

**PATIENT**

Kona Simpson

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

Spayed Female

**AGE**

6 Years 7 Months

**WEIGHT**

57.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Smithfield Animal  
Hospital

**REFERRING VET**

Dr. Boe

**INVOICE**

72968

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

Appears to be severe renomegaly or other mass effect. General discomfort. Torb/ Midaz sedation  
Abnormal PE/Chem/CBC/UA Results: Mono 1.42, phos 1.4, Bun 28

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

The **right kidney** presented severe hydronephrosis at 12.0 cm dilation. The right ureter was dilated and appeared to be strictured approximately 3.0 cm caudal from the right renal pelvis. Minimal recognizable renal cortex noted.

The **left kidney** presented normal size, contour and structure, measuring 6.15 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.48 cm at the caudal pole and 0.44 cm at the cranial pole. Right measured 0.58 cm at the caudal pole and 0.53 cm at the cranial pole.

**Spleen**

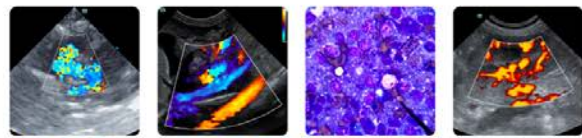
The **spleen** was folded upon itself caudally. It presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Soft stool or fluid filled colon noted.



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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**Free Abdomen**

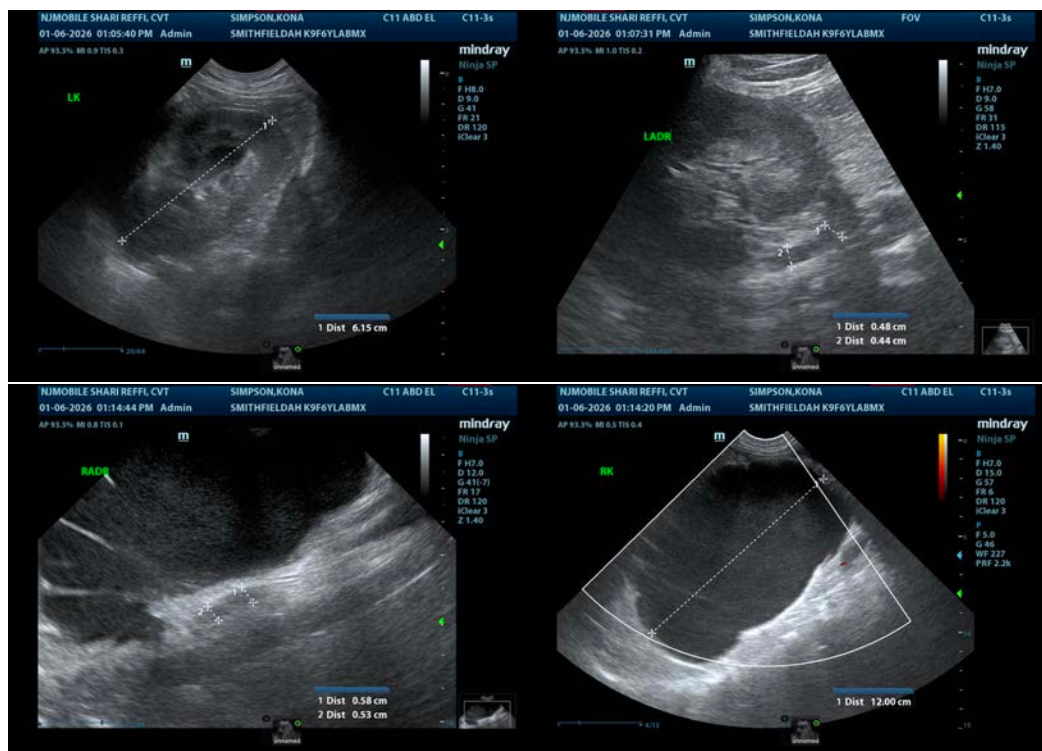
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. Example measured 2.0 cm x 0.50 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

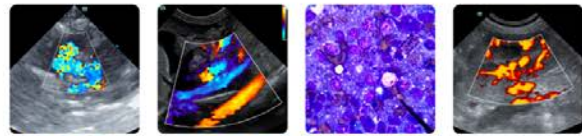
**ULTRASONOGRAPHIC FINDINGS**

- Hydronephrotic right kidney of unknown origin with strictured right ureter.
- Fluid filled colon and reactive mesenteric lymph nodes.
- Folded spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Right nephrectomy or potential attempt at stent placement recommended. There is no evidence of neoplasia. Fecal test and management for potential underlying colitis or lower GI upset indicated. CT with contrast could be considered to assess for potential residual function of the right kidney.





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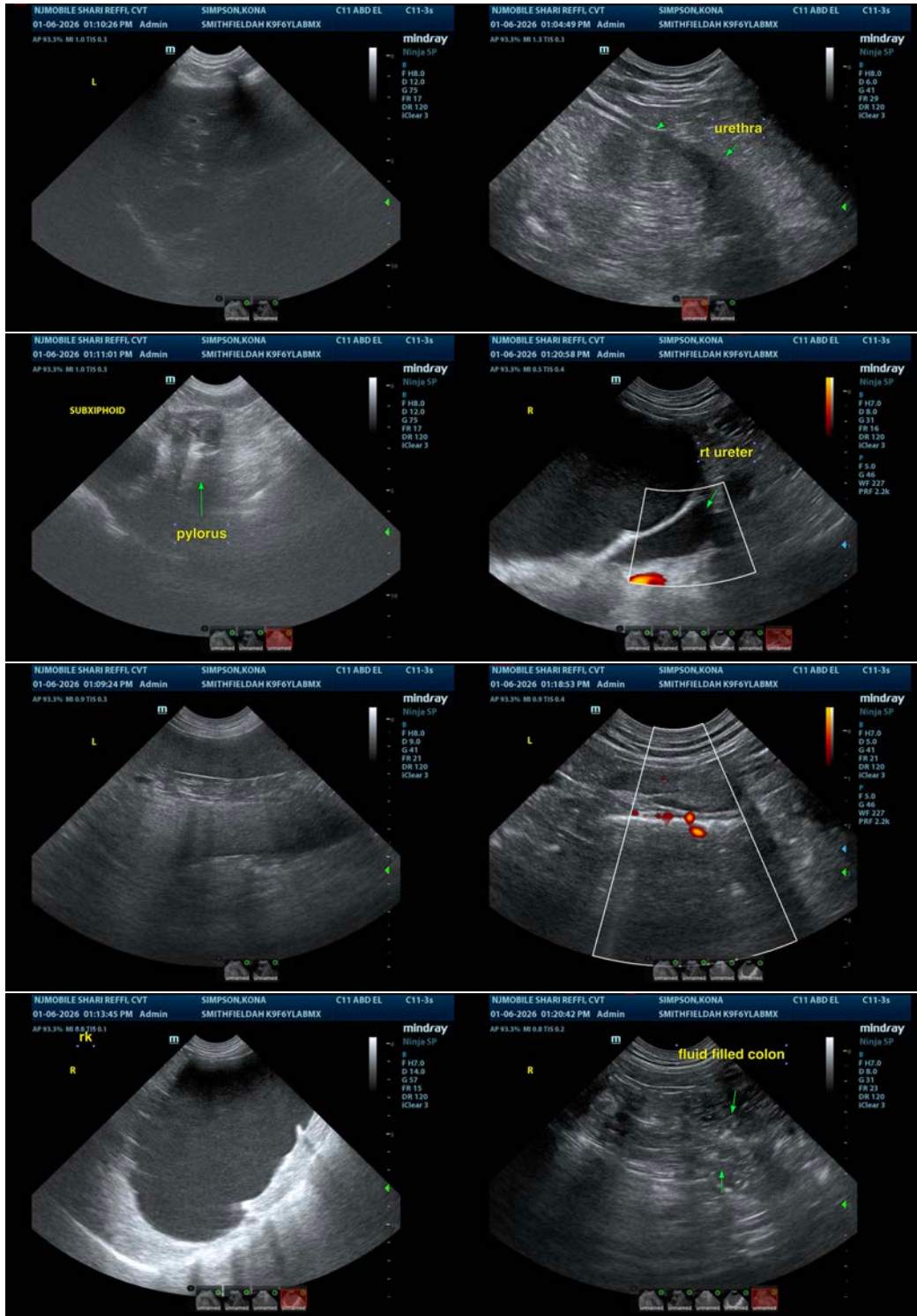
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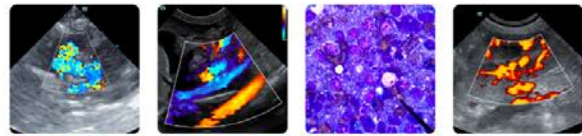
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Lab x

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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