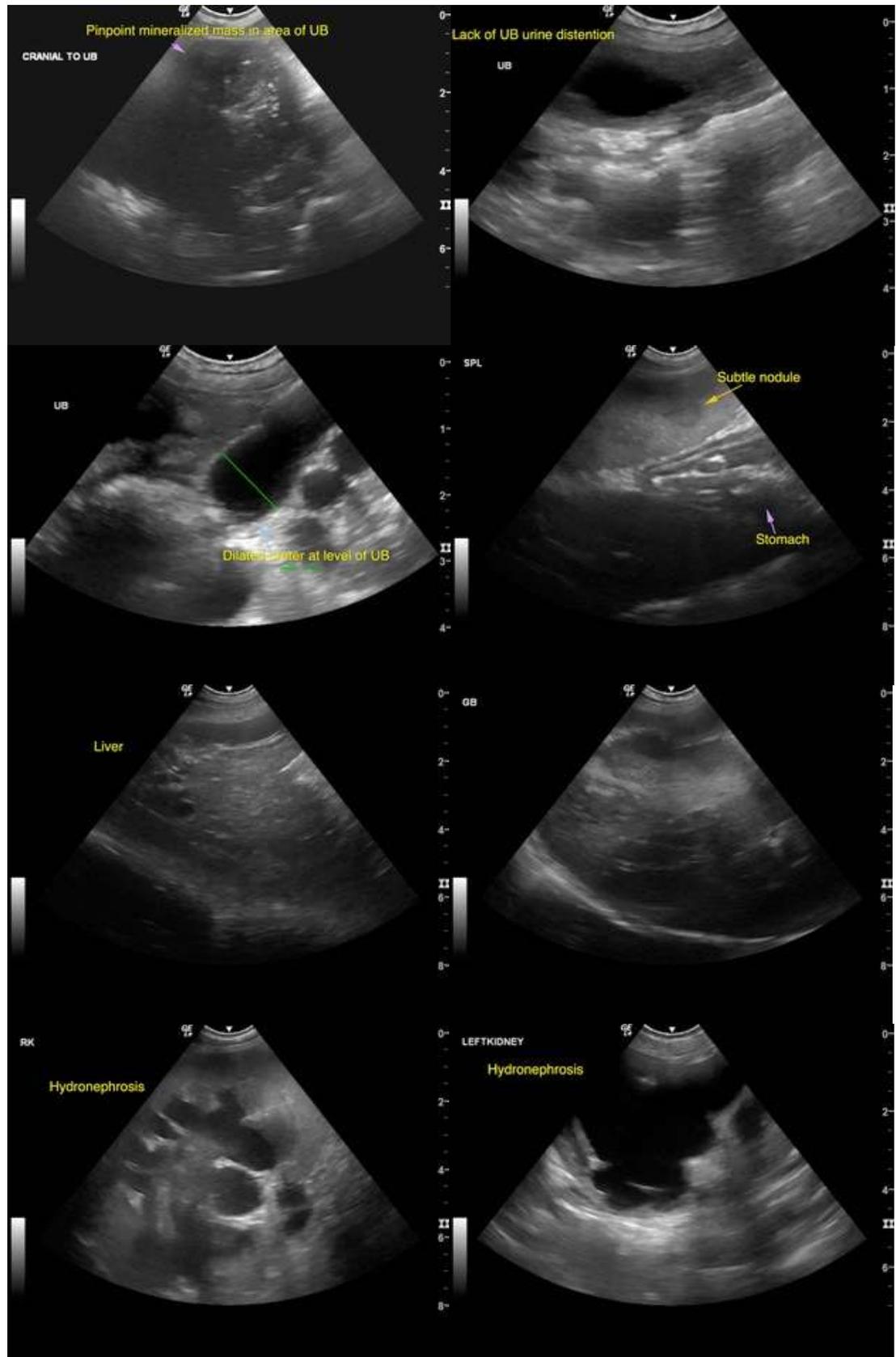
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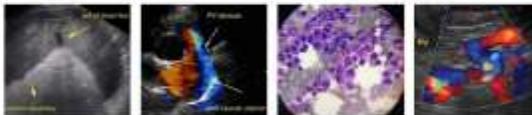
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

AST

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info@SonoPath.com

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