

IMAGING PERFORMED BY

PAMobileVet.com 443-794-4700

PATIENT **PRESENTING CLINICAL SIGNS**

History: 'rejected by 'breeder'', leaking urine

SPECIES

Canine

BREED

Mixed breed

SEX

Male

AGE

4 months

WEIGHT

25 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in overall size and tone with anechoic urine. A thinly walled cystic outpouching of the caudodorsal urinary bladder wall in the area of the ureteral papilla was present, potentially measuring up to 3.5 cm in diameter and containing anechoic fluid.

A fluid distended tubular structure was also noted dorsal to the urinary bladder, extending past the area of the ureteral papilla and appearing to enter the area of the cystourethral junction or proximal urethra. This tubular structure extended cranially to the level of the left kidney. The tubular structure measured up to 2.8 cm diameter approaching the left kidney.

The left kidney was enlarged in size, measuring approximately 9.0 cm in length, but potentially larger. The left kidney parenchyma was almost completely replaced by anechoic fluid with only a small amount of cortical tissue and intermittent interdiverticular septum.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 7.3 cm.

Visualization of the prostate was limited owing to the fluid dilated tubular structure in the area of the proximal urethra.

INTERPRETED BY

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

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

Spleen

The spleen presented normal size and contour with subtle hypoechoic micronodular parenchyma.

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Gastrointestinal

REFERRING VET

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.

INVOICE

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

DATE

PATIENT *Pancreas*

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.

SPECIES *Free Abdomen*

Canine

The left and right testicles were normal in size, structure and appearance.

BREED

Intermittent reactive omental and medial iliac lymph nodes were noted, most consistent with probable immunologic immaturity in light of the patient age.

Mixed breed

Very scant effusion was noted around the urinary bladder.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

- Left ectopic ureter with suspect concurrent ureterocele
- Severe diffuse left hydroureter and end stage left kidney hydronephrosis
- Subtle micronodular splenic parenchyma

AGE

4 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen, although non-specific, is likely indicative of mild benign areas of lymphoid or nodular hyperplasia.

WEIGHT

25 Pounds

Excretory urography or ideally CT for further assessment of the left ureter and urinary bladder as well as for surgical planning is recommended if possible. Surgical consultation recommended. Appropriate antibiotic therapy is likely indicated pending and based on urine culture and sensitivity results.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

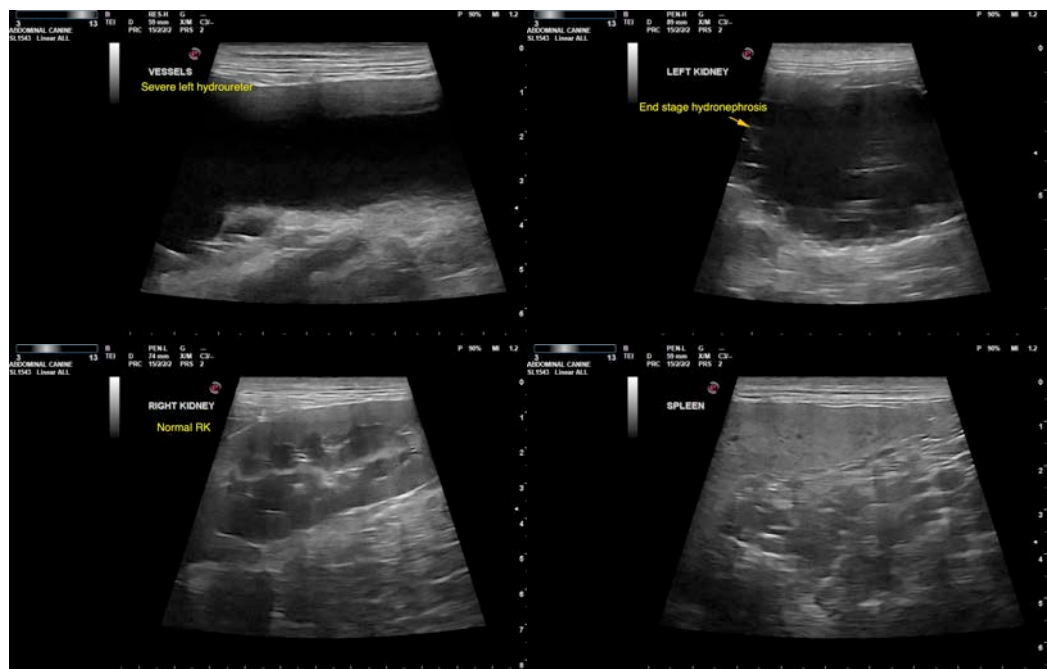
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

REFERRING VET

INVOICE

DATE



IMAGING PERFORMED BY

PAMobileVet.com 443-794-4700

PATIENT

SPECIES

Canine

BREED

Mixed breed

SEX

Male

AGE

4 months

WEIGHT

25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

REFERRING VET

INVOICE

DATE



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.