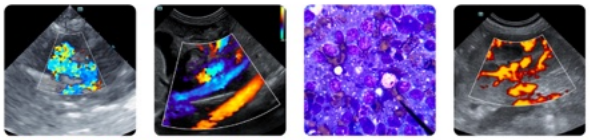


PATIENT

Winston Torres

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Neutered male

AGE

5 years

WEIGHT

lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. DeLucia

INVOICE

74038

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Evaluation of suspected nephroliths or ureteroliths based on recent radiographs.
- History: Winston has a history of recurrent calcium oxalate and mixed struvite uroliths, with two prior surgeries (most recently July). Despite an exclusive Hill's c/d diet and normal calcium levels, recent annual screening radiographs identified new bladder stones and potential ureteroliths. He is currently asymptomatic but has gained 10 pounds on the current diet. The owner is diligent with filtered water and is open to diet changes.
- MEDICATIONS: None, but on Hills C/D
- *Was given 0.3 mL butorphanol IM for the exam
- BUN - 5mg/dL Low Alb - 3.9 g/dL Borderline High GGT - 0 U/L Borderline Low Sodium - 159 mmo/L Borderline High

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment is noted. Multiple, small uroliths are present.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.9 cm, right measured 5.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or mineralization evident. Bilateral, small, non-obstructive renoliths are evident.

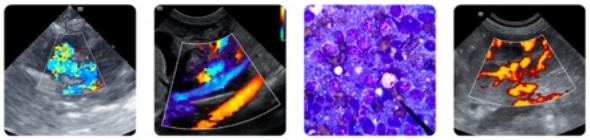
The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.95 cm in length x 0.56 cm and 041 cm in width. The right adrenal gland measured 1.95 cm in length x 0.55 cm and 0.58 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A small amount of ingesta is present in the stomach compatible with a recent meal. Fecal material is present within the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Uroliths.
- Renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment that could be considered would be urinalysis and urine culture.

Management of the uroliths would be either surgical removal or possibly medical dissolution using dietary therapy and potassium citrate.

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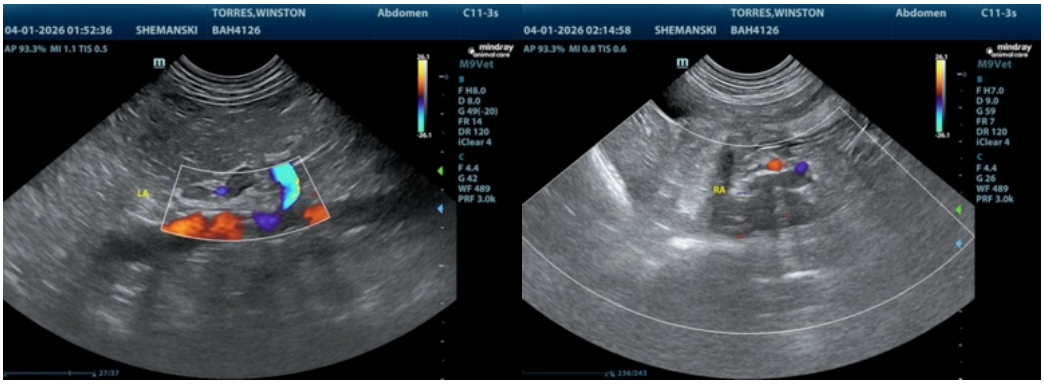
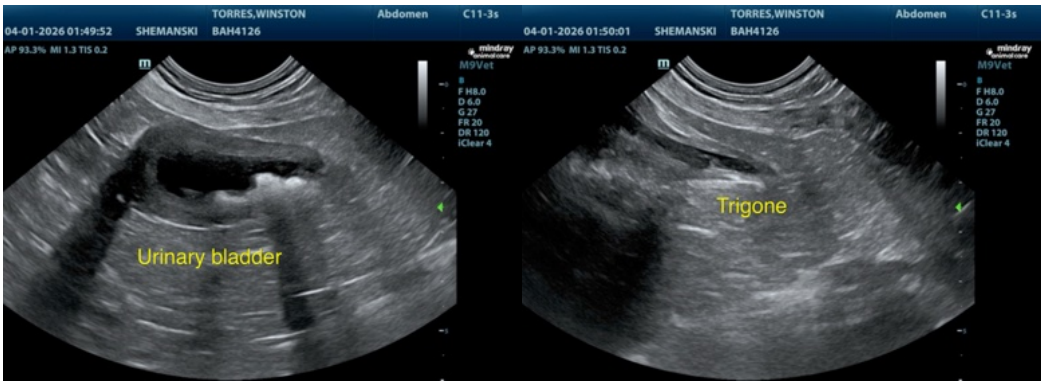
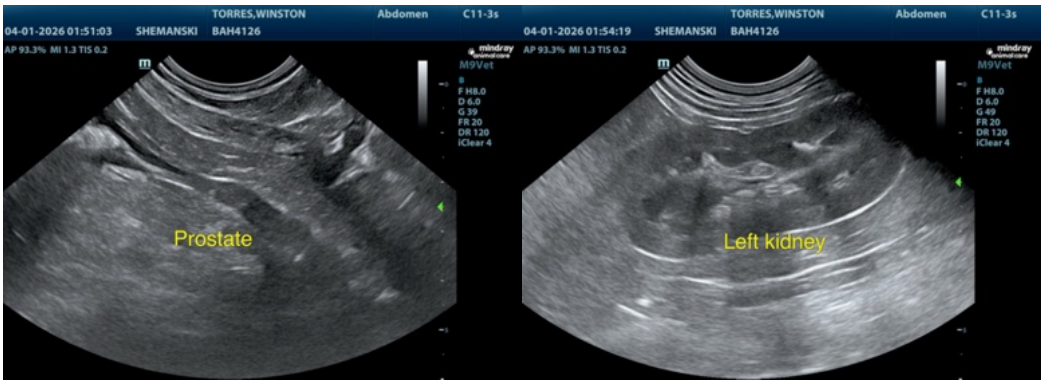
Surgical removal of the renoliths would not be indicated at this point time as they are non-obstructive.







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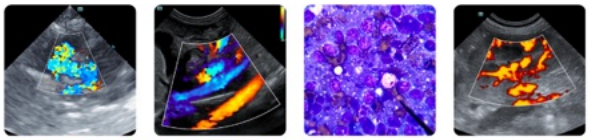

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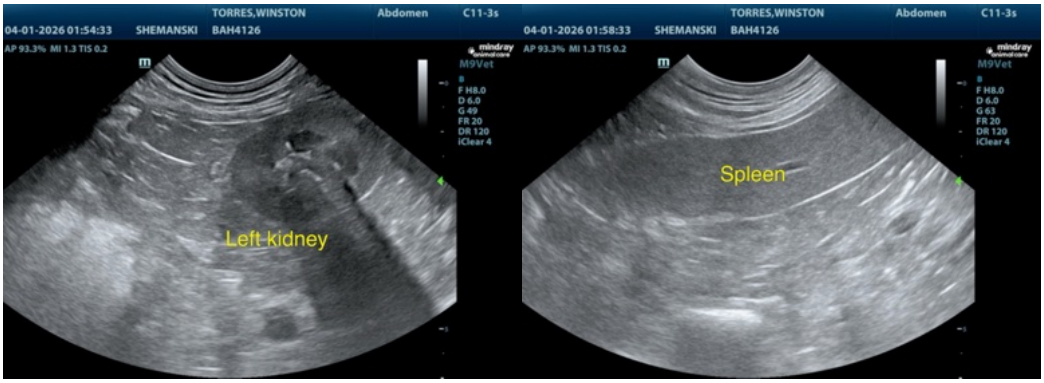

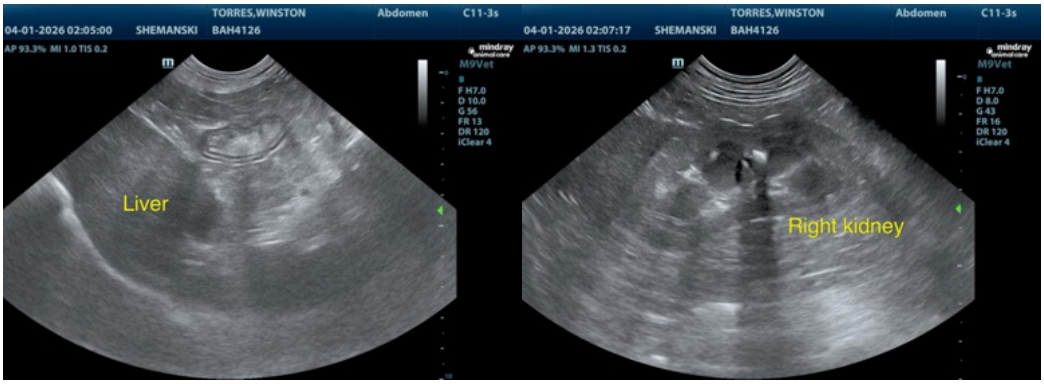

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com