



PATIENT

Ralphie Taylor

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

38.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

72790

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Seen at ER yesterday: straining to defecate at first- with no production, then owner expressed anal gland that was bulging- purulent chunky material, began straining to urinate after that. Normal rectal exam and no testing done. No medications given. Today, straining to urinate and only dribbling a bit. Off on drinking and food today. Easily catheterized and bladder drained. With less fill later, still unable to urinate. Strained and dribbled only.

Abnormal PE/Chem/CBC/UA Results: PE: shaking and hunched in lower back, very full urinary bladder, dribbling urine on and off, Cardiac murmur (grade II, right heart base, II/VI), no prostate issue or other issue noted on rectal examination. CBC: MCH 28.1 pg, MCHC 39.7 g/dL, Neut 12.75 K/uL, Lym 0.64 K/uL, Mono 1.73 K/uL Chem: Creat 2.1 mg/dL, BUN 28 mg/dL, Potassium 3.3 mmol/L UA: usg 1.024, pH 6.0, Trace prot., WBC 21/HPF, RBC >50/HPF

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 residual prostate was mildly heterogeneous and slightly enlarged at 1.3 cm. This should be monitored. Pre- and post-prostatic urethra were unremarkable.

The **left kidney** presented a strictured proximal ureter and hydronephrosis with echogenic debris, suggestive for pyelonephritis. The left ureter appeared to be strictured approximately 2-3 cm distal from the left renal pelvis. Left kidney measured 4.9 cm.

The **right kidney** revealed a mixed hypoechoic mass deriving from the cranial cortex. The entire right kidney measured approximately 8.0 cm including the mass effect. The right renal mass is likely extending into the left ureter area, causing secondary stricture.

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 2.17 cm x 0.59 cm at the caudal pole and 0.49 cm at the cranial pole. Right measured 2.2 cm x 0.66 cm at the caudal pole and 0.60 cm at the cranial pole.

Spleen

The **spleen** 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.



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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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

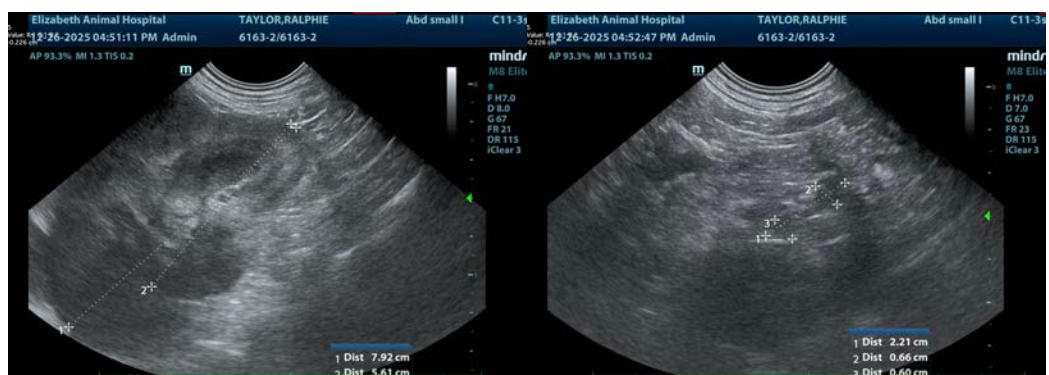
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right renal mass with hydronephrosis and strictured left ureter and secondary hydronephrosis.
- Slightly enlarged, mildly heterogeneous residual prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, ultrasound guided 25-gauge FNA of the right renal mass after coagulation panel indicated. Abdominal CT with contrast would be warranted for further definition of the left ureteral stricture to assess if the right renal pathology and left renal pathology are related or independent, and if the right kidney is resectable and the left ureter resolvable to save the left kidney as far as eventual function for this patient. Prognosis is guarded. Strong concern for round cell neoplasia or carcinoma of the right kidney. Mild potential for non-neoplastic granulomatous disease. Pyelonephritis likely of the left kidney with strictured left ureter, given the patient history. Prognosis is guarded. Chest radiographs warranted +/- echocardiogram to assess for metastatic disease.





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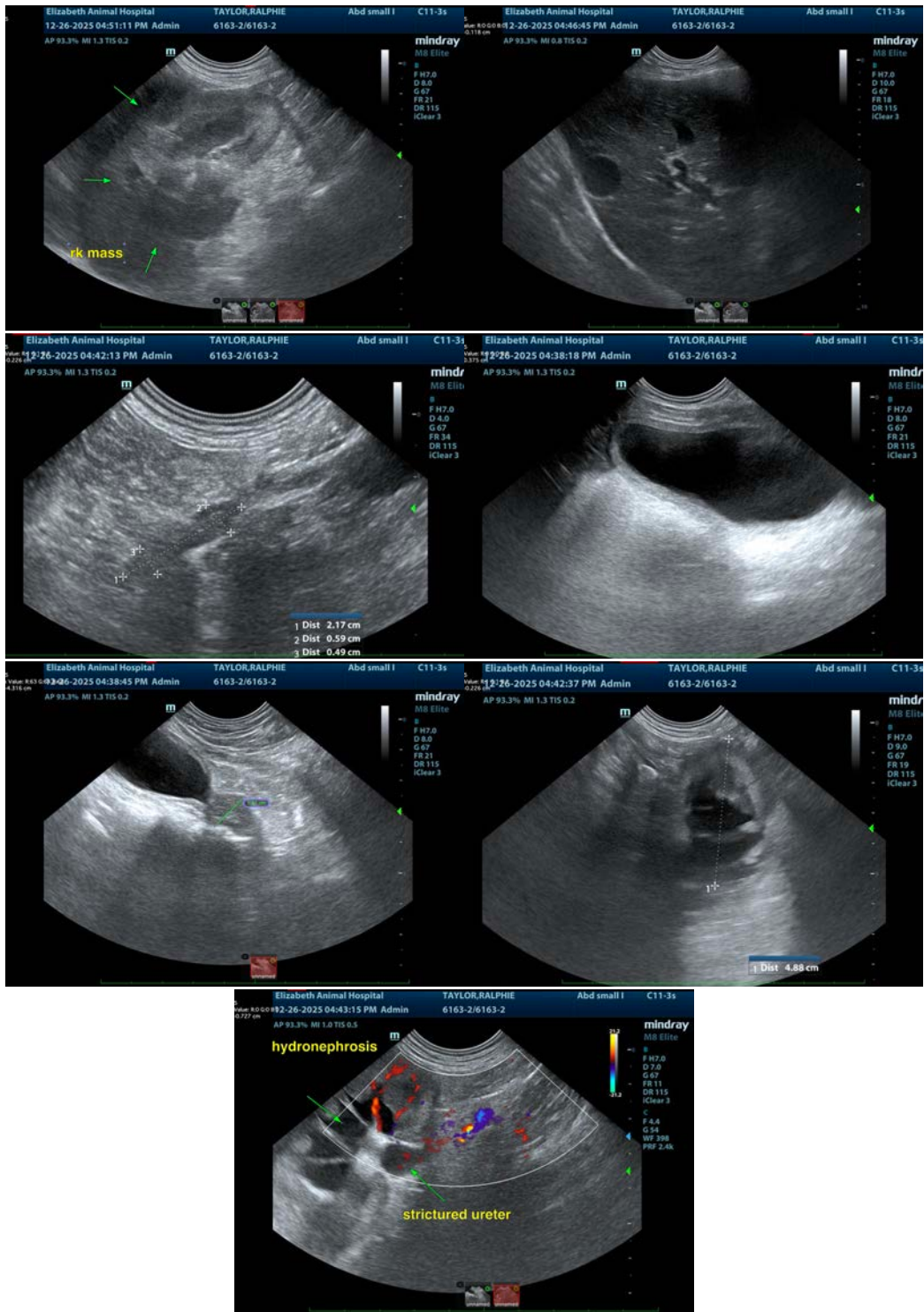
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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