



**PATIENT PRESENTING CLINICAL SIGNS**

**Sadie Ford** History: Dog noted to be lethargic and shaking on weekend, listless decreased appetite. Today has improved. Has been drinking more and urinating more.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Urea 12.7 (N 2.5-9.6), Creat 251 (N 44-159), SDMA 16 (N 0-14) USG, Hematuria, Bacteriuria, Pyuria, No crystals, No cast, USG 1.015.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary system**

**Border Collie** The urinary bladder presents a small amount of slowly sedimenting corpuscles without evidence of calculi. The trigone and pelvic urethra present normal findings without evidence of swelling/obstruction. Wall layering is intact on all views without focal or diffuse thickening.

**SEX**

**Spayed Female** Ureters are not visualized at the level of the trigone. The left ureter is considered to be normal.

**AGE**

13 Years 3 Months

The right ureter is highly distended with a markedly thickened wall und multiple calculi measuring up to 0.48 cm and can be traced for a long distance. A subtle amount of peripheral free (retro-) peritoneal fluid is found.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

The right renal pelvis is highly distended up to 1.56 cm presenting again multiple calculi with maximum diameter of approximately 1.0 cm impressing with highly hyperechoic hilar and peri-ureteral tissue.

Both kidneys show a slightly fuzzy corticomedullary transition with a size of 6.13 cm length on the left and 6.15 cm on the right side. Mild right sided renomegaly is assumed.

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Westview VH

The left renal pelvis is mildly distended with 0.33 cm in maximum diameter. A renal pelvic calculus is indicated causing distal acoustic shadowing.

**Adrenal glands**

**REFERRING VET**

Dr. Brian Barnes

The left adrenal gland measures 2.22 x 0.70 x 0.68 cm, the right adrenal gland 2.21 x 0.55 x 0.42 cm. Both present normal size, shape and echogenic texture, phrenic vasculature is bilaterally unremarkable.

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**Spleen**

The splenic echogenic texture is mildly inhomogeneous without protrusions of the capsule. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

**DATE**

11/20/21



**PATIENT**

**Liver/Gallbladder**

Sadie Ford Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

**SPECIES**

Canine The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

**BREED**

**Gastrointestinal**

Border Collie The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process. Mesenteric, epigastric and portal lymph nodes are considered to be normal.

**SEX**

Spayed Female

**Pancreas**

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

**AGE**

13 Years 3 Months

**Free Abdomen**

Abdominal fat and great vessels show no pathological findings.

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**Ultrasonographic findings**

**Primary**

- Obstructive hydronephrosis and hydroureter due to pelvic and ureteral calculi right side
- Mild pyelectasia left renal pelvis

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**Secondary**

**REFERRING VET**

Dr. Brian Barnes

- Mild and unspecific inhomogeneous spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Ultrasonographic findings of the right kidney and ureter likely speak for chronic obstructive hydronephrosis and – ureter. The thickened ureteral wall, mild pooling of free fluid and the highly hyperechoic peripheral tissue indicate an active-/reactive inflammatory process as seen with pyelonephritis/ureteritis. Microlesions or even -ruptures of the ureter due to an acute and temporary complete obstruction are a potential differential diagnosis and cause for concern. Secondary infection

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**PATIENT** needs to be ruled out (cystocentesis/pyelocentesis). The detected calculi may migrate forward to the level of the trigone, but I guess will pass it due to their size. The trigone is currently bilaterally inconspicuous, this finding again would go along with a (temporary) complete obstruction of the right ureter.

Sadie Ford

**SPECIES** The left pyelectasia may represent mild reactive pyelonephritis caused by renal/pelvic mineralization. Obstruction is currently not suspected.

Canine

**BREED** If present metabolic and electrolyte abnormalities should be corrected. Right ureteral surgery (ureterotomy) or endoscopic ureteral stent placement should be considered. Regarding age and condition of the patient nephrectomy of the right kidney may be an alternative. Urinary testing (sediment, culture) is recommended.

Border Collie

**SEX** The mildly inhomogeneous texture of the spleen is an unspecific, incidental finding and commonly is secondary to systemic inflammatory/infectious disease.

Spayed Female

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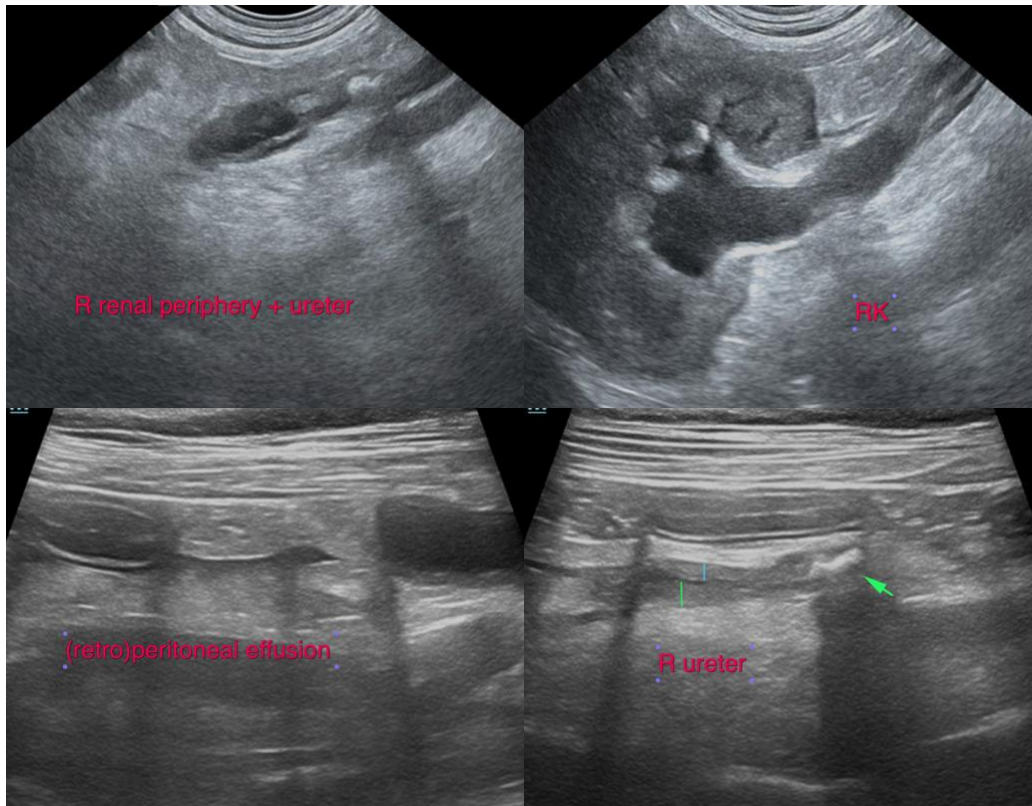
Dr. Brian Barnes

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**PATIENT**

Sadie Ford

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

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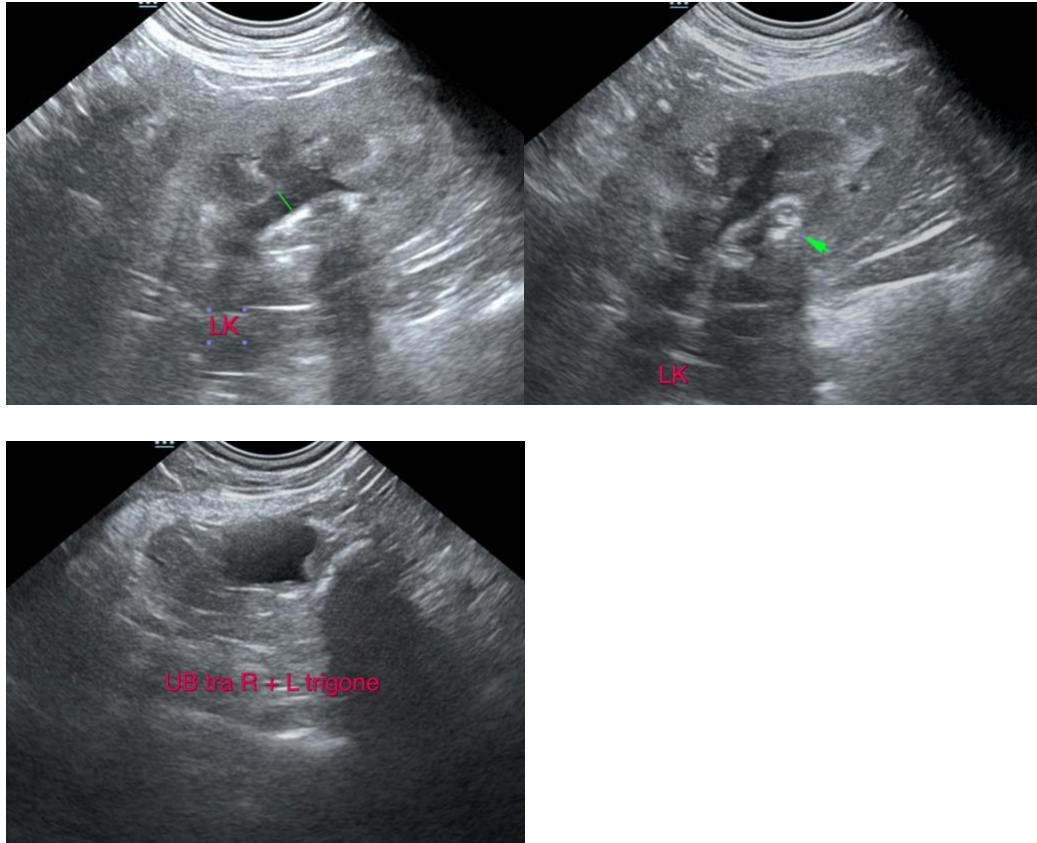
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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