



PATIENT

Fritzi Mitchko

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

5

WEIGHT

24.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35666

DATE

2/2/26

PRESENTING CLINICAL SIGNS

History: vomiting anorexia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a trace amount of sand and small calculi. Mild chronic cystitis pattern was noted. Bladder wall measured approximately 5.0 mm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** in this patient was swollen and irregular with pericapsular inflammatory pattern. The left kidney measured 4.65 cm. Pyelectasia and calculi were noted. The left ureter was dilated. A significant amount of inflammation was noted. Blood flow to the left kidney appeared to be adequate.

The **right kidney** was normal in size and contour, measuring 4.27 cm. Nonobstructive minor mineralizations were noted.

Adrenal Glands

The **left adrenal gland** was obscured by the inflammation.

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.

Liver

The **liver** revealed mild multifocal lobar biliary calculi, nonobstructive. The gallbladder and common bile duct were unremarkable.

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.

Free Abdomen

Regional **free fluid** was noted in the retroperitoneal space, as well as in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Fritzi Mitchko

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

5

WEIGHT

24.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35666

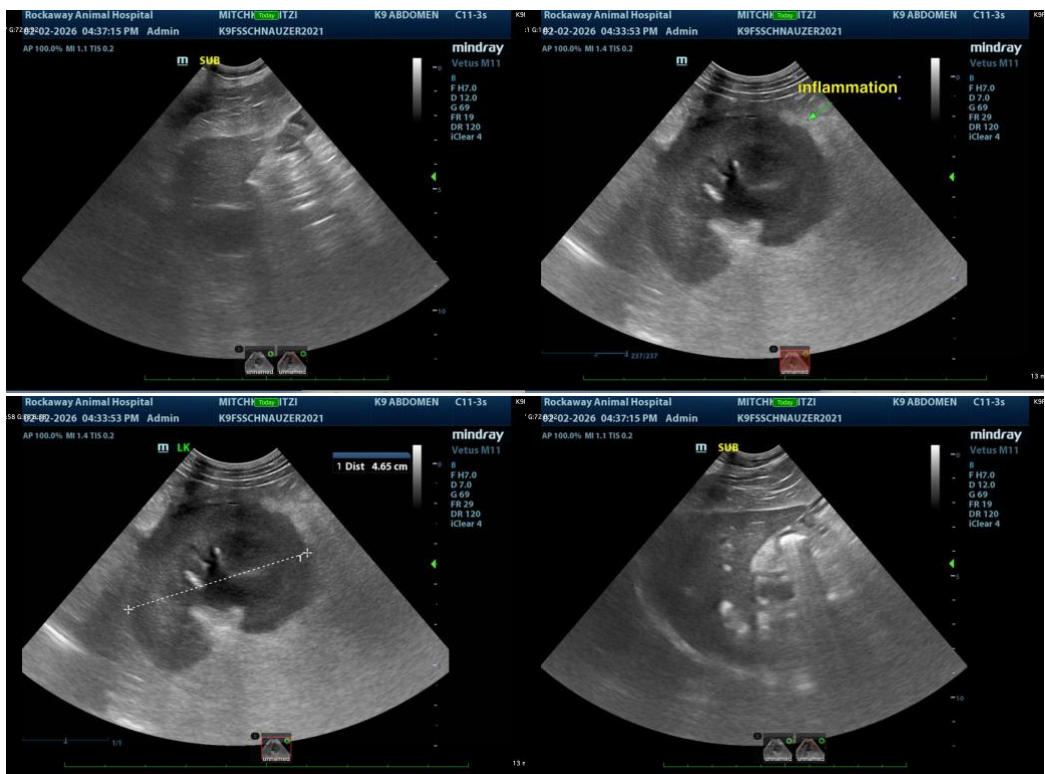
DATE

2/2/26

- Left hydronephrosis and hydroureter
- The right kidney appears unremarkable.
- Lobar biliary calculi, nonobstructive
- Mild chronic cystitis urinary bladder pattern with a trace amount of sand and small calculi
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the hydroureter is obscured in the regional inflammation. Underlying calculus, neoplastic event, possibly adrenal pathology, may all be playing a role. CT evaluation of the abdomen with contrast is indicated for further definition or direct exploratory surgery with potential liberation of the left hydroureter or removal of the left kidney. There is mild potential for underlying neoplastic event. Coagulation panel and 25-gauge FNA of the left renal cortex, blood pressure measurements, urine culture, IV fluid support, pain management, and broad-spectrum antibiotics are all indicated.





PATIENT

Fritzi Mitchko

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

5

WEIGHT

24.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway AH

REFERRING VET

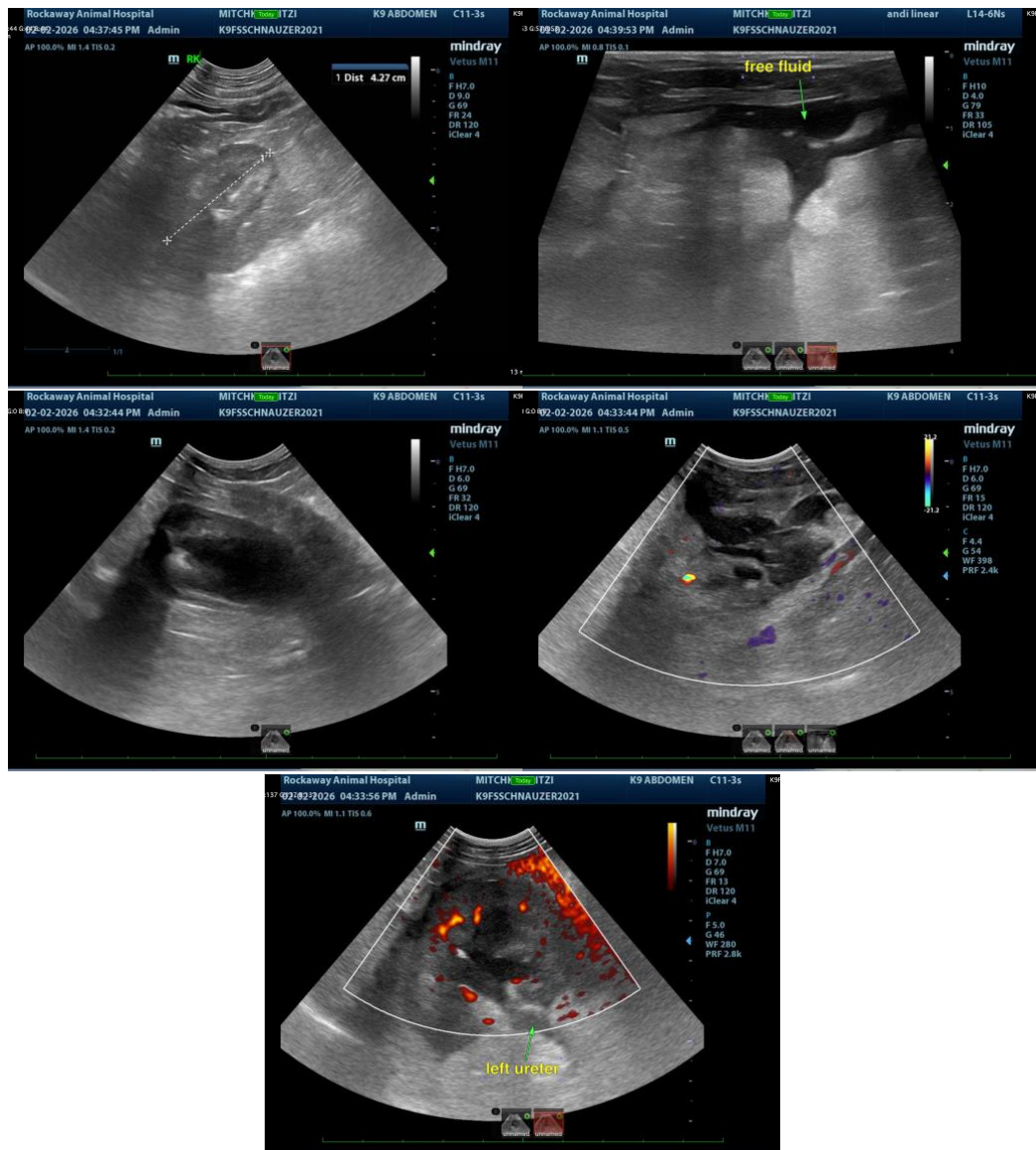
Dr. Maniar

INVOICE

35666

DATE

2/2/26



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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com